



HEALTH CARE  
COMPLAINTS  
COMMISSION

**2021—22**

# ANNUAL REPORT

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Committed to protecting  
public health and safety



## Concerned about your health care?

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

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

## Contact the Commission

### Email and website

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

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

### Track your complaint

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

### Office address

Level 12  
323 Castlereagh Street  
Sydney NSW 2000

### Business hours

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9.00am – 5.00pm

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Haymarket NSW 1240

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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 and leaders past, present and emerging.

### Disclaimer – Rounding of statistical figures

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



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# Letter of submission



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

28 October 2022

Dear Minister

**Report of activities for the year ended 30 June 2022**

I am pleased to provide the Annual Report and financial statements of the Health Care Complaints Commission for the financial year ended 30 June 2022 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 sincerely

**Sue Dawson**  
Commissioner

## 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.

### Our strategy is to do this through:

- Informing the public about options for raising concerns about their experiences in the health system and implementing processes to respond to the needs of people making complaints.
- Seeking feedback from our consumers to inform processes and service provision – through the Commission’s Enquiry Service, online materials, stakeholder engagement and outreach programs, and our consumer feedback survey processes.
- Receiving, assessing and resolving complaints about health service providers.
- Working with the health professional councils to ensure that registered practitioners maintain high professional standards. Practitioners who are below the required professional standards are directed into programs designed to ensure they meet those standards and that the public is not at risk from any impairments or skill gaps they may have.
- Providing a resolution service 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.

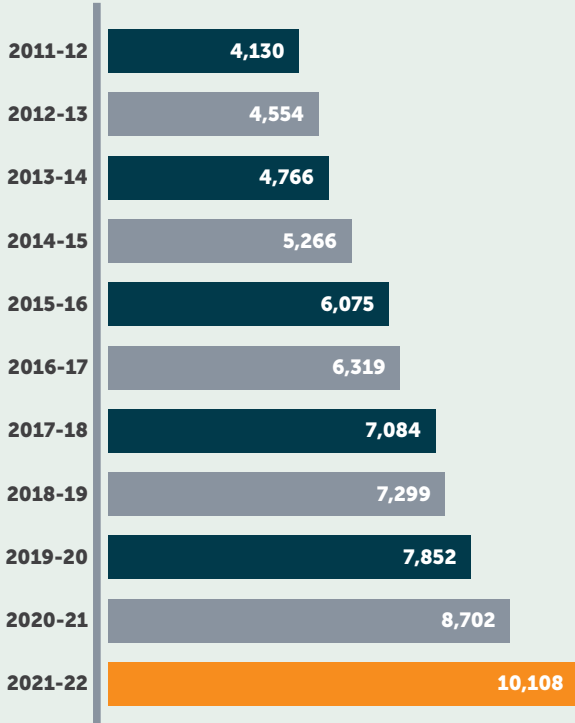
## Stakeholders

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 non-registered 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
  - Minister for Regional Health, and Minister for Mental Health
  - Ministry of Health and Local Health Districts
  - Clinical Excellence Commission
  - NSW Civil and Administrative Tribunal.
- 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.

# 2021-22 at a glance

## Complaints received



**10,108**  
complaints received



**16.2%**  
increase  
compared with  
2020-21



**2,163**  
COVID-19 related complaints  
(21.4% of total)

The Commission received 10,108 complaints in 2021-22, which is a 16.2% increase on the previous year, and contributed to a 144.7% growth in complaints received over the last decade. Of these, almost one quarter were COVID-19 related (2,163).

## Assessing complaints



**9,758**  
complaints assessed



**18.7%**  
increase compared  
with 2020-21



**79.0%**  
of complaints assessed  
within the 60 day  
timeframe



**45**  
DAYS

Average time  
taken to assess  
a complaint

The Commission assessed 9,758 complaints in 2021-22. This is an 18.7% increase from 2020-21 and resulted in a reduction of the gap between complaints received and those assessed (350 as compared to 480 at the close of 2020-21). This reflects a focus on business process improvement and triage practices.

Assessment timeliness remained favourable, despite this significant increase in workload, with the average days to assess a complaint well within the 60-day statutory timeframe, at 45 days.

## Reviewing complaints



2021-22

**470**

complaints were the subject of a review application



**4.8%**

of complaints assessed were subject to a review application

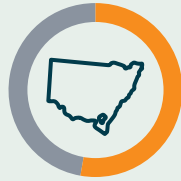
Even with a significant increase in complaints assessed, the number of review applications reduced to 470, from 531 in 2020-21. This is 4.8% of complaints assessed, as compared to the higher proportion of 6.5% in 2020-21.

## Resolving complaints



**405**

complaints were received by the Commission's Resolution Service



**52.0%**

of resolutions in rural and regional locations



**88.5%**

of referrals that proceeded to a resolution were resolved or partially resolved

The Commission's Resolution Service plays a vital role in addressing the most sensitive complaints, often for more vulnerable complainants in the community. In 2021-22 the Resolution Service received 405 new matters, on par with the 416 received in 2020-21. There were 251 assisted resolutions conducted by the Resolution Service, of which 88.5% resulted in a resolution, or partial resolution. Of these, 52% were conducted in a rural or regional part of NSW.

## Investigating complaints



**492**

new investigations commenced



**27**

investigations resulted in permanent prohibition orders issued against 17 non-registered health practitioners



**561**

investigations finalised (39.9% increase compared to 2020-21)



**14**

public warnings in place including 3 made against individual health practitioners in 2021-22



**85.2%**

of investigations finalised within 12 months (compared with 80.3% in 2020-21)

The Commission received and commenced 492 new investigations in 2021-22, down from the 546 received in 2020-21. There has been a significant increase in investigations finalised in 2021-22, with 561 investigations representing a 39.9% increase on the 401 finalised in the previous year. Investigation timeliness also continues to improve, with more than 85% of investigations finalised within 12 months.

**Prosecuting complaints**



**200**

complaints referred to the Director of Proceedings for consideration of prosecution.  
**(11.7% increase)**



**97**

**legal matters finalised.**  
Compared to 76 matters finalised in 2020-21.  
**(27.6% increase)**



**98.7%**

success rate in prosecutions

Two hundred complaints were referred to the Director of Proceedings in 2021-22 for consideration of prosecution, an increase on the 179 referred in 2020-21. There were 97 legal matters finalised in 2021-22, compared to 76 matters finalised in 2020-21. The success rate of prosecutions remains very high at 98.7%.

**Customer engagement**



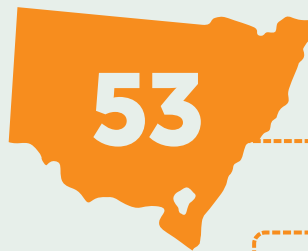
**12,829**  
enquiries received  
(6.1% increase compared to 2020-21)



**12,855**  
enquiries finalised  
(6.8% increase compared to 2020-21)

**52%**

of resolutions conducted in rural and regional NSW



presentations and workshops delivered across NSW



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

The Commission engaged with our key stakeholders throughout 2021-22 to ensure our role as an independent regulator is understood and our services are accessible. Our key stakeholders include health consumers, health service providers, other regulators, and policy and oversight bodies. We have a particular focus on engagement and outreach in rural and regional NSW and on working with First Nations people to understand and address their experiences across health services.







## A message from the Commissioner



Every day we see the courage that is shown as people speak up about their experiences and we also see the openness of health providers to respond when things go wrong. We thank them and share with them our inherent belief that from any complaint there is the potential for healing and knowledge that will help to drive improvement in care and treatment.

It is not unexpected that in 2021-22 the Commission recorded 16.2% annual growth in complaints. The historical trend of double-digit annual growth in complaints matches the experience of health regulators both nationally and internationally.

In 2021-22 there was also the added overlay of COVID-19 related impacts, with the protracted pandemic placing unprecedented and seemingly ever-changing pressures on health services.

Whereas COVID-19 related complaints made up 7.8% of complaints in 2020-21, this proportion surged to 21.4% in 2021-22. There were 10,108 complaints received in 2021-22 and of these, 2,163 related to COVID-19, reflective of the demands across the entire health system, such as:

- A significant spike in emergency department attendances in the last quarter of 2020-21.
- Hospital admissions increased in duration for both acute and non-acute patients in the first half of 2022.
- Elective surgery changes across NSW and private hospitals contracted to perform non-elective surgery under the 2020 National Partnership Agreement on Private Hospitals.
- All health services including allied health services were subject to public health orders.
- Pharmacies and GPs became central to COVID-19 vaccination delivery arrangements.
- Telehealth has quickly become a more established feature of service delivery.

The wide range of existing and new organisations contributing to the COVID-19 response led to an increase in complaints about health organisations, with a corresponding decrease in complaints about individual practitioners. This included COVID-19 testing stations, hotel quarantine providers, vaccination services, pathology services, pharmacies and medical centres.

Health issues continue to be in the spotlight generally and this is also a driver of complaints. Throughout the year community concern heightened about the cosmetic services industry, with understandable issues about the quality and the standard of care during and after procedures, the prevalence of dubious and misleading marketing practices, and the lack of transparency about the skills and qualifications of those providing treatment.

As we note from the national *Independent review of the regulation of medical practitioners who perform cosmetic surgery*, the crisis in this service area is a national and international problem of an amorphous nature, which requires concerted action across all jurisdictions. The actions that are proposed as a result of that national inquiry are particularly welcome. Importantly, they will improve consumer awareness of the skills, training and expertise of practitioners from whom they may be considering seeking services.

Strong regulation of cosmetic services at state level will continue to be imperative and the NSW regulatory framework is arguably the strongest of all jurisdictions in this area. It has a focus on the regulation of facilities and health organisations as well as individual health practitioners. Expansive compliance and enforcement powers are applied.

Over the past 2 years the Commission has conducted more than 20 investigations into cosmetic service matters. As a result, it has prohibited a number of non-registered practitioners from delivering services, made formal recommendations to health organisations, and prosecuted a number of individual registered practitioners.

More recently, as a result of legislative change made in October 2021 the Commission gained new powers to prohibit certain types of health practices (such as those offering cosmetic beauty treatments) from operating if they breach a new code of conduct applying to health organisations. These new powers arose from the 2018 Joint Parliamentary Committee *Inquiry into the regulatory framework for complaints about cosmetic services in NSW*. They came into effect from September 2022, adding to the range of powers to take firm action where consumers are put at risk by those who flout the rules and do not provide services in a safe and ethical way.

The report of the *Parliamentary Inquiry into Health outcomes and access to health and hospital services in rural, regional and remote New South Wales* highlighted the importance of the role of the Commission in providing an independent, arms-length complaints management function. An important area of emphasis in this context is the Commission's assisted resolution service. This service provides independent facilitation and conciliation expertise to bring parties to a complaint together, in situations where things have not gone as expected and there is a need to achieve greater understanding of what has occurred and to restore trust and confidence in services.

All of the issues that we have seen throughout the year underscore the need to build broader and deeper visibility and awareness of our independent functions within the community and within health services. There is more to do to build awareness of the ability to raise concerns about individual practitioners and/or health organisations with the Commission in a confidential way and with confidence that the complaints handling process is objective and effective.

An enduring focus is on the formal investigation of any complaint where initial assessment uncovers a significant question about the quality of care provided or the conduct of a provider, such that there is a risk to the safety of the public. In 2021-22 the number of investigations was the highest ever, with 561 investigations completed. As a result, 200 cases were referred to the Director of Proceedings for consideration of prosecution action, permanent

prohibition orders were placed on 17 non-registered practitioners and there were 19 recommendations or corrective comments made to several health organisations.

I acknowledge and appreciate the connections with our regulatory partners within NSW and nationally. We continue to value and develop our partnerships with the 15 professional councils in NSW, with other relevant Commonwealth and state regulators, and with the AMA, the insurers and other membership and training bodies. Our aim remains to collaborate to ensure a consistent, coherent and trusted approach to health complaints management in NSW.

Success going forward will require the Commission to maintain momentum on our technology transformation and particularly the design and implementation of a new case management system. During 2021-22 we have made good progress, securing funding for the project. In 2022-23 the project will be a major corporate priority and once completed will deliver efficiencies and improvements in our complaints handling processes and experiences. Also central to this transformation is the work on rebuilding our data extraction, storage and reporting systems and capability, to improve the quality of performance reporting.

I see with pride and respect the hard work of Commission staff. I thank them for their positivity, dedication and professionalism, particularly during times that have tested us all.

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



**Sue Dawson**  
Commissioner

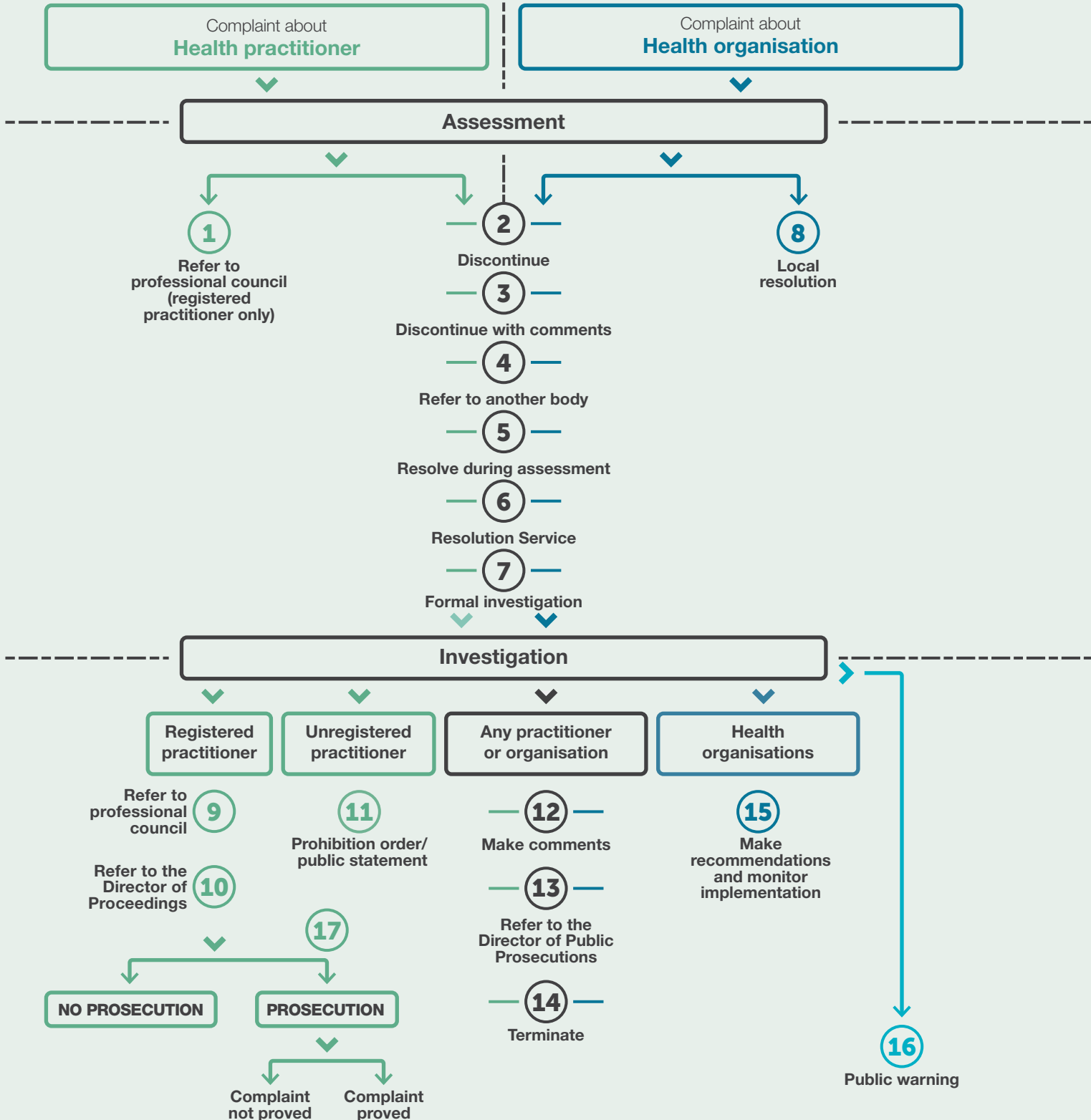


# Complaints management framework

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

Complaints relating to individual practitioners can be about registered practitioners (such as medical practitioners, nurses and dental practitioners) or 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.

## 02 Profile of complaints

### Overview

Complaints may be made by any person including (but not limited to) a health consumer, a relative, carer, legal representative or a health service provider about any aspect of a health service. A health service under section 4 of the *Health Care Complaints Act 1993* (the Act) 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.

Complaints can be made about the following health services providers:

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

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

The Commission also deals with complaints referred from other organisations such as the police or health

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

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

### Volume of complaints received

Chart 1 shows that the Commission received 10,108 complaints in 2021-22, a 16.2% increase compared to the previous year. While the Commission has seen a cumulative 144.7% growth in the number of complaints received over the last decade, the 16.2% increase this year is significantly higher than the 10.8% increase observed in 2020-21 and the 7.6% observed in 2019-20.

The general pattern of growth in complaints is consistent with national and international trends and is attributed to a broad range of factors, including:

- population growth and ageing
- new and emerging health concerns, in particular COVID-19
- the expansion of the 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
- the improved accessibility of complaint agencies.

The added factor in 2021-22 was a substantial spike in COVID-19 complaints, which made up 21.4% of all complaints, compared to 7.8% in 2020-21, and fluctuated dramatically through the year depending on the evolving situation and consumer concerns.

The cycle within a typical year would see the highest numbers of complaints received in the second half of the year. However in 2021-22, due to the impact of COVID-19, the pattern of complaints changed markedly. From June 2021 until February 2022, the rate of increase of new

complaints was between 30-40%. The slowdown in the volume of complaints in the second half of 2021-22 was unexpected and offset the early spike, to deliver the full year increase of 16.2%.

### Who was complained about

Chart 2 shows the number of complaints received, broken down by health service provider category over the previous five years. The most notable feature for 2021-22 is the significant increase in the proportion of complaints received about health organisations (41.4%; 2020-21: 34.9%). This is a reflection of the large number of existing and new health facilities involved in the COVID-19 response. It captures complaints about pathology centres, vaccination hubs, testing facilities, pharmacies and medical centres.

There was a corresponding decrease in the proportion of complaints about registered practitioners (56.4%; 2020-21: 62.3%) and non-registered practitioners (1.9%; 2020-21: 2.5%).

In a very small proportion of complaints (0.3%; 2020-21: 0.3%) the provider classification was other/unknown. This classification may apply when an individual health practitioner is not easily identifiable and the Commission does not receive further information to be able to accurately classify the practitioner type as registered or non-registered.

### INDIVIDUAL HEALTH PRACTITIONERS

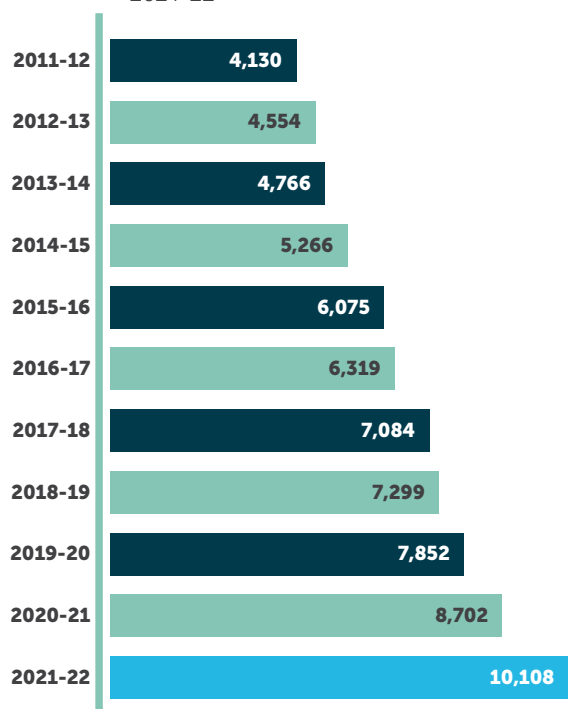
In 2021-22, the Commission received a total of 5,922 complaints about individual health practitioners. This was a 4.5% increase on the previous year, but proportionally much lower than 2020-21 (58.6%, 2020-21 65.1%). The percentage increase was significantly lower than the 16.2% increase seen across all complaints.

Chart 3, on page 18, breaks down the professions of individual health practitioners that have received the most complaints and compares these over a five-year period. Medical practitioners, nurses and/or midwives, pharmacists, dental practitioners, and psychologists continue to be the practitioners most complained about. These five professions account for 88.4% (2020-21: 89.4%) of all complaints about individual health practitioners, and this is not unexpected in the context of the number of practitioners currently registered in these professions in NSW.

The other types of health practitioners complained about are diverse and include other registered health practitioners (such as paramedics, physiotherapists, podiatrists and occupational therapists) as well as non-registered health practitioners (such as counsellors, sonographers, cosmetic therapists, and social workers).

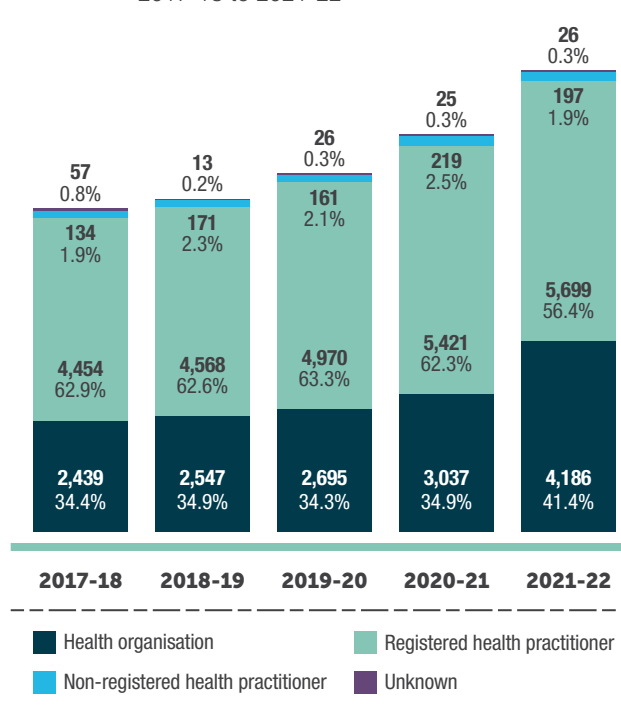
For a more detailed breakdown by profession, refer to Table A.4 in Appendix A. (For the registered professions, Table A.4 shows the total number of NSW registered practitioners in that profession as context).

**CHART 1** | Number of complaints received from 2011-12 to 2021-22



Counted by provider identified in complaint

**CHART 2** | Complaints received by health service provider 2017-18 to 2021-22



Counted by provider identified in complaint



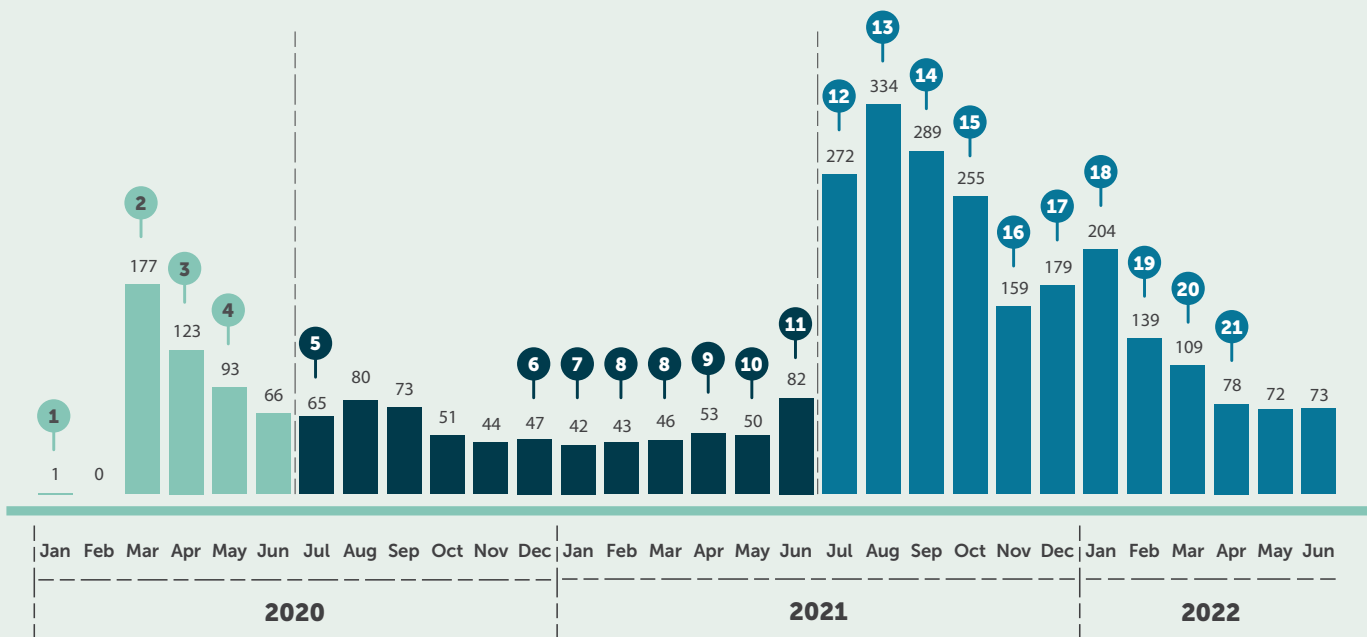
# COVID-19 Complaints in Context

**CUMULATIVE TOTAL TO 30 JUNE 2022** 3,299

**FY 2019-20**  
**460**

**FY 2020-21**  
**676**

**FY 2021-22**  
**2,163**



	DATE	EVENT	NATURE OF EVENT AND ASSOCIATED PUBLIC HEALTH ORDERS	
2019-20	1	Jan ▶ <b>Outbreak Notification</b>	25 January First case detected in Australia.	
	2	Mar ▶ <b>Pandemic declarations</b> ▶ <b>Initial Public Health Restrictions</b> ▶ <b>Quarantine arrangements</b>	WHO declares COVID pandemic NSW Govt cancels major events of more than 500 people Special Hotel quarantine for overseas returns testing positive for COVID 19 – run by SLHD	
		3	Apr ▶ <b>Announcement – COVID-19 testing criteria expanded</b>	Anyone with symptoms to be tested.
		4	May ▶ <b>Announcement – easing of restrictions</b>	Health Order amended to ease restrictions on gathering and movement from 15 May.
2020-21	5	Jul ▶ <b>Announcement – quarantine; borders</b>	Overseas returns – requirement to pay for hotel Quarantine Border closures and self-isolation for close contacts.	
	6	Dec ▶ <b>Superspreader events trigger increased restrictions</b>	Health Order – Northern Beaches LGA placed under heightened restrictions on gathering and movement Health Order – imposing tighter restrictions announced for greater Sydney, the Blue Mountains and the Central Coast.	
		7	Jan ▶ <b>Protections via Public Health Orders introduced and adjusted as outbreaks reduced</b>	Public health orders: 2 January face masks mandatory in many indoor settings 29 Jan – gathering and movement restrictions eased for greater Sydney.



	DATE	EVENT	NATURE OF EVENT AND ASSOCIATED PUBLIC HEALTH ORDERS
2020-21	8	Feb/ Mar ▶ Vaccination available	<ul style="list-style-type: none"> <li>Approvals and staged rollout of Pfizer and Astra Zeneca</li> </ul>
	9	Apr ▶ Vaccine Advice changes	<p>Thrombosis linked to AstraZeneca:</p> <ul style="list-style-type: none"> <li>Aust Govt suspends AstraZeneca for under 50 years old – Pfizer preferred</li> <li>AstraZeneca only for over 50s</li> </ul>
	10	May ▶ Staged Vaccine Rollout	<ul style="list-style-type: none"> <li>Adults with a disability or underlying medical condition aged under 50 eligible for vaccine</li> <li>General public aged 50 years and over eligible for vaccine</li> <li>Pfizer Approved for use in people over 12 years</li> <li>NSW Vaccination hub – Homebush Bay opens.</li> </ul>
	11	Jun ▶ Intensification of vaccine rollout ▶ Super spreader event ▶ Additional public health restrictions	<ul style="list-style-type: none"> <li>8 June – All people over the age of 40 eligible to receive a COVID-19 vaccine</li> <li>12 June – ATAGI changes advice on Astra Zeneca – to be administered to those only over 60</li> <li>17 June 2021 ATAGI issue advice that Pfizer is the preferred vaccine for adults 39 and under</li> <li>18 June 2021 Mandatory mask wearing in NSW airports, domestic commercial aircrafts, public transport and public transport waiting areas in Greater Sydney</li> <li>25 June 2021 – Public Health order lockdown for Eastern Suburbs and Sydney</li> <li>26 June 2021 – changes to Public Health Order – if 2 doses of a COVID-19 vaccine can undertake additional activities in lockdown areas</li> <li>28 June 2021 – if under 40 and not eligible for Pfizer, AstraZeneca available from GP</li> <li>28 June 2021 - Public Health Order Restricting movement and gathering in the NSW due to an increase of community transmission.</li> </ul>
2021-22	12	Jul ▶ Announcement: Mask Exemptions ▶ Public Health Order for health workers ▶ Additional restrictions on gathering, movement and health services – Delta outbreak	<ul style="list-style-type: none"> <li>22 July – Mask exemptions- Persons not required to wear a face mask are to carry evidence and produce evidence to a police officer if requested</li> <li>26 July Mandatory vaccinations for healthcare workers announced</li> <li>29 July – restrictions on leaving specified local government areas for work unless an authorised or construction worker</li> <li>Additional public health order restrictions to address Delta outbreak: in higher risk areas to wear a fitted face covering when outside and residents of the higher risk areas to stay within 5 kilometres of home</li> <li>Elective surgery suspended.</li> </ul>
	13	Aug ▶ Vaccine Rollout ▶ Public Health Restrictions to manage delta outbreak	<ul style="list-style-type: none"> <li>Qudos Bank Arena Vaccination Centre opens for priority vaccination of HSC students in LGAs of concern</li> <li>Greater Sydney restrictions extended to all of NSW</li> <li>Metro Sydney movement reduced to 5km area around home</li> <li>16-39yr olds in LGAs of concern eligible for vaccination</li> <li>Public health order mandating vaccinations for authorised workers leaving LGAs of concern announced.</li> </ul>
	14	Sep ▶ Additional restrictions to manage ▶ Delta outbreak	
	15	Oct ▶ Public Health Restrictions eased as vaccination rates build	<ul style="list-style-type: none"> <li>Sydney lockdown restrictions eased</li> <li>80% double dose vaccination reached, and restrictions further eased</li> <li>Booster and third doses approved.</li> </ul>
	16	Nov ▶ Elective surgery returns for Greater Sydney ▶ Omicron outbreak occurs	
	17	Dec ▶ Responding to Omicron	<ul style="list-style-type: none"> <li>Interstate testing requirements prior to travel place stress on PCR testing facilities</li> <li>Test results delays and laboratory result errors occur.</li> </ul>
	18	Jan ▶ Changes in COVID testing services and regimes	<ul style="list-style-type: none"> <li>Requirements for PCR testing eased</li> <li>RAT testing alternative and requirement to register positive RAT results.</li> </ul>
	19	Feb ▶ Masks no longer required to be worn indoors in most circumstances	
	20	Mar ▶ Mandatory vaccination for aged care workers and disability care workers includes third booster dose	
	21	Apr ▶ Household contacts no longer required to self isolate; removal of quarantine requirements for unvaccinated international arrivals	



## WHO HAS BEEN COMPLAINED ABOUT IN COVID-19 COMPLAINTS?

As outlined on page 14, the Commission received 2,163 COVID-19 related complaints in 2021-22, a significant 220.0% increase from the 676 received in 2020-21. These accounted for 21.4% of all complaints received (2020-21: 7.8%).

In terms of the type of health service providers complained about, COVID-19 Chart 1 shows that the broad profile of providers complained about in COVID-19 related complaints differs from the profile of all complaints.

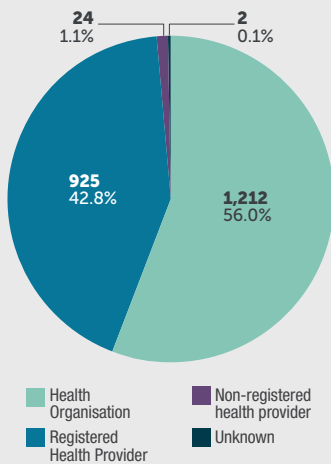
There were fewer complaints made about individual registered practitioners (42.8% compared to 56.2% in all complaints). Of the 925 COVID-19 complaints made about registered practitioners, 58.3% (2020-21: 61.6%) were about medical practitioners, followed by nurses and/or midwives (16.0%; 2020-21: 13.6%) and pharmacists (8.9%; 2020-21: 3.9%). The increase in COVID-19 complaints about pharmacists appears to be due to issues relating to

COVID-19 vaccinations and the availability and cost of rapid antigen tests (RATs).

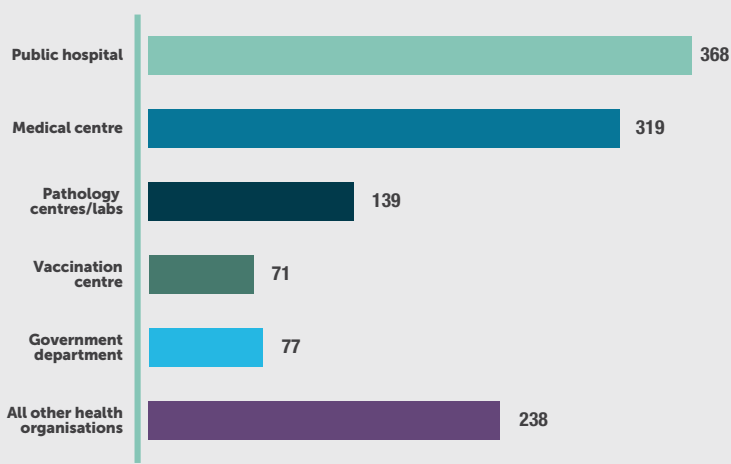
The proportion of COVID-19 complaints relating to non-registered health practitioners was 1.1%, less than the proportion across all complaints (1.9%).

A substantially higher proportion of COVID-19 complaints related to health organisations in 2021-22 (56.0%) than the proportion for all complaints received (41.4%). COVID-19 Chart 3 shows that 30.4% of COVID-19 health organisation complaints were about public hospitals, which is less than the 43.2% of all health organisation complaints. A significantly higher proportion of COVID-19 complaints were made about medical centres (26.3%) than all health organisation complaints (16.1%), and 11.5% of COVID-19 complaints were regarding pathology centres/labs, which is again much higher than the proportion of all health organisation complaints (4.4%).

**COVID-19 CHART 1** | Type of health providers complained about, COVID-19 complaints



**COVID-19 CHART 2** | COVID-19 complaints about health organisations by organisation type, 2021-22



Counted by provider



## ISSUES RAISED IN COVID-19 COMPLAINTS

The issues raised in COVID-19 related complaints in 2021-22 also differed markedly from general complaint trends.

Some issues were less prominent. Treatment issues made up 31.8% of COVID-19 issues, compared to 41.2% of issues raised in complaints overall. Professional conduct was a slightly lower proportion of issues (17.0%), compared to 18.2% of complaints overall.

Other issues were raised more frequently in COVID-19 related complaints:

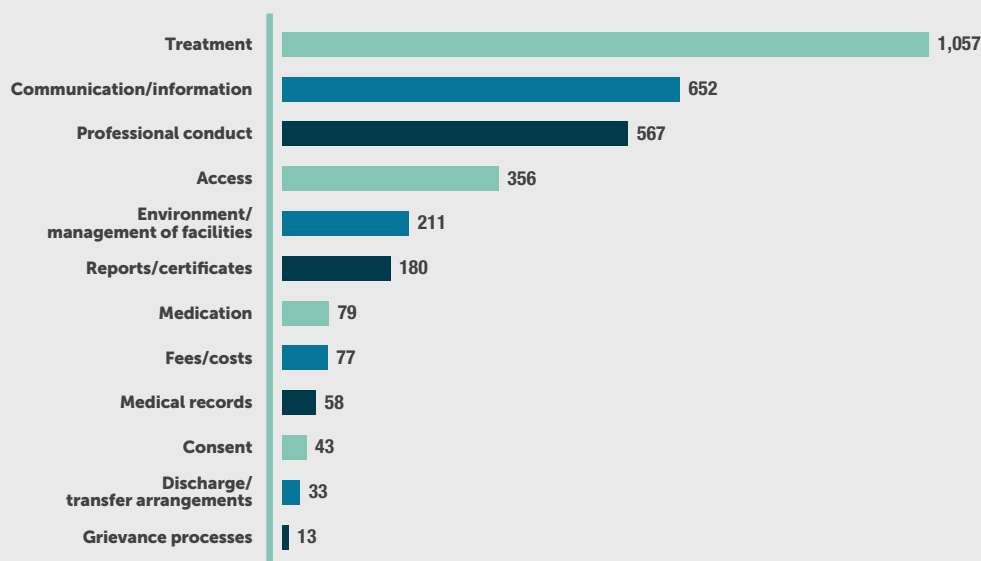
- 19.6% of all issues raised in COVID-19 complaints related to communication/information issues, compared to only 16.0% of all complaints. Many of these concerned allegations of false or misleading information.
- Access issues constituted 10.7% of all issues raised in COVID-19 complaints, but only 4.5% of issues in all complaints. These complaints included concerns about constraints on face to face consultation and vaccination availability.
- 6.3% of all issues raised in COVID-19 complaints related to environment/management of facilities, but only 3.1% of issues in complaints overall. These include concerns regarding the cleanliness of facilities, availability of face masks and sanitiser for patients, and the use of personal protective equipment by clinicians.

These differences (particularly with regard to communication/information, access and environment issues) 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. 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. A significant proportion of the COVID-19 related complaints received 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.

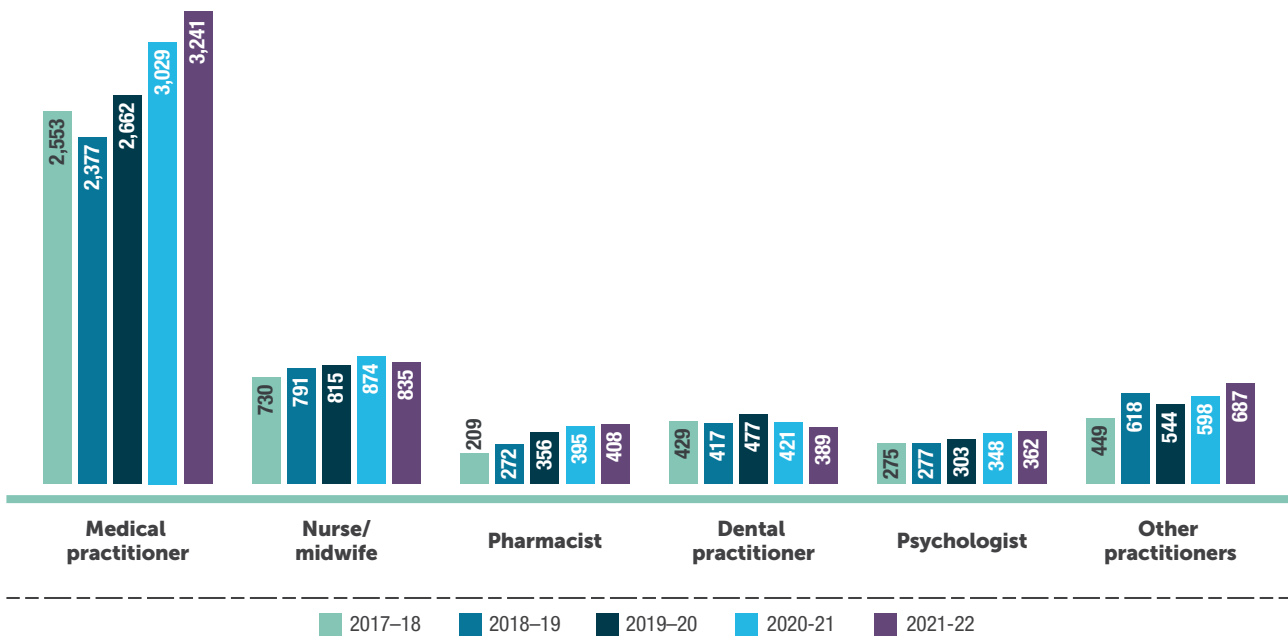
From continuous monitoring and analysis of the COVID-19 complaints received, the Commission was able to identify classes of potential complaints that could be swiftly redirected to the appropriate body, through improved communication about the complaints that the Commission does have the power to address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

**COVID-19 CHART 3** | Issues raised in COVID-19 related complaints



*Counted by issue*

**CHART 3** | Complaints received about all health practitioners 2017-18 to 2021-22



Counted by provider identified in complaint

**REGISTERED HEALTH PRACTITIONERS**

Complaints about medical practitioners remain the most common and made up 54.7% (2020-21: 53.5%) of all complaints about individual health practitioners in 2021-22. The 3,241 complaints received was a 7.0% increase on the 3,029 received in the previous year.

Breaking down medical practitioner complaints received in 2021-22 by service area, 51.1% (2020-21: 42.6%) related to the area of general practice. The general practice service area includes complaints that relate to primary care facilities (predominantly medical centres) that provide universal, unreferral access to whole person medical care for individuals, families, and communities.

The 2021-22 increase in the proportion of complaints with a general practice service area is not unexpected, given the increased activity by general practitioners providing vaccinations and telehealth consultations in the context of COVID-19 and noting that Medicare Australia reported over 60 million GP attendances in NSW during 2021-22.

As general practice complaints have been extracted from the broader category of general medicine complaints since 2020-21, there has been a significant decrease in the proportion of general medicine complaints over the last two years (2021-22: 5.4%; 2020-21: 6.9%, 2019-20:44.0%).

Other common service areas within complaints for medical practitioners were surgery (7.4%, 2020-21: 7.9%), psychiatry (4.4%; 2020-21: 3.5%) and mental health (3.1%; 2020-21: 4.1%). The remaining 28.6% of complaints were across a wide range of service and specialty areas such as emergency medicine, cosmetic services, immunology, obstetrics 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.5 in Appendix A.

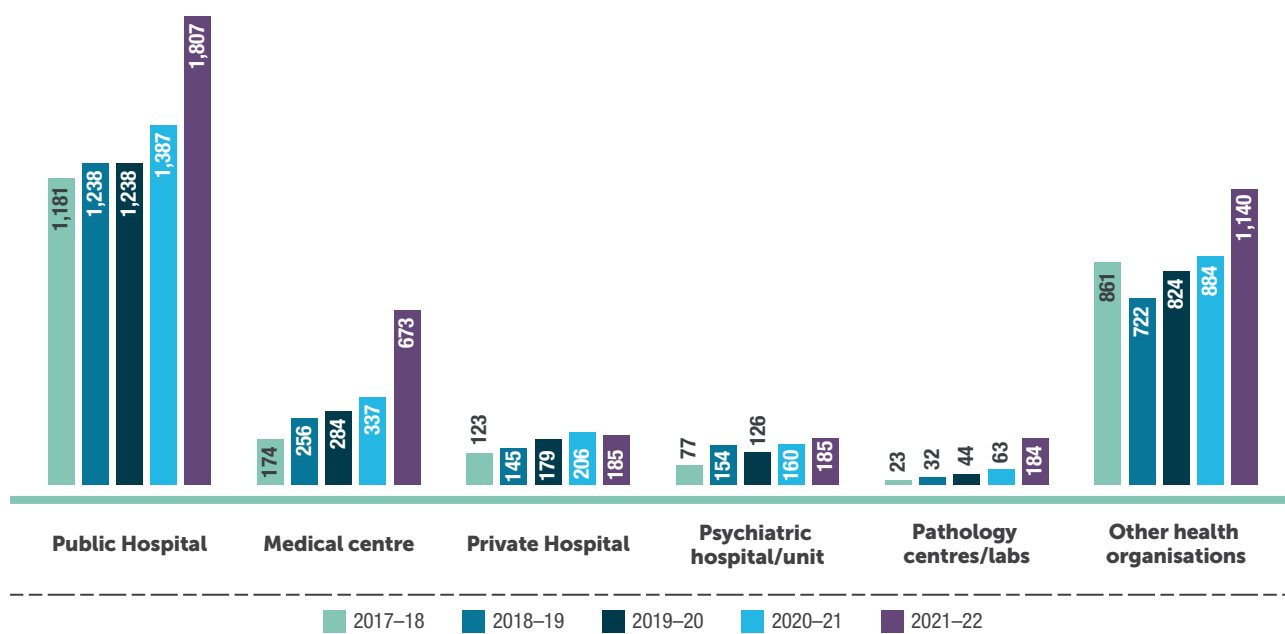
In 2021-22, the Commission received 835 complaints about nurses and/or midwives. These complaints made up 14.1% of all complaints received about individual health practitioners, which represented a slight decrease from the previous year (2020-21: 15.4%).

There was also a slight decrease in the proportion of complaints received about dental practitioners in 2021-22 (6.6%; 2020-21: 7.4%), while the proportion of complaints received about pharmacists (6.9%; 2020-21: 7.0%) and psychologists (6.1%; 2020-21: 6.1%) were consistent with the previous year. More detailed data is provided in Table A.4 in Appendix A.

**NON-REGISTERED HEALTH PRACTITIONERS**

There were 197 complaints received about non-registered health practitioners in 2021-22 which constitutes 3.3% of all complaints about individual health practitioners (2020-21: 3.9%).

**CHART 4** | Complaints received about health organisations 2017-18 to 2021-22



Counted by provider

Complaints about counsellors/therapists continued to be the largest proportion of complaints received about non-registered health practitioners (21.3%; 2020-21: 20.5%) but there were also some different features of the profile of non-registered practitioners in 2021-22. There was a large increase in the proportion of complaints received about social workers (16.8%; 2020-21: 9.6%) and a decrease in complaints relating to assistants-in-nursing (6.6%; 2020-21: 15.5%). The proportion of complaints about non-registered cosmetic therapists also continued to decline to 2.0% (2020-21: 4.6%). As the overall numbers in each category of non-registered practitioners are small, these proportional changes may not be significant, but will be closely monitored.

More detailed data is provided in Table A.4 in Appendix A.

## Complaints about health organisations

In 2021-22, the Commission received 4,186 complaints about health organisations, a significant 37.8% increase on the previous year (2020-21: 3,037) and higher than the 16.7% growth across all complaints. Chart 4 breaks down the types of health organisations that have received the most complaints and compares these over a five-year period.

It is apparent that a major driver of the proportional increase in health organisation complaints has been COVID-19 related matters.

Public hospitals, medical centres, private hospitals, psychiatric hospitals/units and pathology centres/labs were the health organisations most commonly complained about in 2021-22, and complaints about these top five organisation types accounted for 72.8% of all health organisation complaints.

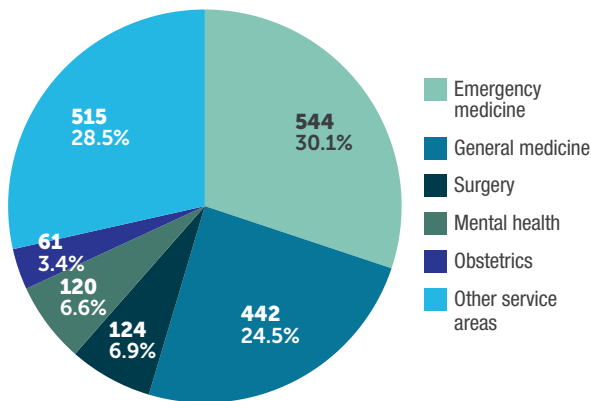
The other types of health organisations complained about included correction and detention facilities, pharmacies, community health services, vaccination centres, aged care facilities, as well as cosmetic and alternative health facilities. A detailed breakdown of complaints by organisation type can be found in Table A.7 in Appendix A.

### COMPLAINTS ABOUT PUBLIC HOSPITALS

Complaints about public hospitals remained the most common and made up 43.2% (2020-21: 45.7%) of all health organisation complaints. The 1,807 complaints received was a 30.3% increase from the previous year (2020-21: 1,387). The number of complaints about public hospitals should be seen in the context of the number of services provided in NSW and the system wide impacts of COVID-19. In 2021-22 there were:

- 3,012,146 emergency department attendances in NSW public hospitals;
- 1,806,122 discharges from hospital; and
- 17,286,198 outpatient services provided.

**CHART 5** | Most complained about service area in public hospitals 2021-22



Counted by provider identified in complaint

Chart 5 shows the public hospital service areas subject to the most complaints in 2021-22 with some notable (often COVID-19 related) shifts in the proportions between service categories:

- emergency medicine (30.1%; 2020-21: 32.7%)
- general medicine (24.5%; 2020-21: 16.5%)
- surgery (6.9%; 2020-21: 8.7%)
- mental health care (6.6%; 2020-21: 8.6%)
- obstetrics (3.4%; 2020-21: 3.1%)

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

**COMPLAINTS ABOUT OTHER HEALTH ORGANISATIONS**

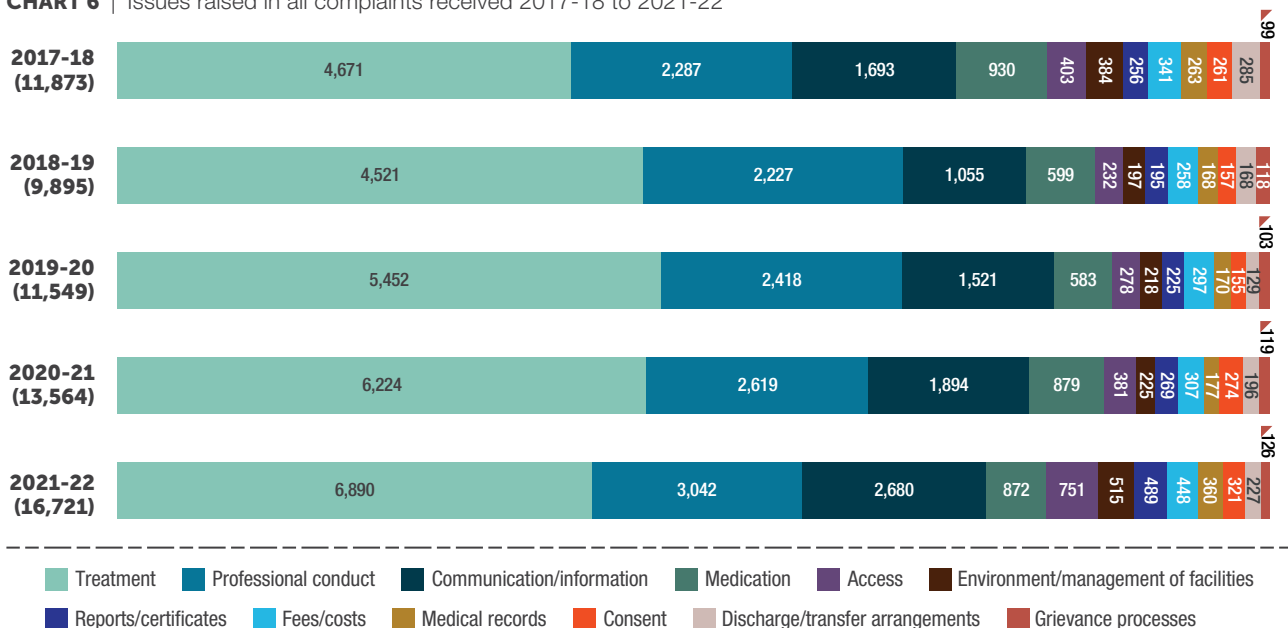
The profile of complaints about other organisations is a direct reflection of the systems impacts of COVID-19. Complaints about medical centres doubled in 2021-22 and made up 16.1% of all health organisation complaints (2020-21: 11.1%). This is not unexpected in the context of the increased reliance on GP services over this time. In NSW, there were more than 60 million GP attendances in 2021-22, according to Medicare Australia data.

The proportion of health organisation complaints relating to private hospitals decreased in 2021-22 to 4.7% (2020-21: 6.8%) as did complaints relating to psychiatric hospital/units (4.4%; 2020-21: 5.3%).

For the first time, correction and detention facilities were not among the top five organisation types complained about, as the proportion of these complaints decreased to 3.7% (2020-21: 5.4%). Primarily due to an increase in complaints relating to COVID-19 testing procedures and results in 2021-22, there were nearly three times as many complaints about pathology centres/labs (4.4%; 2020-21: 2.1%) compared to the previous year, making this the fifth most complained about health organisation.

In 2021-22, due to the introduction of COVID-19 vaccination hubs in NSW, the Commission added a new health organisation type 'vaccination centre' which comprised 1.9% of all health organisation complaints.

**CHART 6** | Issues raised in all complaints received 2017-18 to 2021-22



Counted by issue

## Issues raised in complaints

Chart 6 outlines the issues raised in all complaints over a five-year period. In 2021-22, the 10,108 complaints received raised 16,721 issues – an average of 1.7 issues per complaint (2020-21: 1.6).

Consistent with previous years, the most commonly raised issue categories in all complaints received were treatment (41.2%; 2020-21: 45.9%), the professional conduct of an individual health practitioner (18.2%; 2020-21: 19.3%) and communication/information (16.0%; 2020-21: 14.0%).

The treatment issue category encompasses all issues pertaining to clinical care. The most common treatment issues raised in complaints in 2021-22 were inadequate care (30.0%; 2020-21: 37.0%), inadequate treatment (16.7%; 2020-21: 16.7%) and unexpected treatment outcome/complication (10.9%; 2020-21: 12.0%). Other treatment issues included inadequate/inappropriate consultation, diagnosis, delay in treatment, wrong/inappropriate treatment, or rough and painful treatment.

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.
- More serious, such as allegations of fraud, assault or sexual misconduct.

Where the complaint related to professional conduct, the most frequently raised issue was a breach of a guideline/law by an individual health practitioner (33.1%; 2020-21: 13.7%). The significant increase from 2020-21 was due to a surge in the number of complaints alleging that practitioners had breached COVID-19 public health orders, a potential breach of the Code of Conduct in relation to social media and concerns relating to vaccine exemptions. Other common professional conduct issues included illegal practice (11.7%; 2020-21: 16.1%), impairment of an individual practitioner (9.9%; 2020-21: 13.4%), and lack of competence (8.0%; 2020-21: 13.9%). Issues such as sexual misconduct, misrepresentation of qualifications, boundary violations, assault and advertising accounted for the remaining 37.3% of professional conduct issues raised in complaints.

The most common communication/information related issues in 2021-22 were the attitude and manner of an individual health practitioner (57.1%; 2020-21: 61.0%), the provision of inadequate information (22.6%; 2020-21: 23.1%) and incorrect/misleading information (17.4%; 2020-21: 14.0%). A small but higher proportion of complaints (2.9%; 2020-21: 1.9%) involved the failure to accommodate the special needs of a patient.

Issues relating to medication decreased in 2021-22 (5.2%; 2020-21: 6.5%), while issues relating to access increased to 4.5% (2020-21: 2.8%). A detailed breakdown of all issues in complaints received in 2021-22 can be found in Table A.2 and A.3 in Appendix A.

## ISSUES RAISED IN COMPLAINTS ABOUT REGISTERED HEALTH PRACTITIONERS

Treatment continues to be the primary issue raised in complaints about **medical practitioners**, accounting for 44.5% (2020-21: 48.6%) of all issues raised 2021-22. The most common treatment related issue was inadequate care, followed by inadequate or inappropriate consultation, inadequate treatment, diagnosis and unexpected treatment outcome/ complication. Together these accounted for over three quarters of all treatment related issues.

Communication/information was the second most commonly raised issue in complaints about medical practitioners in 2021-22, accounting for 17.7% of issues raised and a higher proportion than the previous year (2020-21: 15.5%). The majority of communication-related complaints raised concerns about the attitude/manner of the medical practitioner, with this issue alone accounting for 65.3% (2020-21: 69.4%) of all communication issues raised.

A further 16.5% of issues raised in complaints about medical practitioners related to the professional conduct of the practitioner (2020-21: 16.8%), with the most common concerns relating to a breach of guideline/law, the practitioner's competence, illegal practice and sexual misconduct. Together these accounted for 62.6% of all issues raised in the professional conduct category.

Six point eight per cent (6.8%) (2020-21: 7.7%) of complaints about medical practitioners raised medication as an issue and 4.2% (2020-21: 3.4%) of complaints raised the issue of reports/certificates.

In 2021-22, professional conduct continued to be the most common issue raised in complaints about **nurses and/or midwives** (62.7%; 2020-21: 56.2%). The most common professional conduct issues were breach of a guideline/law, impairment and illegal practice, and together these three issues accounted for 65.2% of all professional conduct issues. The second most common issue raised was treatment (16.1%; 2020-21: 22.7%), with over half of these relating to inadequate care.

Treatment continued to be the primary issue raised in complaints about **dental practitioners**, accounting for 55.6% (2020-21: 56.4%) of all issues raised. The most common issues within the treatment category were unexpected treatment outcome/ complications, inadequate treatment and inadequate care. Together these accounted for 62.7% of all treatment related issues.

Sixteen per cent (16.0%) (2020-21: 18.5%) of issues raised in complaints about dental practitioners related to the professional conduct of the practitioner, most commonly concerning a breach of a guideline/law, illegal practice, impairment, and misrepresentation of qualifications.

In complaints relating to **pharmacists**, professional conduct continued to be the most commonly raised issue, accounting for 35.3% of all issues raised (2020-21: 42.1%). Over half of the issues within the professional conduct category related to a breach of a guideline/law, most commonly an alleged breach of the *Poisons and Therapeutic Goods Act 1966*. Dispensing of medication was the second most common issue raised in the complaints about pharmacists, accounting for 32.0% (2020-21: 36.4%) 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.

The most common issue category for complaints about **psychologists** continued to be professional conduct (37.8%; 2020-21: 36.3%) related to breach of guideline/law, boundary violation, inappropriate disclosure of information, or impairment. Thirty point one per cent of issues in complaints about psychologists related to treatment (2020-21: 33.1%), predominantly raising concerns around inadequate care, inadequate/inappropriate consultation and inadequate treatment.

A breakdown of issues raised for registered practitioners is provided in Chart 7, below, and Table A.6 in Appendix A.

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

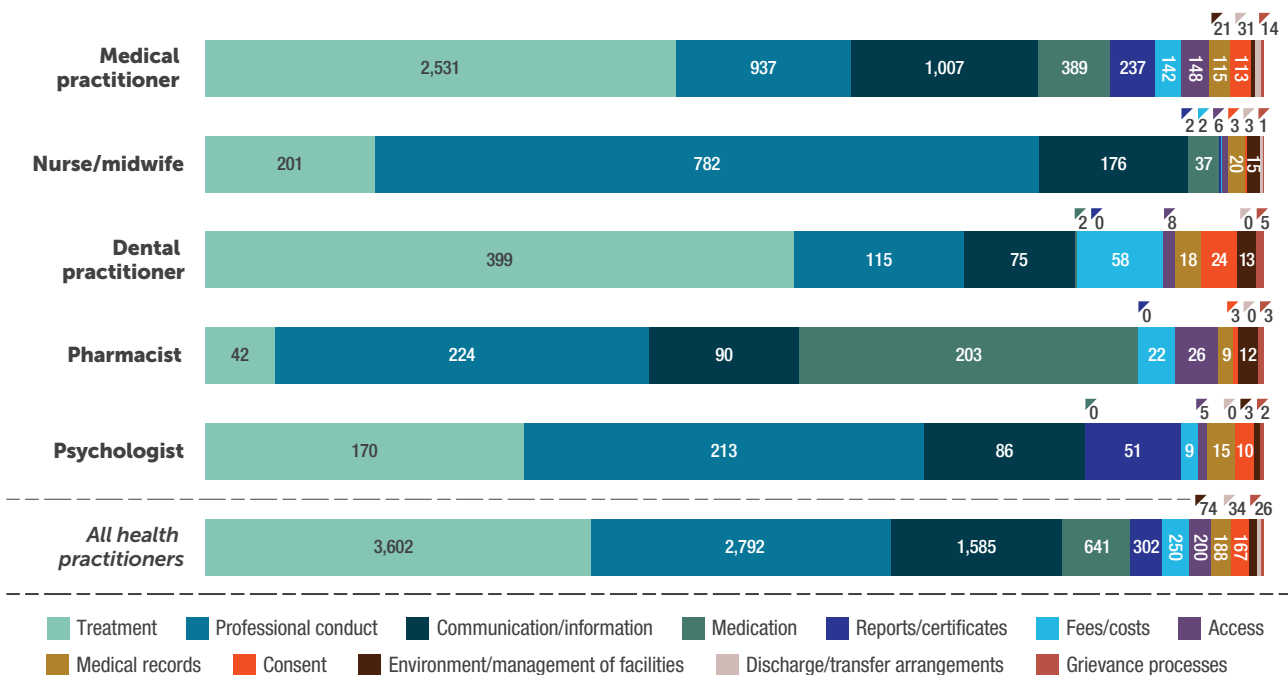
The primary issues raised in complaints about non-registered health practitioners continue to show a different pattern to those raised in complaints about registered health practitioners, as would be expected given the limited clinical nature of their work. In 2021-22, non-registered health practitioners continued to be most likely the subject of a complaint raising professional conduct issues (46.5%; 2020-21: 48.4%).

Treatment issues were the second most common area complained about, showing a slight reduction on the previous year (27.3%; 2020-21: 31.4%).

The proportion of communication/information complaints received about non-registered health practitioners increased significantly in 2021-22 to 18.2% (2020-21: 9.3%). These three issue categories accounted for 92.0% for all issues raised in complaints about non-registered practitioners. Other issues raised related to consent, fees/costs, medication and access.

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

CHART 7 | Issues raised in complaints received about health practitioners 2021-22



Counted by issue



### ISSUES RAISED IN COMPLAINTS ABOUT HEALTH ORGANISATIONS

Treatment remains the primary issue category raised in complaints about **public hospitals** accounting for 58.0% of all issues raised (2020-21: 64.5%). The most common treatment issues related to inadequate care, inadequate treatment and delay in treatment. A further 16.5% of issues related to communication/information (2020-21: 14.9%), which slightly increased from the previous year.

In complaints about **medical centres**, treatment remained the most common issue (24.1%; 2020-21: 34.1%) although there was a decrease compared to the previous year. Issues relating to access accounted for 23.7% of all issues, and was a significant increase on the previous year (2020-21: 16.2%) due to COVID-19 related complaints.

Treatment was also the primary issue category raised in **private hospitals** in 2021-22, accounting for 56.0% of all issues raised (2020-21: 58.2%). The most common treatment issues were inadequate care, inadequate treatment, and unexpected treatment outcome/ complications. Communication/information issues were the second most common issue raised about private hospitals accounting for 15.7% of all issues (2020-21: 14.1%).

Issues in complaints relating to **psychiatric hospitals/units** in 2021-22 primarily related to treatment (47.0%; 2020-21: 55.1%), followed by communication/information (15.2%; 2020-21: 13.2%) and consent (12.7%; 2020-21: 8.7%).

The most common issue category for **pathology centres/labs** was reports/certificates (33.5%; 2020-21: 6.0%), which was significantly increased due to the large number of complaints relating to COVID-19 test results in 2021-22. Other issues raised in pathology centre/lab complaints included treatment, communication/information and environment/management of facilities.

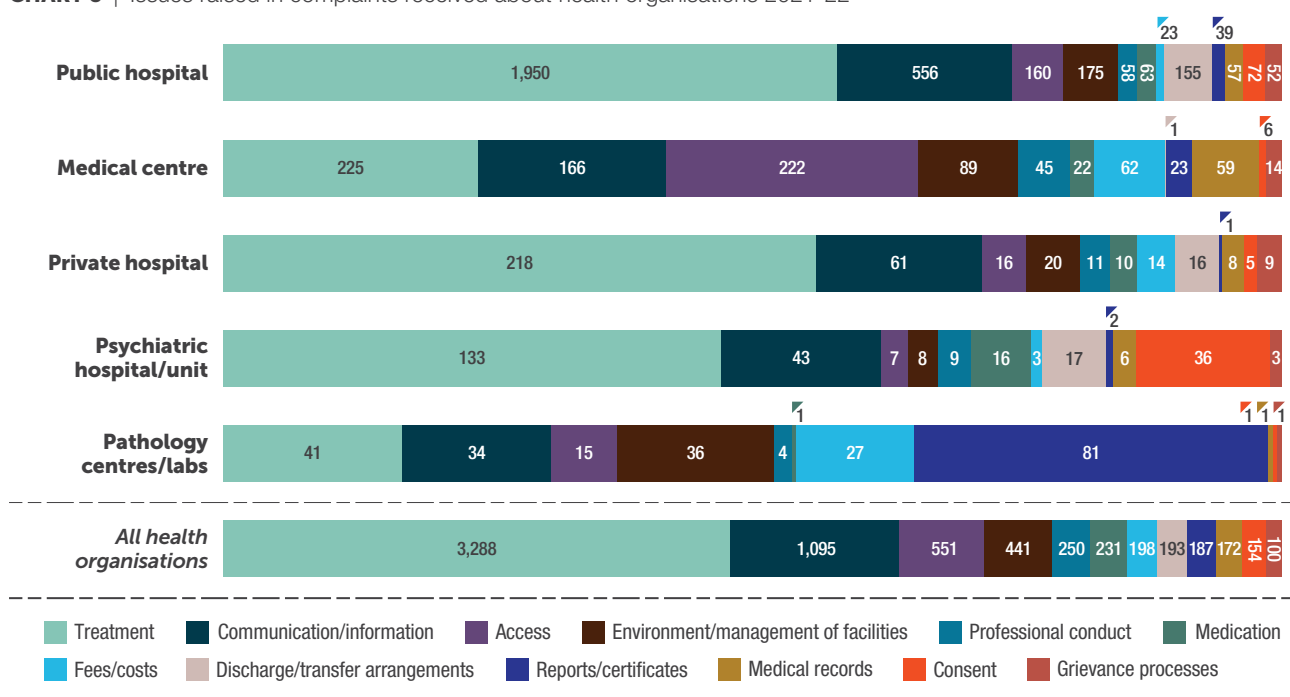
A breakdown of issues raised for health organisations is provided in Chart 8, below, and Table A.10 in Appendix A.

### Sources of complaints

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

Complaints continue to be most commonly made by the consumers of the health service. In 2021-22, 57.7% of complaints were made directly by consumers, which is slightly higher than in 2020-21 (54.4%). Complaints made by family members or friends accounted for 21.9% of complaints and this was consistent with the previous year (2020-21: 21.2%). Slightly fewer complaints have been made by a consumer organisation, advocate or employer (4.7%; 2020-21: 6.9%) when compared to the previous year. A small proportion of complaints were made by a professional council and/or another regulatory authority (4.3%; 2020-21: 5.4%). A detailed breakdown of the source of complaints is in Table A.13 in Appendix A.

CHART 8 | Issues raised in complaints received about health organisations 2021-22



Counted by issue

## Complaints by location

Locational analysis of a complaint may be done in relation to the location of the complainant or the location of the health service provider, and these may result in differences, for example, where a patient travels from regional NSW to visit a Sydney-based hospital. Additionally, the location of the complainant is not always provided in a complaint where it is submitted online or via email with an email address as the only contact information. In 2021-22, only 75.0% of complainants provided their residential location (2020-21: 75.1%).

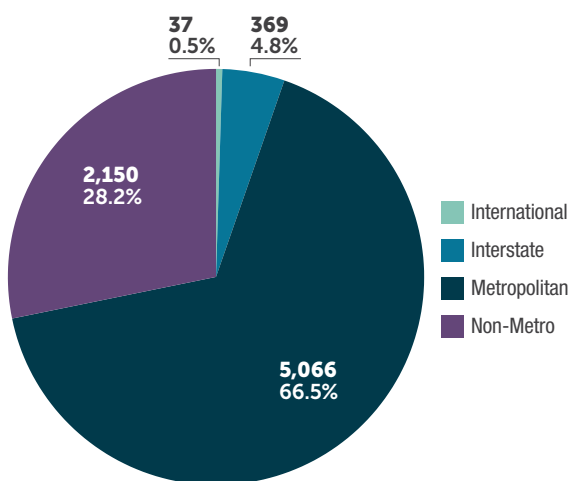
Our current data categorises a complainant’s location based on their provided postcode. The method for calculating location is under review as part of the project for setting geographic coding rules in our forthcoming case management system implementation. Our objective is to align geographic location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

### LOCATION OF COMPLAINANTS

Chart 9 shows the breakdown of complainant location. For the 75.0% of complainants whose address was provided, two-thirds (66.5%) (2020-21: 66.4%) indicated they were located in metropolitan NSW and 28.2% (2020-21: 27.6%) indicated that they were located in a non-metropolitan area. Complainants from interstate accounted for 4.8% (2020-21: 5.1%), and 0.5% of complainants indicated that they resided overseas (2020-21: 0.9%).

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

**CHART 9** | Locations of complainants



Counted by complainant

### LOCATION OF PROVIDERS

Chart 10 shows the breakdown of health service provider location in cases where this information is known. Location of providers is determined according to the location of the health organisation or non-registered practitioner’s practice, and for registered practitioners, the location is determined according to the practitioner’s principal place of practice, rather than the exact location where the health service was delivered. In 2021-22, the Commission was able to identify the location of providers in 96.9% of complaints.

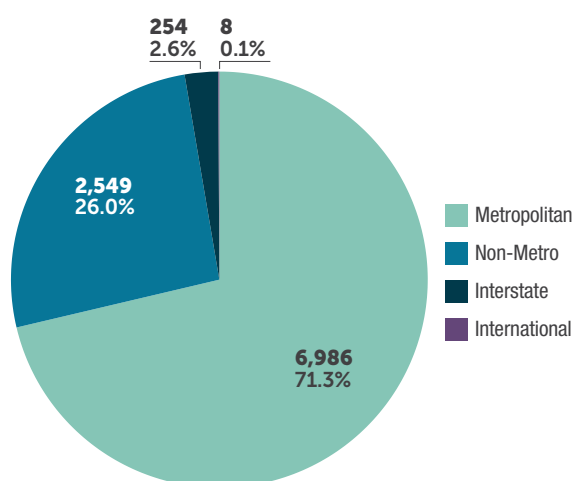
For the providers whose location was able to be identified, more than two-thirds (71.3%) (2020-21: 71.0%) provided services in metropolitan NSW and 26.0% (2020-21: 26.0%) provided services in non-metropolitan NSW. As per previous year, a small proportion of complaints related to providers interstate (2.6%; 2020-21: 2.6%) and overseas (0.1%; 2020-21: 0.1%).

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

### COMPLAINTS BY LOCAL HEALTH DISTRICT

Numbers of complaints received about public hospitals in individual local health districts (LHD) in NSW can be found at Table A.9 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 the vast majority of LHD’s is generally proportionate to their share of the total services provided across the state.

**CHART 10** | Location of providers



Counted by provider

## Issues raised in complaints from metropolitan and non-metropolitan complainants

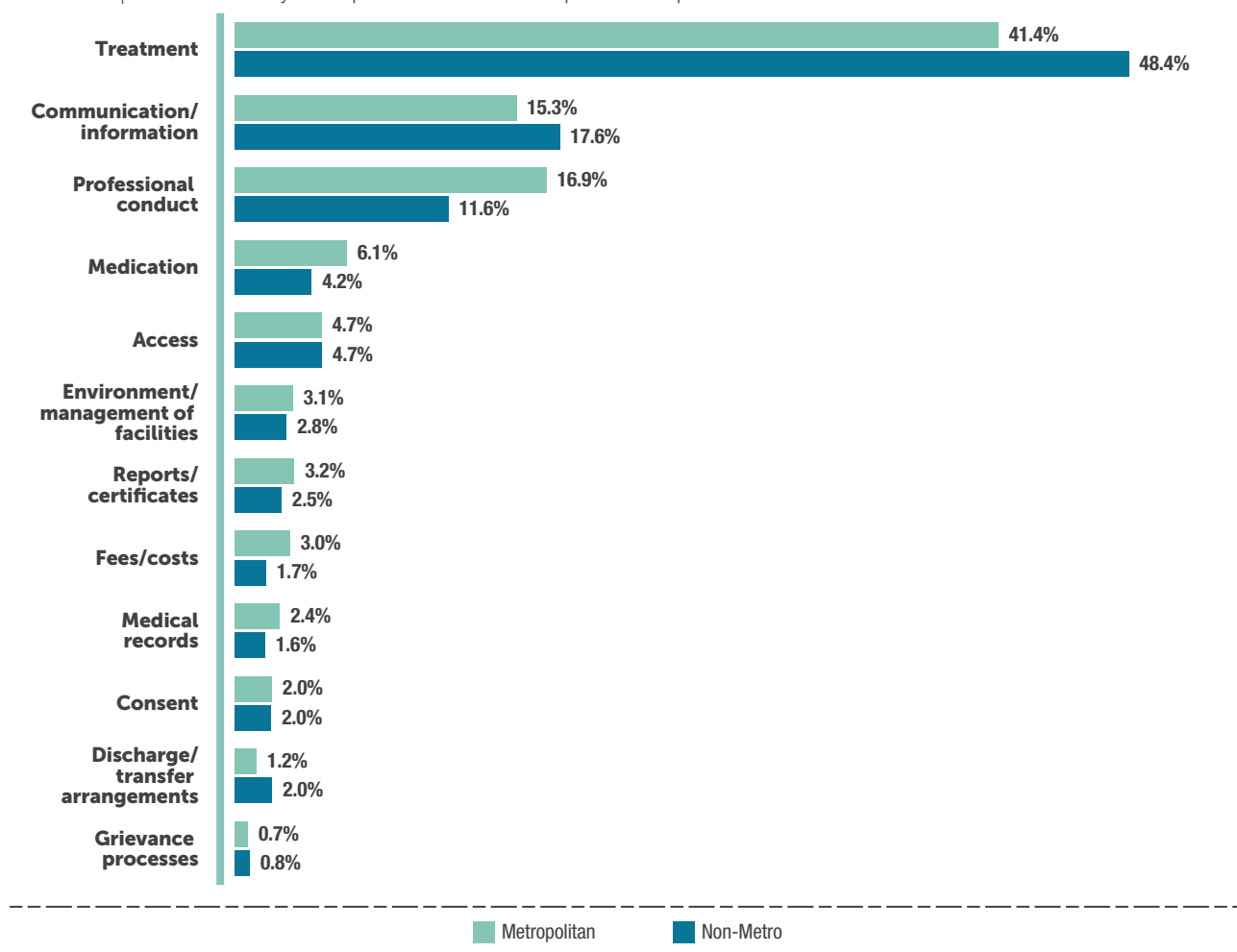
Chart 11 shows the issues raised by individual complainants located in metropolitan and non-metropolitan NSW. Treatment was the most common issue category in complaints by both metropolitan and non-metropolitan complainants, although more dominant across non-metropolitan complainants (48.4% compared to 41.4% for metropolitan complainants).

Professional conduct issues were more common in complaints by metropolitan complainants (16.9% of all issues and the second highest category) compared to the third most common issue category in complaints by non-metropolitan complainants (11.6% of all issues).

Communication/information issues were more common in complaints by non-metropolitan complainants (17.6% of all issues) compared to the third most common issue in complaints by metropolitan complainants (15.3% of all issues).

Medication was more commonly raised as an issue in complaints by metropolitan complainants (6.1% compared to 4.2% of non-metropolitan complainants), as were issues about the environment, reports/certificates, fees/costs and medical records. Non-metropolitan complainants raised discharge/transfer arrangement issues more commonly than metropolitan complainants. Issues such as access, consent and grievance processes were comparable between both cohorts of complainants.

**CHART 11** | Issues raised by metropolitan and non-metropolitan complainants



Counted by issue raised in complaint

## 03 Assessing and resolving complaints

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

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

- Seek further information from the complainant, as necessary.
- Seek a response from the health service provider or any other person who may have knowledge of the matter. If a person (including a provider) does not respond in a timely way, the Commission is able to issue a notice compelling the provision of a response and relevant information.
- Gather medical records.
- Access any relevant reports that may have been undertaken by other bodies.
- For matters involving clinical care and treatment, advice will usually be obtained from the Commission's Principal Medical Advisor and/or independent experts in a relevant specialty area.

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

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

For **non-registered health practitioners**, the standard of clinical care, treatment and professional conduct is assessed with regard to the Code of Conduct for Non-registered Health Practitioners set out in schedule 3 of the *Public Health Regulation 2012* (newly updated in September 2022 to *Public Health Regulation 2022*). The assessment considers whether any breaches of the Code have occurred and if so, the severity of the breaches and the action to be taken.

For **health organisations**, the assessment process considers the organisation's adequacy of and adherence to policies and systems that are expected to be in place to ensure the safety and quality of health service delivery. (From September 2022, assessment will also consider compliance against the newly implemented Code of Conduct for health organisations, as set out in schedule 4 of the *Public Health Regulation 2022*).



### Case study – Providing comments to improve service

The Commission received a complaint from a person who attended a pathology clinic, to have blood taken. They raised concern about the attitude and manner of the clinical staff, and not being treated with respect. As a result, they were unable to have their blood taken, despite having fasted to do so.

In assessing the complaint, the Commission did not identify any concerns about the care and treatment provided. The Commission contacted

the pathology clinic to remind them of the Australian Commission for Safety and Quality in Healthcare's guidance on Communicating for Safety, which focuses on the importance of effective communication to support continuous, coordinated and safe care for patients. The Commission finalised the assessment of the complaint with comments provided to the organisation about respectful communication, as feedback for improving future service delivery.

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

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

In complaints involving registered practitioners, there may be evidence of a less significant departure from clinical standards and/or that a practitioner is impaired or lacking in relevant professional knowledge. In these cases, the complaint would generally be **referred to the relevant professional council**. The council would be able to undertake assessments of the practitioner, and, if appropriate place them in a health or performance program. If new information is presented during the council's management of the 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 may have been complex clinical issues or poor patient outcomes but not significant departures in care and treatment that would warrant further investigation. Often these cases involve a loss of rapport or trust between the health service provider and the complainant. The Resolution Service offers the parties to a complaint the support of dedicated and trained facilitators to focus on identifying and discussing the outstanding issues and assisting parties to reach an understanding and/or agree on action. The process is voluntary and tailored to meet the needs of the parties involved. This outcome can be of specific utility in communities where health services are limited, and patients may need to return to the same practitioner or facility, necessitating a restoration of trust and confidence in the health services provided.

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. This is available for all public health organisations and licenced private facilities.

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

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

A complaint may raise lower-level issues (such as practitioner rudeness, poor information or long waiting times at medical centres). These issues are of understandable concern to health consumers, but do not typically raise issues that pose a risk to public health and safety. In these cases, determining to **discontinue with comments** is a valuable avenue for providing feedback and advice to health service providers 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, or is vexatious or frivolous.
- The complaint is already the subject of legal proceedings or investigation by another person or body.
- The complaint is withdrawn by the complainant (and the complaint did not raise a serious risk to public health and safety or professional misconduct).

## Complaints assessed and timeliness

Chart 12 shows that in 2021-22 there were 9,758 complaints assessed by the Commission. This is a significant 18.7% increase on last year (2020-21: 8,222) and reflects the implementation of active strategies to refine business processes at the triage of complaints, particularly in relation to COVID-19 related complaints which had lower risk profiles. In 2021-22, the Commission made inroads into closing the gap that had emerged in 2020-21 between the number of complaints received and assessed, reducing this to 350 complaints (2020-21: 480).

The increase in the volume of complaints received in 2021-22 and the workforce impacts of COVID-19 impacted the timeliness of assessments. While the average days to assess a complaint was still within the statutory 60-day timeframe, the average assessment time increased to 45 days (2020-21: 40 days). The proportion of complaints in 2021-22 assessed within 60 days was 79.0% (2020-21: 86.0%) and the proportion of letters notifying the parties of the assessment decision sent within the 14-day statutory timeframe was 71.7% (2020-21: 84.3%).

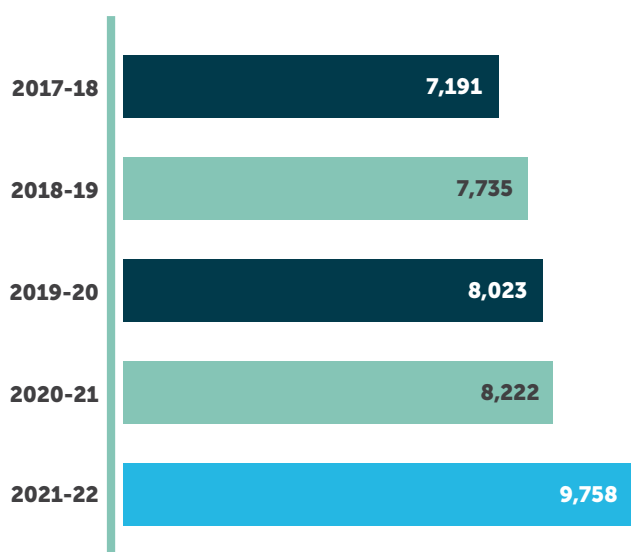
Further detail on the time taken to assess complaints over a five-year period can be found at Table A.21.

## Assessment outcomes

Chart 13 shows the assessment outcomes for complaints for 2021-22 compared to the previous four years. It shows that:

- There was a decrease in the number of complaints referred for investigation in 2021-22, with 484

**CHART 12** | Complaints assessed from 2017-18 to 2021-22



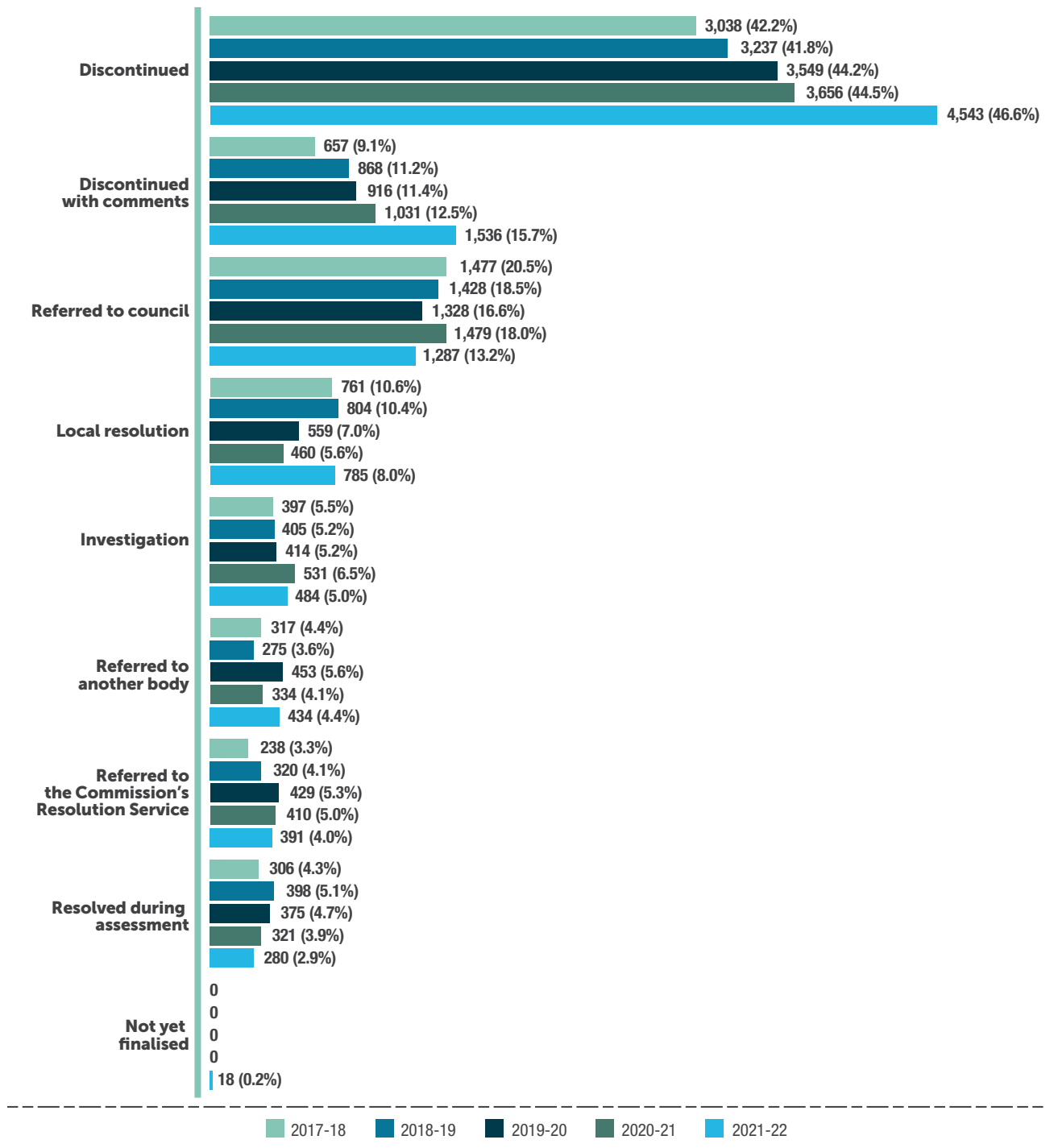
Counted by provider

referrals compared to 531 in 2020-21. As a result, the proportion of total complaints referred for investigation decreased from the spike seen in 2020-21 (6.5%) to 5.0%, which is consistent with the long-term trend.

- There was also a decrease in the number and proportion of complaints referred to the relevant professional council when compared to the previous year (13.2%; 2020-21: 18.0%).
- The proportion of complaints referred to the Commission’s Resolution Service in 2021-22 (4.0%) decreased slightly from 2020-21 (5.0%) due to fewer complaints being suitable for assisted resolution in the context of COVID-19.
- There was an increase in the proportion of complaints referred for local resolution (8.0%; 2020-21: 5.6%). This was a return to the longer term historical trend of matters referred for local resolution and a positive reflection of the refined triaging practices to allow for early identification of those complaints where direct local action for lower level concerns will benefit the complainant.
- The Commission continues a focus on identifying matters that can be resolved directly and informally between the parties during the triaging process. In 2021-22, the proportion of complaints resolved during assessment was 2.9%, lower than the previous year (3.9%) 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 (15.7%; 2020-21: 12.5%) increased due to the increase in COVID-19 complaints where comments to the health service provider were sufficient to mitigate risk to public health and safety.
- The proportion of complaints discontinued or withdrawn (46.6%; 2020-21: 44.5%) increased marginally in 2021-22.
- Complaints referred to another body (4.4%; 2020-21: 4.1%) remained comparable with the previous year.
- 0.2% of matters were categorised as “not yet finalised”. This outcome applies where an assessment recommendation is made, but consultation with the relevant professional council has not yet occurred and the final determination has not yet been entered.

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

**CHART 13** | Outcome of complaints assessed 2017-18 to 2021-22



Counted by provider

## Assessment decisions by type of health practitioner

Chart 14 sets out how the Commission dealt with complaints in 2021-22 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 5,805 complaints assessed about individual health practitioners (registered and non-registered).

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

### OUTCOMES FOR REGISTERED HEALTH PRACTITIONERS

For **medical practitioners**, the most common outcome of an assessment was to discontinue the complaint. The proportion of complaints discontinued in 2021-22 (53.4%) was comparable with the previous year (52.0%) but higher than the proportion of all complaints about health practitioners (46.0%). The proportion of complaints that were discontinued with comments increased to 22.5% (2020-21: 18.4%).

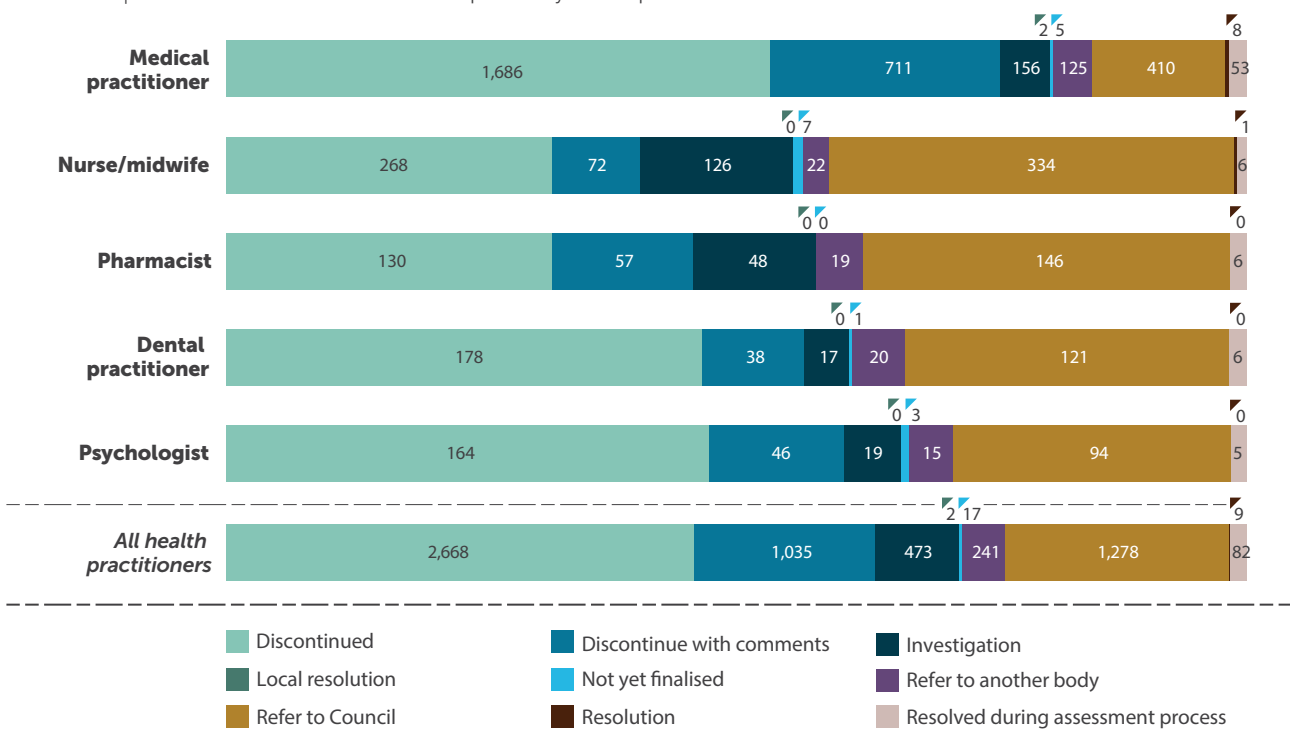
There was a decrease in the proportion of complaints referred to the Medical Council of NSW (13.0%; 2020-21: 17.5%), which is consistent with an overall reduction in the

proportion of all health practitioner complaints referred to a professional council in 2021-22 (22.0%; 2020-21: 25.8%). The 156 complaints about medical practitioners that were referred for investigation constituted 4.9% of the total number of complaints about medical practitioners, lower than the proportion in the previous year (5.6%) and lower than the proportion for all health practitioners (8.1%).

The proportion of complaints resolved during assessment decreased to 1.7% (2021-22: 2.5%) but was in line with all complaints about health practitioners (1.4%). Four per cent (4.0%) of complaints in 2021-22 were referred to another body (2020-21: 3.3%), which was also comparable with all health practitioners (4.2%).

For **nurses and/or midwives** the most common outcome continued to be a referral to the Nursing and Midwifery Council of NSW (40.2%; 2020-21: 41.7%) and this is nearly twice as high as the proportion of all health practitioners (22.0%). The proportion of complaints discontinued (32.1%) was slightly higher than the previous year (2020-21: 29.9%), although lower than across all health professions (46.0%). The proportion of complaints about nurses and/or midwives that had investigation as an outcome has continued to grow year on year. In 2021-22 this outcome increased again to 15.1% (2020-21: 12.8%; 2019-20: 9.3%) due to an increasing number of complaints related to professional conduct issues such as impairment, breach of a guideline or law, and illegal practice.

**CHART 14** | Outcomes of assessment of complaints by health practitioner 2021-22



Counted by provider





## COVID-19 COMPLAINTS ASSESSED

In 2021-22, the Commission assessed 2,021 complaints relating to COVID-19. COVID-19 Table 1 outlines the outcomes of these complaints.

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

Outcome	No.	% of Total
Discontinue	926	45.8%
Discontinue with comments	432	21.4%
Local Resolution	175	8.7%
Refer to Council	165	8.2%
Investigation	116	5.7%
Refer to Another body	115	5.7%
Resolved during Assessment Process	59	2.9%
Assisted Resolution	32	1.6%
Not yet finalised	1	0.0%
<b>Total</b>	<b>2,021</b>	<b>100.0%</b>

*Counted by provider*

As these figures show, slightly more COVID-19 related complaints raised serious risks to public health and safety than all complaints, with 5.7% being referred for investigation which was a significant increase when compared to the COVID-19 complaints assessed in the previous year (2020-21: 1.1%) and higher than

the proportion of all complaints referred for investigation (5.0%).

Consistent with the previous year, 8.2% (2020-21: 8.0%) of COVID-19 complaints were referred to the relevant professional council, which was notably lower than the proportional outcome for all complaints (13.2%). There were significantly fewer COVID-19 complaints referred to another body this year (5.7%; 2020-21: 10.9%), although still a higher proportion than the outcome for all complaints (4.4%). COVID-19 complaints were most commonly referred to the NSW Ministry of Health, Ahpra and the Therapeutic Goods Administration (TGA).

There were a comparable number of COVID-19 complaints discontinued (45.8%) when compared to all complaints assessed (46.6%). However, there were significantly more complaints discontinued with comments (21.4%) compared to the proportion of all complaints (15.7%). Comments typically provided 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 a time of heightened anxiety and uncertainty.

## COVID-19 Case study – Referred to a more appropriate body

The Commission received a complaint from a member of the community who returned to Australia from overseas during the 'delta wave' in 2021 and had tested positive for COVID-19. As a requirement of the Public Health Orders in place at that time, they were transferred to a hotel for mandatory quarantine.

They made a complaint to the Commission about the quality and type of food provided in the quarantine hotel, which they considered not appropriate for their dietary needs. The complainant raised other concerns about their wellbeing, which resulted in them being transferred from the hotel to a dedicated health facility. While the clinical care and treatment issues had been properly addressed through the transfer to a treatment facility, concerns about the food provided during their quarantine period were not related to the Commission's jurisdiction. This aspect of the complaint was referred to the NSW Ombudsman as the appropriate agency to manage these concerns.

For **pharmacists**, the proportion of complaints referred to the Pharmacy Council of NSW remains the most common outcome although this year it did decrease to 36.0% (2020-21: 44.5%). The proportion of complaints about pharmacists referred for investigation has also decreased significantly to 11.8% (2020-21: 26.1%). Although this proportion is still greater than all health practitioners (8.1%) it reflects the success of a number of active strategies put forward by health educators and regulators to increase education and improve standards across the pharmacy sector and address public health risks in a proactive and preventive way. Thirty-two per cent (32.0%) of complaints about pharmacists were discontinued, an increase on the proportion the previous year (2020-21: 19.2%), although still less than across all health professions (46.0%). Comments were made to pharmacists in 14.0% of matters, an increase on the 2.4% in 2020-21, and more consistent with all health practitioners (17.8%).

For **dentists** in 2021-22, 46.7% of complaints were discontinued, which is comparable to the proportion of all health practitioners (46.0%) and an increase from 2020-21 (38.1%). There was a corresponding decrease in the proportion of complaints referred to the Dental Council of NSW (31.8%; 2020-21: 40.3%), although this is still significantly higher than all professions (22.0%). The proportion of complaints about dentists investigated remained comparable (4.5%; 2020-21: 5.1%). Five point two per cent (5.2%) of complaints concerning dentists (2020-21: 3.5%) were referred to another body, most commonly Ahpra where the complaints related to a practitioner with a principal place of practice outside NSW.

The proportion of complaints about **psychologists** that were referred to the Psychology Council of NSW in 2021-22 was comparable with previous years (27.2%;

2020-21: 26.6%) and higher than the proportion of all health practitioners (22.0%). The proportion of complaints about psychologists referred for investigation (5.5%; 2020-21: 3.4%) increased slightly, however, still remains lower than the proportion of all health practitioners (8.1%). The number of complaints discontinued was relatively stable (47.4%; 2020-21: 49.8%) and there was an increase in the proportion of complaints discontinued with comments (13.3%; 2020-21: 7.1%). The proportion of complaints referred to another body was comparable with 2020-21 (4.3%; 2020-21: 5.0%).

## OUTCOMES FOR NON-REGISTERED PRACTITIONERS

Complaints about **non-registered practitioners** were most likely to be discontinued (54.5%; 2020-21: 50.4%), which is higher than both the previous year and the proportion of all health practitioners (46.0%). While the proportion referred for investigation (12.7%) continued to be higher than for all health practitioners (8.1%) and all complaints (5.0%), this proportion was nevertheless a significant decrease from the 20.2% spike seen in 2020-21 and closer to the proportion seen in 2019-20 (10.3%).

The proportion of non-registered practitioner complaints discontinued with comments was slightly higher than the previous year (24.1%; 2020-21: 20.2%). Complaints referred to another body in 2021-22 decreased slightly compared with the previous year (7.7%; 2020-21: 8.4%) although were still higher than all health practitioners (4.2%). Within these referrals, complaints concerning non-registered health practitioners were appropriately referred to Ahpra with concerns relating to misrepresentation of qualifications.



### Case study – Resolved during assessment

The Commission received a complaint from a parent stating that their child's immunisation history records had not been updated in the Australian Immunisation Register (AIR). This became known when the young person visited the medical practice to receive their COVID-19 vaccination and learned that previous vaccinations had not been recorded.

During the assessment process, the Commission contacted the medical practice outlining these

concerns and requested a response. Following this engagement, the responsible practitioner set about locating and checking the young person's records. The practitioner also made direct contact with the complainant and the young person, offering an apology for the oversight and reassured them that the register would be updated.

The complainant was satisfied that their concerns had been resolved with the Commission's assistance.

## Assessment decisions by type of health organisation

Chart 15 compares the assessment decisions for each of the top five most complained about health organisations with all complaints about health organisations. In 2021-22, the category of correction and/or detention facilities did not make the top five health organisations and was displaced by pathology centres/labs due to the high volume of complaints about COVID-19 testing.

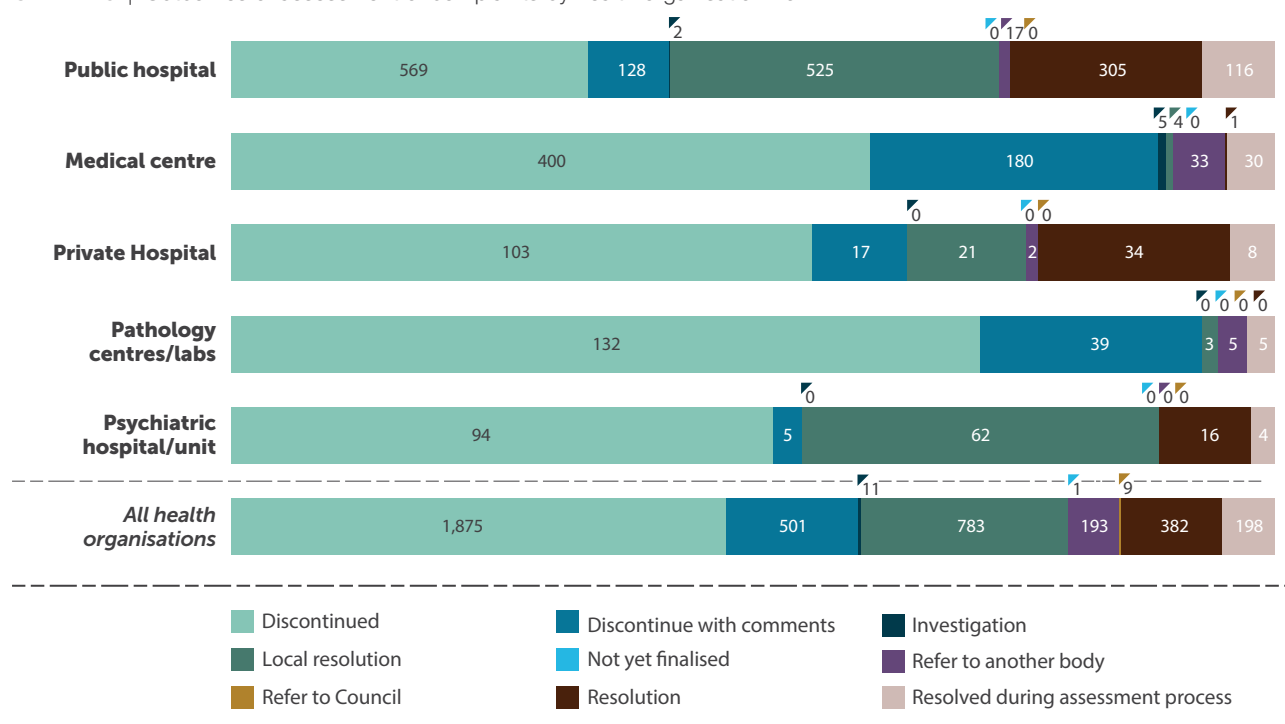
For **public hospitals**, the most common outcome in 2021-22 continued to be discontinuing a complaint (34.2%; 2020-21: 34.8%). This outcome was consistent with the previous year but substantially lower than the across all health organisations (47.4%). In 2021-22, there was an increase in the proportion of public hospital complaints able to be referred to local resolution (31.6%; 2020-21: 24.3%), which reflected the ability to recommence resolution activity at some points during the year when there was less pandemic pressure. In 2021-22, there was a slight decrease in the proportion of complaints about public hospitals referred to the Commission’s Resolution Service (18.4%; 2020-21: 24.1%), but this proportion remained twice the proportion of all health organisations (9.7%). The proportion of complaints resolved during assessment was comparable to the previous year (7.0%; 2020-21: 7.8%).

For complaints about **medical centres**, these complaints frequently involve disputes about fees or costs, access to medical records, types of consultations

or waiting times. Some complaints may be successfully resolved with prompt contact by a Commission Officer to discuss complainant rights and service responsibilities with the service provider early in the complaints process. In 2021-22, 4.6% (2020-21: 10.4%) of complaints about medical centres were resolved during assessment. This outcome reduced compared to the previous year, however, was in line with the proportion of all health organisation complaints (5.0%). The complaints that cannot be resolved are generally discontinued or discontinued with comments unless significant clinical issues are identified. Therefore, a higher proportion of complaints were discontinued in 2021-22 (61.3%; 2020-21: 56.8%).

The most likely outcome for complaints about **private hospitals** in 2021-22 was to discontinue a complaint (55.7%; 2020-21: 47.4%). This proportion increased from the previous year and was higher than the proportion for all health organisations (47.4%). The proportion of complaints referred to the Commission’s Resolution Service (18.4%; 2020-21: 22.4%) was slightly lower than the previous year, however, the proportion of complaints resolved during assessment (4.3%; 2020-21: 10.9%) was in line with all health organisations (5.0%). Legislative change in October 2020 delivered formalised powers to refer complaints to private hospitals for local resolution and the Commission has implemented new policies and practices which increased this outcome to 11.4% in 2021-22 (2020-21: 1.0%).

**CHART 15** | Outcomes of assessment of complaints by health organisation 2021-22



Counted by provider identified in complaint



## Case study – Inquiry and regulatory action following referral to NSW Pharmacy Council

The Commission received a number of complaints regarding two pharmacies that were allegedly inappropriately dispensing drugs of addiction, such as Temazepam and Oxycodone. One complaint alleged a patient was provided restricted, Schedule 4, drugs over a number of months, without a current prescription. Another complaint alleged the pharmacies were supplying Schedule 8 drugs in significantly high quantities (many thousands of tablets) in breach of Clause 109 of the Poisons and Therapeutic Goods Regulation 2008. It was also alleged there were irregularities with regard to

Medicare claiming. The pharmacist named in the complaints was the proprietor of both pharmacies.

Following consultation with the Pharmacy Council of NSW, the complaints were referred to the Council for the Council to conduct a formal inquiry under the provisions of the Health Practitioner Regulation National Law (National Law). Following this Council Inquiry, the practitioner was cautioned, and registration conditions were imposed to ensure the health and safety of the public was protected. These conditions are monitored and enforced by the Pharmacy Council.

In 2021-22, complaints about **pathology centres/labs** most often resulted in a complaint being discontinued (71.7%), which was significantly higher than the previous year (39.7%) and the proportion of all health organisations (47.4%). This reflects the large number of complaints regarding COVID-19 result delays due to demand pressures, which certainly caused frustration and disruption but did not require or justify regulatory action. A further 21.2% (2020-21: 43.4%) of these complaints were discontinued with comments, which is higher than the proportion of all health organisations (12.7%). Two point seven (2.7%) (2020-21: 10.3%) of complaints about pathology centres were resolved during the assessment process.

For complaints about **psychiatric hospitals/units**, there is a strong focus on resolution pathways, recognising the sensitivity of many of these matters and benefit in understanding and resolving issues that have arisen. The proportion of complaints referred to local resolution was significantly increased in 2021-22 (34.3%; 2020-21: 10.9%) and much higher than the proportion of complaints about all health organisations (19.8%). There was a corresponding decrease in the number of complaints discontinued (51.9%; 2020-21: 67.3%) as well as referred to the Commission's Resolution Service (8.8%; 2020-21: 14.1%) when compared to the previous year.

For more information about assessment decisions by type of health organisation complained about, please refer to Table A.20 in Appendix A of this report.

## 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 2021-22, the Commission received 470 requests for a review of an assessment decision, compared with 531 review requests in 2020-21. This represents 4.8% of review requests lodged for all assessments completed, a notable decrease from the 6.5% seen in 2020-21. This decrease reflects ongoing efforts to improve our written communication to ensure we articulate in plain language what has been considered during the assessment process and provide clear reasons for the decision made.

Following an examination of the review function in 2020-21, the KPI for completion of reviews was set at 60 days. This was made to align with the statutory assessment KPI and to reflect the expectations that complainants have about the depth and breadth of a review. This KPI also ensures there is sufficient time to:

- Reconsider the material and evidence originally obtained during the assessment the complaint and identify and correct any interpretation errors made during the assessment.
- Consider any new the information provided by the complainant not originally available to the Commission at the assessment stage.

- Obtain further clinical expert opinion to assist in settling any outstanding clinical questions.
- Accommodate the repeating of all consultation with the relevant professional council required under the Health Care Complaints Act if the review identifies a need to change the original decision (where the review relates to a registered practitioner).

In addition, during November 2021 the Reviews team structure and resourcing was also enhanced to include a permanent, full-time Case Review Lead role in addition to the pre-existing Senior Review Officer and Review Officer roles.

In 2021-22, 425 reviews were finalised with 76.2% of these completed within the newly established 60-day KPI timeframe. This is a significant improvement in timeliness.

## REVIEW OUTCOMES

Of the 425 completed reviews in 2021-22, 86.6% confirmed the original assessment decision (2020-21: 89.6%).

Of the 57 reviews where the assessment decision was changed:

- 33 required corrective comments to the practitioner where the review did not find significant departures from professional standards, but did identify areas where the provider would benefit from specific advice and guidance.
- 12 matters were referred to another more appropriate body for action.
- 8 matters were referred to the Commission's Resolution Service.
- 2 matters were referred to the health organisation for resolution at the local level.
- 2 were referred to the appropriate professional council for management/action under health, conduct or performance programs.



### Case study – Improving service delivery at local level

The Commission received a complaint from a concerned parent regarding the treatment her daughter received when she attended hospital with symptoms of a migraine. The hospital was alerted by the patient that they were awaiting COVID-19 test results from the previous day.

The hospital transferred the patient to an isolation room and conducted a COVID-19 test. The parents were not allowed into the room with their daughter. The complainant claims that her daughter was scared, worried, and expressed that she did not want to be alone.

While the test showed a negative result, the patient was not moved from isolation but was treated by administering a drip and medication and it was not clear that the treatment had been properly explained to either the patient or the parent. The patient was later discharged and taken to her GP.

There were no concerns identified about the quality of clinical care provided, but the communication was of concern. The complaint

was assessed as being most suitable for referral to the Local Health District for local management and resolution.

Following this referral, the Commission was informed by the Local Health District that they had engaged with the complainant to consider the concerns raised and to resolve the issues raised in the complaint. During the resolution process representatives from the Local Health District apologised to the complainant regarding the recent visit experience. The complainant raised further concerns at this time regarding future visits that their younger children may make to the hospital and whether they would be allowed to attend. The Local Health District provided assurance about the visitation procedures and guidelines during the COVID-19 pandemic and how these relate to patients of consenting age as well as those who are much younger.

The complainant provided feedback that they felt reassured and were happy for the complaint to be closed.

## 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. Its primary emphasis is on facilitating restoration of relationships between complainants and healthcare providers when there is a breakdown in trust and the therapeutic relationship.

This approach is valuable across the system, but is a particular focus for complaints in rural and remote locations, and especially in First Peoples' communities, where the issues often have an impact beyond the individual. Resolution officers managing such complaints routinely take the opportunity to also connect with local health providers and community stakeholders in regional and remote settings. This includes offering training and development in complaints management whilst seeking to understand the unique pressures being experienced by local services and offering solutions to common problems.

The number of matters received by the Resolution Service was 405 including 391 referrals from 2021-22 assessments and 14 from assessments finalised at the end of the previous year. The five-year trend in resolutions received is set out in Table A.25A in Appendix A.

It is usual for a proportion of resolution matters to be referred but not to proceed fully, as the assisted resolution process is voluntary. Examples of where this may occur are:

- the outcome being sought cannot be delivered through the resolution process
- another avenue may be preferred
- a change in personal circumstances
- health and wellbeing issues preclude participation.



### Case study – Resolution to restore trust and strengthen service coordination

A complaint was received from a parent of an adult child about the care and treatment received from the local regional hospital over a number of presentations, concerned that staff were ignoring their issues. The patient has a history of mental health issues and the family had concerns that they were not receiving adequate care, support and appropriate medication. Broader concerns were raised that the local clinicians were not adequately trained to manage mental health, including contemporary medications.

During assessment, the Commission established that the overall quality of clinical care provided had been appropriate, but care planning and communication required further discussion. Given the family would likely need to access services on a regular basis due to ongoing mental health needs, restoring trust was an important objective. The matter was therefore referred to the Commission's Resolution Service.

A facilitated resolution meeting was arranged, with the family attending along with the hospital's General Manager and a senior representative from

the Local Health District. The meeting agenda was primarily forward-facing, focusing on building confidence for any future hospital visits. It was agreed that the patient's GP was best placed to design a dedicated care plan, including current medications, in consultation with the family, psychiatrist and the local health service. This would then be placed on the electronic hospital records and updated as required. This would ensure that any staff member would have a consistent history and management plan to work from as well as clear authority from the patient for staff to discuss their personal health information with the family in future presentations.

The General Manager reassured the family that all clinical staff at the hospital receive ongoing education in mental health fundamentals, but they had also added a focus on contemporary treatments and medications. Additional improvements included opportunities for better communication for consumers, with photos displayed of senior staff in the hospital lobby assisting consumers to reach out if they need assistance.

COVID-19 also had a significant impact on the ability of the Commission's resolution service to progress matters referred in 2021-22. Where appropriate, the team adapted its practices including transitioning to virtual meetings and accessing independent clinical advice to help resolve outstanding clinical issues in terms that complainants could understand.

With restricted access to hospitals during the year, complex and sensitive matters which required an in-person meeting between parties were postponed.

Ultimately, 340 resolutions matters were finalised in 2021-22, with 251 of these proceeding through the full resolution process.

In 2021-22 more than half of the resolutions finalised were conducted in non-metropolitan settings across the state including Albury, Armidale, Ballina, Bathurst, Bega, Bowral, Broken Hill, Coffs Harbour, Corowa, Deniliquin, Dubbo, Finley, Forbes, Glen Innes, Grafton, Griffith, Kempsey, Lake Cargelligo, Leeton, Lithgow, Lismore, Maitland, Moree, Mudgee, Murwillumbah, Muswellbrook, Nowra, Orange, Port Macquarie, Singleton, Tamworth, Taree, Tweed Heads, Wagga Wagga, and Young.

This is set out in Table 1.

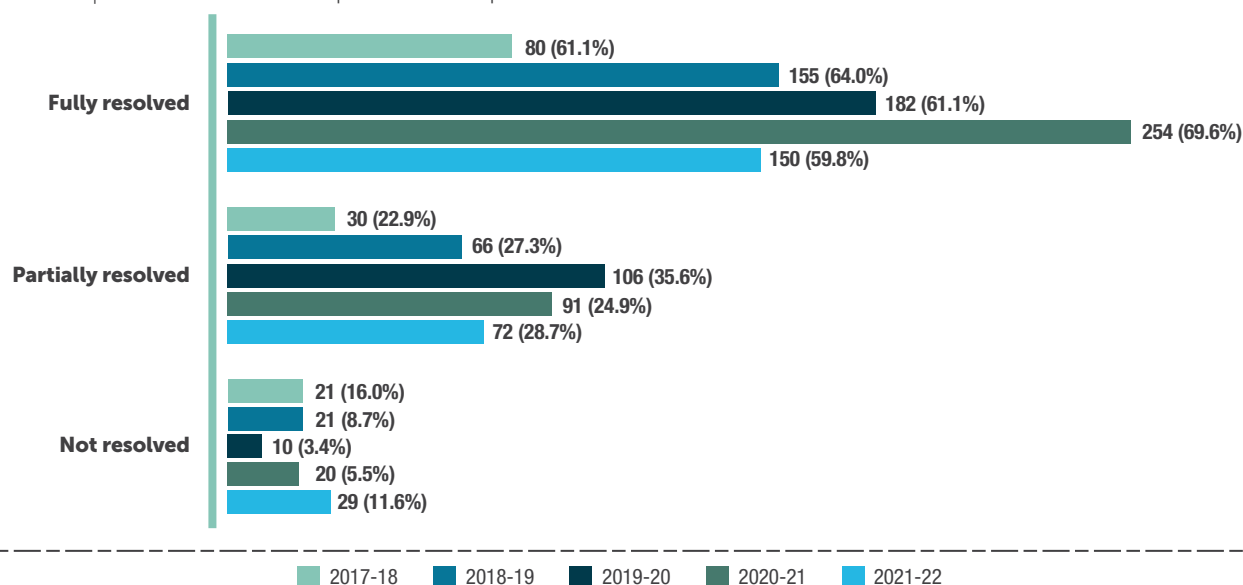
**TABLE 1** | Assisted resolutions that proceeded in rural and regional NSW (by Local Health District) 2021-22

Local Health District (LHD)	2021-22
Hunter New England	39
Central Coast	16
Illawarra Shoalhaven	16
Nepean Blue Mountains	16
Murrumbidgee	13
Western NSW	11
Northern NSW	11
Mid North Coast	11
Southern NSW	4
Albury Wodonga (network with Victoria)	3
Far West	1
<b>Total Resolutions in Regional, Rural and Remote Areas</b>	<b>141</b>
<b>Rural and regional resolutions as a proportion of total**</b>	<b>52%</b>

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

\*\* Proportions based on resolutions completed. In 2021-22, this was 251.

**CHART 16** | Outcome of resolution processes that proceeded 2017-18 to 2021-22



Counted by provider

Resolution outcomes continue to be very positive in 2021-22 with 88.4% of the 251 matters that proceeded through the full resolution process being either resolved or partially resolved. This is marginally lower than in 2020-21 (94.5%) and primarily attributable to COVID-19 related delays impacting engagement of the parties along with the need to shift meetings to a virtual platform rather than face-to-face. Chart 16 shows the number and outcomes of resolution processes that proceeded over the past five years. Further detail of resolution outcomes can be found in Table A.25B in Appendix A of this report.

Of the 251 resolutions that proceeded in 2021-22, 121 (48.2%) were completed within four months and 167 (66.5%) within six months. This is longer than would be expected with delays again directly attributable COVID-19 directly impacting on parties being able to come together, particularly in face-to-face forums. Timeliness for the past five years is provided in Table A.27.



### Case study – Resolution to improve palliative care services in aged care facility

A complaint was received from family members regarding the care and treatment provided to their late mother in an aged care facility in regional NSW. The family felt they were left with the responsibility of advocating for their mother's end of life care including medication changes and comfort needs, with staff appearing too busy to assist.

The Commission assessed the clinical care provided as being appropriate. However, there were significant communication and staffing issues leaving the family questioning the care their mother received. The hospital's response outlined a number of improvements implemented by the facility since the complaint was raised. The matter was referred to the Commission's Resolution Service to assist in addressing the family's outstanding concerns.

A facilitated resolution meeting was arranged between the family and senior executives from the facility's operations, and quality and safety divisions.

The meeting provided a supported forum for the family to explain their experience about their mother's care. An apology was offered, together with an acknowledgment that communication with the family could have been better in terms of the clinical and medication decision making each day. The executives acknowledged the workload pressures for staff as a contributing factor, and explained that they had since established a committee to review workloads, and recruited additional nursing staff in the palliative care unit. The family's feedback was included in a new educative tool for palliative training for staff, particularly in relation to medication usage, with daily safety huddles and weekly multidisciplinary team meetings also implemented to support clinical staff.

The family advised they were thankful to be able to tell their story and could now move forward knowing their concerns had been addressed in a meaningful way.





## Investigating complaints

The Commission investigates complaints concerning registered and non-registered individual health practitioners as well as health organisations. 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 purpose of an investigation is to obtain relevant information and to determine what action, if any, should be taken in relation to the complaint. An investigation is to be conducted as expeditiously as the complaint allows and the Commission aims to complete all investigations within a 12-month period.

During an investigation, the Commission obtains information from the health practitioner or organisation, the complainant, other investigative agencies and witnesses including medical records, statements or investigation reports. The Commission may also conduct interviews or enter business premises in order to conduct a search, and seize equipment or documents relevant to the investigation.

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

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

There are several possible outcomes from an investigation process, depending on the type of practitioner or organisation under investigation. An investigation into a **registered health practitioner** may result in:

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

Complaints may also be re-assessed and referred to the relevant professional council (or another organisation) during an investigation under section 20A of the *Health Care Complaints Act 1993* (the Act). This outcome ensures that matters most appropriate for management by the professional council are referred in an efficient and timely manner and are consistent with the Commission's legislative obligation to keep the assessment of a complaint under review, including during an investigation.

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

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

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

## INVESTIGATING COMPLAINTS

When investigating non-registered health practitioners, the Commission may issue an interim prohibition order excluding a practitioner from providing any health service or specified health services if it is necessary to protect members of the public while the investigation is ongoing. The interim prohibition order remains in force for a period of eight weeks, at which time the order may be renewed for further periods of eight weeks. In 2021-22, the Commission made new interim prohibition orders against 14 non-registered practitioners (2020-21: 22), in addition to renewing interim prohibition orders already in place pending the finalisation of the associated investigation.

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

- Making recommendations where systems or policies can be improved to strengthen current practices or to overcome and rectify identified flaws in the delivery of patient care. The Commission will monitor the implementation of all recommendations and an organisation is obliged to provide documentary evidence that it has successfully implemented all the Commission’s recommendations to an appropriate standard.
- Comments being made where the care has been inadequate but measures have been implemented to address the issues.
- No further action being taken.

As a result of legislative amendments, from 1 September 2022 the Commission will also have powers to issue a prohibition order in respect of a health organisation if there is a breach of the Code of Conduct for Health Organisations, as set out in Schedule 4 of the Public Health Regulation 2022.

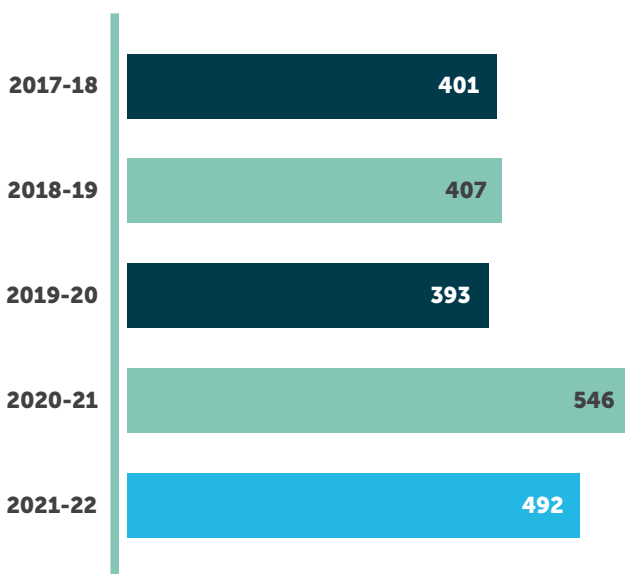
During and following any investigation (be it of an individual practitioner, an organisation or a type of treatment), if the Commission is of the view that a public statement is necessary to protect public health or safety, it may issue a **public warning** under section 94A of the Act identifying risks and providing advice on avoiding the risk. All public warnings are available on the Commission’s website. More information about public warnings issued can be found in Chapter 6.

## Investigations received

In 2021-22, there were 492 complaints received for investigation. As shown in Chart 17, this represents a 9.9% decrease compared to the significant spike that occurred in 2020-21 (546) and a return to the long-term trend of investigation referral of around 5.0% of all complaints assessed (2020-21: 6.5%; 2019-20: 5.2%). Of the 492 complaints received for investigation, 113 (23.0%) related to COVID-19. This is significantly higher than the 7 COVID-19 related investigations in 2020-21.

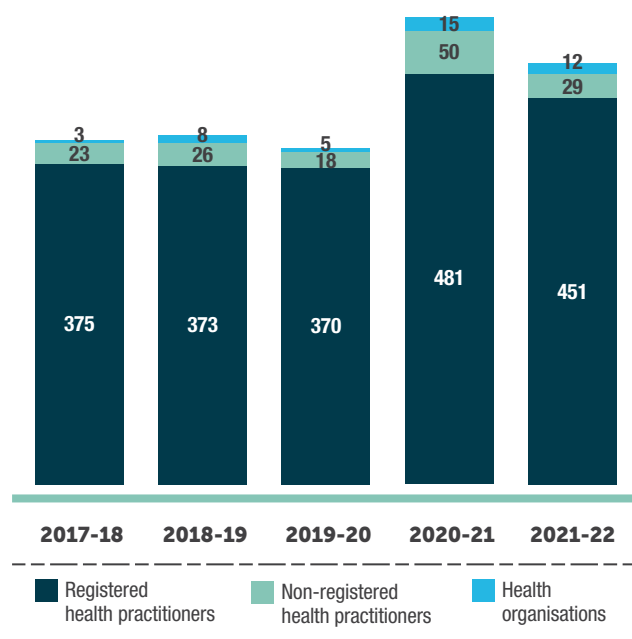
Chart 18 shows that most of the Commission’s investigations continue to concern registered practitioners, making up 91.7% (2020-21: 88.1%) of all investigations in 2021-22. It is important to note that

**CHART 17** | Investigations received 2017-18 to 2021-22



Counted by provider

**CHART 18** | Investigations received by provider type 2017-18 to 2021-22



Counted by provider

often these practitioners generate multiple investigations, which is one measure of the increasing complexity of complaints. Of the 213 individual registered practitioners referred for investigation in 2021-22, 137 generated two or more investigations and three individual practitioners generated 36 investigations in total.

In 2021-22 the most commonly investigated practitioners were medical practitioners, nurses and/or midwives and pharmacists.

The number of investigations about non-registered health practitioners remains proportionally small (5.9%; 2020-21: 9.2%). The 29 investigations in this category was much lower than 2020-21, and this is most likely a knock on effect from the inability of many non-registered services to operate at various times during the pandemic. The most common non-registered health practitioners investigated continue to be counsellors, massage therapists and assistants in nursing.

The Commission received 12 new investigations relating to health organisations in 2021-22, in which is comparable 2020-21 (15). These investigations related to eight health organisations: three alternative health facilities, two public hospitals, a cosmetic health facility, a correctional facility and a medical centre. Further detail on the breakdown of complaints referred for investigation is outlined in Table A.28 in Appendix A.

### Issues raised in investigations

Chart 19 outlines the issues raised in all investigations received, noting that more than one issue will generally be raised in an investigation.

The most commonly raised issue categories for complaints referred for investigation in 2021-22 were

professional conduct, medication and treatment. Eighty-five point two per cent (85.2%) of investigations in 2021-22 raised professional conduct as an issue, which is higher than 78.6% in the previous year. Professional conduct issues commonly under investigation include concerns relating to impairment or competence, allegations of fraud, sexual misconduct or criminal conduct. The high proportion of complaints investigated raising professional conduct issues reflects the fact that these present the most serious risks to public health and safety.

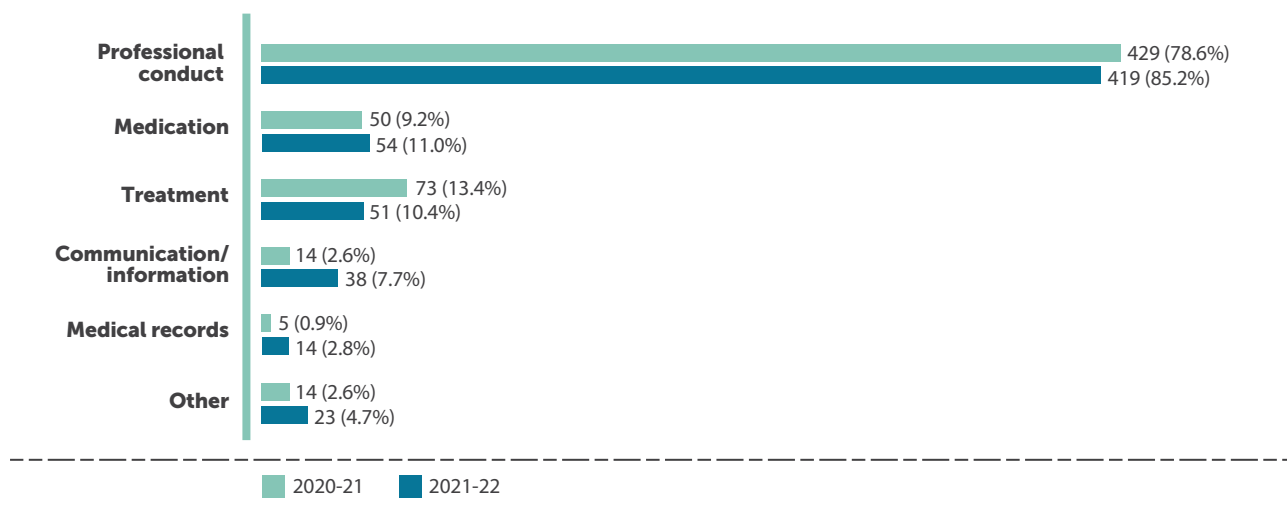
Issues about medication were raised in 11.0% (2020-21: 9.2%) of investigations and these complaints often relate to inappropriate prescribing, dispensing or storage of schedule 8 medications.

Treatment was raised in 10.4% (2020-21: 13.4%) of investigations. Investigations regarding treatment issues are often serious and complex, noting that in investigations concerning registered health practitioners matters of a more straightforward clinical nature are typically managed by the relevant professional council.

In 2021-22 there was an increase in the proportion of the complaints that raised communication issues (7.7%; 2020-21: 2.6%), which is often a concern in COVID-19 complaints and in cases where there are questions regarding informed consent where there is a poor clinical outcome. There was also an increase in the proportion of complaints that raised issues relating to medical records (2.8%; 2020-21: 0.9%).

Other issues such as reports/certificates and fees/costs were also raised. These issues tend to be secondary or additional features of many investigations, but still may be of significant concern. For example, an investigation into the care and treatment of a patient

**CHART 19** | Issue category raised in investigations received 2020-21 to 2021-22



may also raise issues of unsatisfactory record keeping or inappropriate communication. Table A.29 in Appendix A outlines in further detail the issues raised in the investigations received.

### Investigations finalised and timeliness

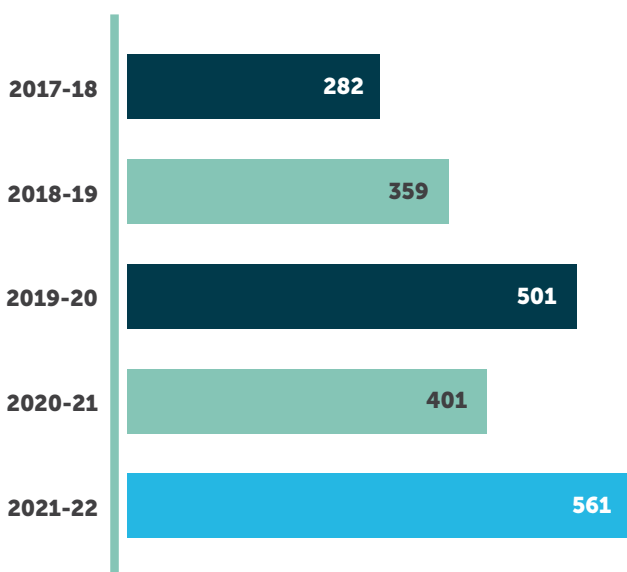
As shown in Chart 20, 561 investigations were finalised in 2021-22. This is a significant 39.9% increase on the 401 investigations finalised in 2020-21 and the largest number of investigations completed by the Commission in a single year. The reduced number of new investigations created more time to finalise existing matters. Additionally, the Commission was able to finalise many of the investigations where related criminal proceedings had been delayed or suspended during COVID-19.

Of the 561 investigations finalised, 229 were completed within six months. The proportion of investigations finalised within 12 months increased to 85.2% (2020-21: 80.3%) and the average time taken to complete an investigation reduced to 230 days (2020-21: 239 days). In calculating this, the Commission does not include the time an investigation is suspended while awaiting the outcome of related criminal proceedings.

The timeliness of investigations continues to reflect a positive picture and is attributable to the use of refined investigation triaging and planning processes, earlier collaboration with legal advisors, and review of all the status of investigations at more regular intervals.

The details of timeframes for investigations finalised are outlined in Table A.36 in Appendix A of this report.

**CHART 20** | Number of investigations finalised from 2017-18 to 2021-22



*Counted by provider identified in complaint*

### Investigation outcomes

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

#### OUTCOME OF INVESTIGATIONS INTO REGISTERED HEALTH PRACTITIONERS

Of the 561 investigations finalised in 2021-22, 507 (90.4%) related to registered health practitioners. Chart 21 shows the outcomes of investigations into registered health practitioners in 2021-22, compared to the previous four years. In 2021-22, 200 of these investigations resulted in a referral to the Director of Proceedings for consideration of disciplinary action. Although the number of referrals to the Director of Proceedings increased, the proportion decreased compared to previous years (39.4%; 2020-21: 48.6%; 2019-20: 49.7%) due primarily to a corresponding increase in the proportion of registered practitioner investigations that were referred to a relevant professional council.

A total of 213 investigations (42.0%) were referred to a professional council in 2021-22. This outcome has continued to increase in recent years (2020-21: 36.6%; 2019-20: 30.0%), showing the ongoing importance of the role professional councils take in managing practitioner conduct, performance and health issues where disciplinary action is not warranted but there are identified areas that could be improved through dedicated council programs. The proportion of complaints re-assessed and referred during an investigation (under section 20A of the Act) increased to 37.5% in 2021-22 (2020-21: 34.2%). This 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. Four point five per cent (4.5%) of investigations were referred to a professional council at the conclusion of an investigation (2020-21: 2.4%).

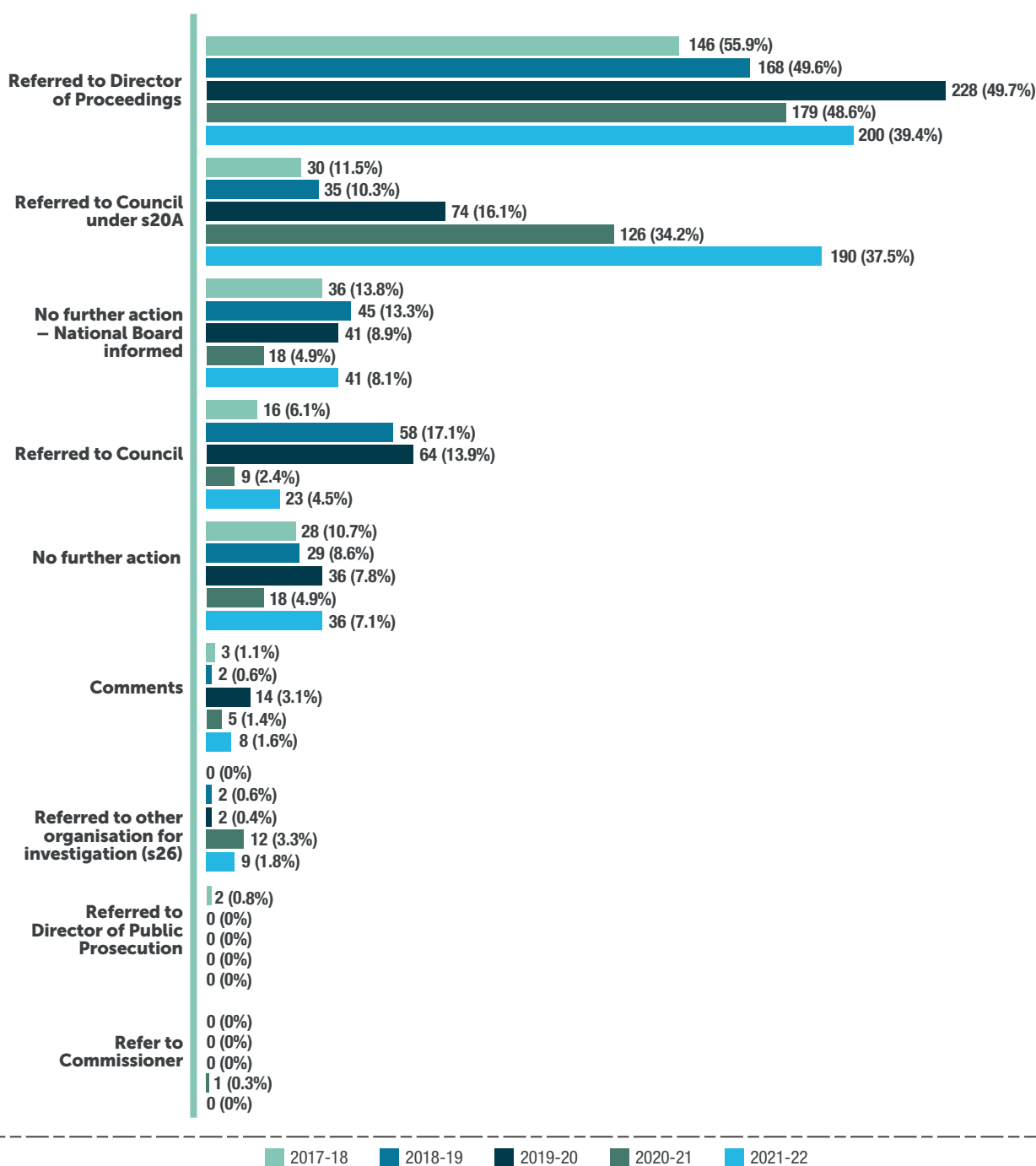
The proportion of investigations where no further action was taken but the relevant National Board was informed (8.1%; 2020-21: 4.9%) increased from 2020-21. There is no identifiable trend relating to these investigations as this outcome is triggered when a registered practitioner removes themselves from the register of their National Board at the commencement of, or during, an investigation. In such a case, the Commission considers that the risk to the public health and safety has been

eliminated by the practitioner no longer practicing in the profession. The relevant National Board is notified so that they may take into account any material obtained in the investigation in the event that the practitioner attempts to apply for reinstatement. If re-registration is sought, the Board may also consider making a new complaint which would have the effect of reopening the investigation. It should be noted that an investigation can still be referred to the Director of Proceedings and progressed

to prosecution, even if the practitioner has removed themselves from the register, when it is determined that this is in the public interest.

There was a decrease in the proportion of complaints re-assessed and referred to another organisation in 2021-22 (1.8%; 2020-21: 3.3%) and the proportion of investigations where the Commission provided comments to the practitioner remained consistently small (1.6%; 2020-21: 1.4%).

**CHART 21** | Outcomes of investigations into registered health practitioners 2017-18 to 2021-22



Counted by provider

## OUTCOME OF INVESTIGATIONS INTO NON-REGISTERED HEALTH PRACTITIONERS

The Commission finalised 43 investigations into non-registered health practitioners in 2021-22, which is a significant increase on the 25 finalised in 2020-21. Of the 43 investigations finalised:

- 27 investigations led to a permanent prohibition order and public statement being issued about 17 individual practitioners on the basis that the practitioner had breached the Code of Conduct for Non-Registered Health Practitioners and posed an ongoing risk to public health and safety.
- Written comments and guidance were provided to a practitioner in four investigations where the confirmed departures in practice were not sufficiently serious to require a prohibition order.
- One investigation was referred to the Director of Public Prosecutions as it involved the potential committing of a criminal offence.
- There was no further action taken in nine investigations (2020-21: 0). In six of these

investigations, the Commission was unable to substantiate the allegations, in two investigations a prohibition order had previously been made against the practitioner and no further action was required. In one investigation, it was determined that there was no jurisdiction in the matter.

- There were two complaints where no further action was taken at the end of the investigation, as a public warning had been made in the initial stages of the investigation (one in 2020-21 and one in 2021-22) and these warnings were appropriate to address the risks. (These are recorded with public warning as the complaint outcome).

There were a total of three public warnings made in relation to non-registered practitioners in 2021-22 including the one outlined above. Two were in relation to two unqualified persons providing dental services to members of the public at residential premises. The other related to an unqualified individual purporting to be a paramedic employed with NSW Ambulance. Full details about public warnings issued in 2021-22 can be found in the Customer engagement chapter. Further detail on all



### Case study – Complex investigation leads to successful prosecution

The Commission conducted an investigation into Dr William Mooney, a registered medical practitioner and ear, nose and throat surgeon, specialising in cosmetic surgery. Several complaints were received which raised serious concerns about the clinical care and treatment provided by Dr Mooney to two patients, A and B, who he had performed surgery on. Another complaint raised professional conduct issues with another patient C, namely boundary violations and inappropriate prescribing.

This was a complex investigation. It involved multiple patients, one of whom was particularly vulnerable; different types of surgery across these patients, different surgery locations; and a wide range of both clinical and conduct issues. It was further challenged a lack of co-operation during the evidence gathering process.

Through its investigation, the Commission obtained extensive medical records of patients, witness statements as well as expert opinions on the care and treatment provided by Dr Mooney. The experts' reports indicated that the care and

treatment provided by Dr Money was significantly below the standard expected of a practitioner of his knowledge, training and experience on a number of aspects.

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.

In December 2021, the Tribunal published its Stage 1 decision and found that Dr Mooney was guilty of unsatisfactory professional conduct and professional misconduct. In April 2022, the Tribunal ordered that Dr Mooney's registration be cancelled with a non-review period of one year. In determining to cancel his registration, the Tribunal considered the seriousness of the conduct, the need for general deterrence, the maintenance of confidence in the medical profession and the necessity to give Dr Mooney an opportunity to complete the journey into gaining full insight.

public warnings made by the Commission is available on the Commission's website.

## OUTCOME OF INVESTIGATIONS INTO HEALTH ORGANISATIONS

Eleven (11) investigations into seven health organisations were finalised in 2021-22, which is marginally higher compared to 2020-21 (8). Of the 11 investigations finalised:

- Two investigations about public hospitals resulted in a total of 12 formal recommendations made for system corrections or improvements.
- Seven investigations into two alternative health facilities and a medical centre resulted in comments to

the organisations to improve future practice.

- No further action was taken in one investigation as the allegations could not be substantiated.
- In one investigation the risk that was identified had already been adequately addressed early in the investigation by issuing a public warning (and no further action was required).

Further detail on the outcome of investigations finalised by health service provider type is outlined in Table A.32 in Appendix A.



### Case study – Addressing risks posed by non-registered practitioner

The Commission conducted an investigation into the conduct of Mr Rama Prasad, an unregistered health practitioner who provided Ayurvedic health services from premises located in Bondi Junction, Sydney.

The complaint concerned Patient A, a 3 year old child who Mr Prasad treated for Autism Spectrum Disorder. The complaint alleged Mr Prasad had claimed to be able to cure or reverse the symptoms of Autism and that Mr Prasad had prescribed an Ayurvedic medication, 'Manasamitram Vatikam', which resulted in elevated levels of lead in Patient A. Subsequent testing of the medication found it contained lead, mercury and arsenic, in quantities unacceptable by Australian standards.

The investigation found that Mr Prasad had breached the Code of Conduct for Non-registered Health Practitioners in a number of respects. In addition to not displaying the Code of Conduct at the Bondi Junction premises and not keeping appropriate clinical records, Mr Prasad had made claims about his ability to cure cancer and misled the Commission when giving evidence about his financial interests. The investigation also found that Mr Prasad had failed to provide health services in a safe and ethical manner when he:

- Made claims about his ability to cure or reverse autism, without any peer reviewed or evidence-based research to support those claims.

- Prescribed Manasamitram Vatikam to children with autism, knowing there was no evidence to show the formulation was effective in the treatment of autism.
- Made representations about his qualifications and used the title 'doctor' in a manner which was misleading.
- Provided care and treatment without possessing the necessary qualifications or competence to do so.
- Prescribed Ayurvedic treatments without possessing the necessary competence and qualifications to identify potential adverse interactions with conventional pharmaceuticals.
- Prescribed Ayurvedic medication in which he held a financial interest, without disclosing that financial interest to patients.
- Published health information and advice critical of conventional medicine and capable of dissuading health consumers from seeking conventional medical treatment.
- Failed to recommend that his patients inform their medical practitioner about Ayurvedic treatments or that they should seek additional opinions and/or services from appropriate health practitioners.

Accordingly, the Commission considered that Mr Prasad posed a risk to the health and safety of members of the public and made a permanent prohibition order preventing Mr Prasad from providing any health services.



## Prosecuting complaints and legal services

### The nature and purpose of prosecutions

The investigation of a complaint about a registered health practitioner can result in a referral to the Director of Proceedings for consideration as to whether to prosecute the practitioner.

A practitioner may be referred for prosecution where there are 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.

After consulting with the relevant professional council, the Director of Proceedings determines under the *Health Care Complaints Act 1993* ('the Act') whether disciplinary proceedings should be commenced against individual registered practitioners and if so, in which forum.

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 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 determines the most suitable and appropriate forum for the prosecution. The prosecution forums available are the NSW Civil and Administrative Tribunal (NCAT) and the two Professional Standards Committees (PSCs); the Medical Professional Standards Committee and the 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 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 conclude that, if the person was still registered, the Tribunal would have suspended or cancelled their registration. 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

If NCAT make an order of suspension for a specified time, the practitioner will have an entitlement to resume practice at the end of the suspension period.

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

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.

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



NCAT must have regard to the objectives and guiding principles of the Health Practitioner Regulation National Law (NSW), 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.

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 re-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 that decision in the Supreme Court. A practitioner may also appeal a decision of NCAT to refuse a reinstatement application in 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 NCAT or a PSC.

For matters involving non-registered 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 the integrity and transparency of the complaints management regime, including:

- 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

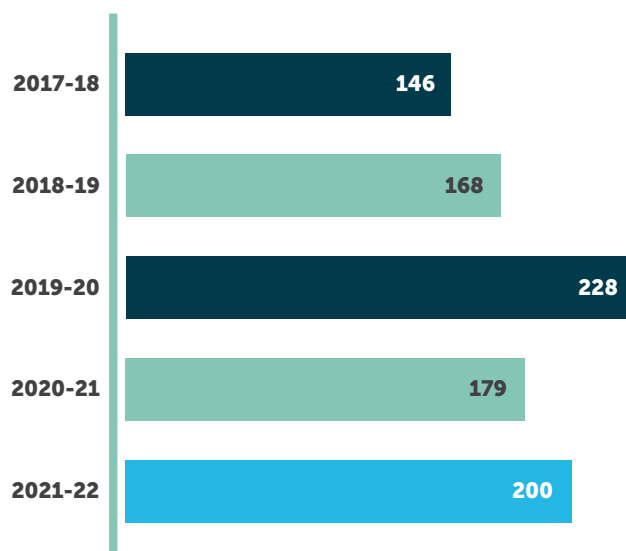
Policy oversight and legislative changes relating to the *Health Care Complaints Act 1993* and the *Health Practitioner Regulation National Law (NSW)* are the responsibility of NSW Health. The Commission’s role is to identify areas where legislative reform would improve the efficiency and effectiveness 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 2021-22, 200 investigations into registered health practitioners resulted in referral to the Director of Proceedings for consideration of prosecution (11.7% more than in 2020-21).

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

**CHART 22** | Investigations referred to Director of Proceedings 2017-18 to 2021-22



Counted by provider identified in complaint

In 2021-22 there were 67 determinations on whether or not to prosecute a health practitioner before a disciplinary body. This is lower than the 86 determinations made in 2020-21. Of the matters referred to a disciplinary body, 54 were referred to NCAT and 4 to a PSC. In 9 complaints, the Director of Proceedings determined not to prosecute the health practitioner, following consideration of criteria set out at section 90C of the Act.

In 2021-22 the KPI for decisions made by the Director of Proceedings was reset to enable the Commission to monitor the full period of time taken to determine whether a complaint would be prosecuted. The KPI now sets a three month benchmark for the full process of recommending and then consulting with the relevant professional council to finalise a determination. In 2021-22 the Director of Proceedings determined 57.7% of matters within three months of referral. This KPI has helped to identify the actions that can be taken to streamline the process of consultation with the professional councils to achieve improved timeliness. The percentage of legal matters lodged with NCAT or a PSC within 30 days of consultation with the relevant professional council was 55.6%, compared to 79.9% in 2020-21. Process improvements are underway to improve this performance.

### Legal matters finalised

There were 97 legal matters finalised in 2021-22, which is 27.6% higher compared to the previous year, noting that COVID-19 disruptions had a significant early impact in 2020-21.

Two matters were successful prosecutions in the Local Court for failing to respond to formal requests for information and documents required. As a result, a non-

registered practitioner and a dentist were issued with significant fines.

As shown in Chart 23 the 97 legal matters finalised included 73 matters before NCAT, four matters before a PSC, 15 appeals and other applications, and three reinstatement matters.

Prosecutions of individual registered practitioners before NCAT or a PSC achieved a high success rate. Of all matters heard and finalised before NCAT or a PSC, 98.9% were successful (2010-21-20: 98.1%).

In terms of reinstatement hearings, in addition to assisting the Medical Council of NSW in preparing for its appearances for medical practitioners seeking reinstatement, the Commission appeared as respondent in three reinstatement application hearings.

As presented in Table 2, there were 15 appeals or applications made in 2021-22 by the practitioner and of these, 14 were dismissed, and one was upheld in part. 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.

### 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.



#### Case study – Dr Aliyar Danaei – disqualified

The Health Care Complaints Commission prosecuted a complaint against general practitioner Dr Aliyar Danaei before the NSW Civil and Administrative Tribunal ('the Tribunal').

It was alleged that between November 2017 and June 2018 while working at a group practice on the Central Coast, Dr Danaei breached professional boundaries when he engaged in an improper personal and sexual relationship with Patient A. It was also alleged that aspects of Dr Danaei's care, treatment and record keeping for Patient A were deficient.

In November 2021, the Tribunal found the majority of the complaint proven and that Dr Danaei was guilty of unsatisfactory professional conduct and professional misconduct.

In its orders issued in December 2021, the Tribunal determined that if Dr Danaei was still registered as a medical practitioner, his registration would have been cancelled. The Tribunal disqualified Dr Danaei from being registered in the medical profession for a period of one year from the date of its orders.



### Case study – Ms Frances Amaroux – \$40,000 fine for Non-Compliance with Notice to Produce

There is an expectation that any health practitioner will assist the Commission in its inquiries. Significant penalties apply if practitioners, registered or non-registered, who fail to co-operate. The maximum penalty for each failure to comply with a s21 or s34A notice is 200 penalty units or \$22,000. Frances Amaroux, an non-registered counsellor in the Coffs Harbour area, was prosecuted for failing to respond to formal requests for information and documents required during an investigation.

Ms Amaroux indicated a clear intention not to respond and had no reasonable excuse for her series failure to respond.

On 26 October 2021 the Magistrate found the charges proven and required Ms Amaroux to pay a \$10,000 fine for each offence, a total penalty of \$40,000.

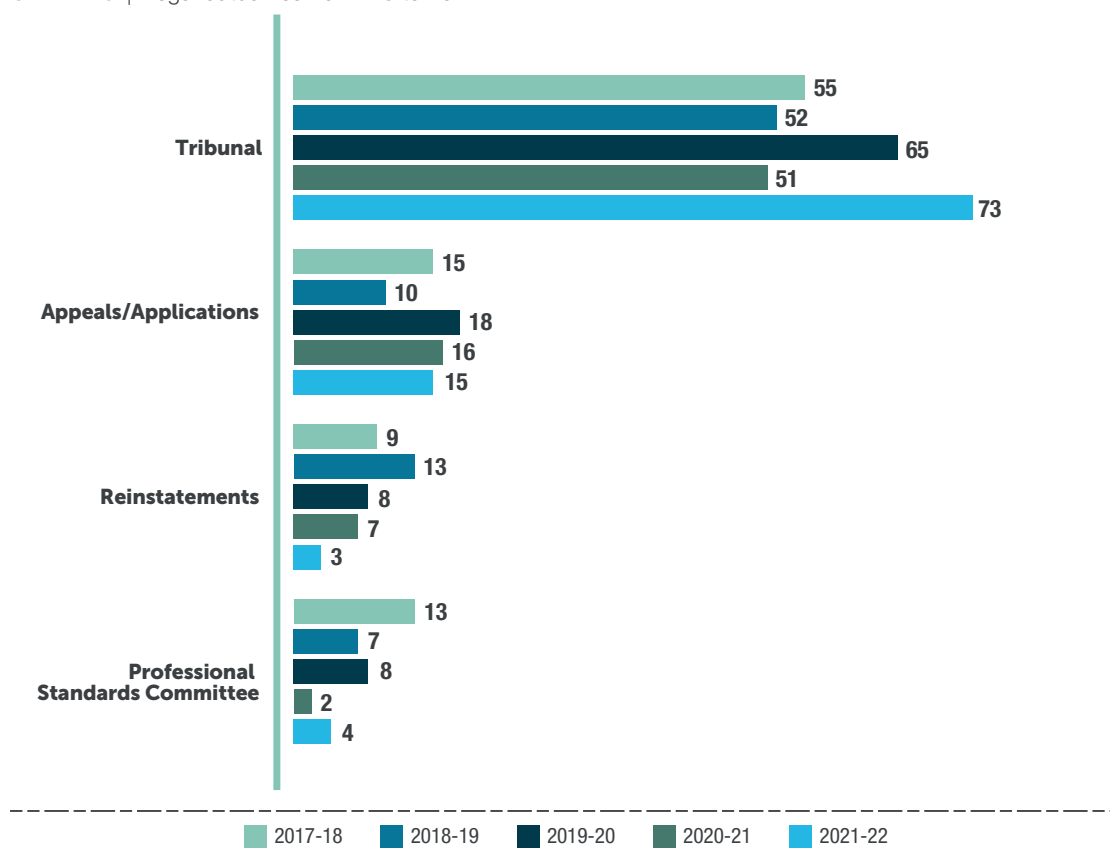
The Commission is actively involved in the design and implementation of regulatory reforms, as part of national and state based policy and legislative development processes.

The *Health Legislation (Miscellaneous) Amendment Bill 2022* received assent on 24 March 2022, and amongst other changes it amended the *Health Practitioner*

*Regulation (Adoption of National Law) Act 2009*. As a result, changes to Health Practitioner Regulation National Law are no longer automatically applied in NSW. Instead, a regulation will need to be made before any changes to the National law apply in New South Wales.

Legislative change passed in 2020 strengthened the Commission's powers relating to substantiated

CHART 23 | Legal outcomes 2017-18 to 2021-22



Counted by matter

complaints about health organisations to provide that during or after an investigation the Commission can issue:

- interim prohibition orders against relevant health organisations
- prohibition orders against relevant health organisations
- public statements about relevant health organisations for breaches of the Code of Conduct for Health

Organisations, in Schedule 4 of the Public Health Regulation 2022.

During 2021-22 NSW progressed development of the Code of Conduct for Health Organisations and the Commission was involved in this policy process. The Code was finalised to come into operation in September 2022.

**TABLE 2** | Outcome of disciplinary matters finalised in 2021-22

Forum Name	Orders	No.
<b>1. Professional Standards Committee</b>		
<b>Medical Professional Standards Committee</b>	Reprimand and Conditions	2
	Caution, reprimand and conditions	1
<b>Nursing Professional Standards Committee</b>	Reprimand and conditions	1
<b>Total Professional Standards Committee:</b>		<b>4</b>
<b>2. Tribunal</b>		
<b>NCAT – Administrative &amp; Equal Opportunity Division</b>	Cancellation	1
	Disqualified	2
<b>NCAT – Chinese Medicine</b>	Cancellation	1
	Disqualified	1
<b>NCAT – Dental</b>	Cancellation	1
	Reprimand, suspension and conditions	1
	Suspension and conditions	2
<b>NCAT – Medical</b>	Cancellation	11
	Dismissed	1
	Disqualified	3
	Reprimand and conditions	5
	Reprimand, suspension and conditions	3
	Reprimand and suspension	1
	Suspension and conditions	3
Suspension	2	
<b>NCAT – Nursing and Midwifery</b>	Cancellation	6
	Disqualified	4
	Reprimand and conditions	2
	Caution, reprimand and conditions	1
	Suspension and conditions	1
<b>NCAT – Optometry</b>	Cancellation	1
	Cancellation	10
<b>NCAT – Pharmacy</b>	Suspension and conditions	3
	Cancellation and reprimand	1
	Disqualified	1
	Reprimand and conditions	1
	Withdrawn and dismissed	1
	Cancellation	1
<b>NCAT – Physiotherapy</b>	Cancellation	1
	Cancellation	1
<b>NCAT – Psychology</b>	Cancellation	1
	Reprimand and conditions	1
<b>Total Tribunal</b>		<b>73</b>

Forum Name	Orders	No.
<b>3. Appeals/Applications</b>		
<b>High Court of Australia</b>	Application by respondent – Appeal dismissed	1
<b>Court of Appeal</b>	Appeal by respondent – Appeal dismissed	4
	Application by respondent – Application dismissed	1
<b>Supreme Court</b>	Appeal by respondent – Appeal dismissed	1
	Appeal by respondent – Appeal partially upheld	1
	Appeal by respondent – Appeal upheld	1
	Appeal by respondent – Appeal withdrawn	1
<b>Local District Court</b>	Application by respondent – Application actioned	2
<b>NCAT – Administrative &amp; Equal Opportunity Division</b>	Application by respondent – Application upheld	1
<b>NCAT – Medical</b>	Application by respondent – Application discontinued	1
<b>New South Wales Civil &amp; Administrative Tribunal Appeal Panel</b>	Application by respondent – Application dismissed	1
<b>Total Appeals/Applications</b>		<b>15</b>
<b>4. Reinstatement applications</b>		
<b>NCAT – Dental</b>	Reinstatement order with conditions	1
<b>NCAT – Nursing and Midwifery</b>	Withdrawn	2
<b>Total Reinstatement applications</b>		<b>3</b>
<b>5. Statutory offence prosecutions</b>		
<b>Local Court</b>	Fine	2
<b>Total statutory offence prosecutions</b>		<b>2</b>
<b>Total Legal matters finalised</b>		<b>97</b>

Counted by matter.



### Case study – Mr Thamsanqa Ndiweni – Registered nurse – PSC – Clinical care and treatment

The Health Care Complaints Commission prosecuted a complaint against registered nurse, Mr Thamsanqa Ndiweni, before a Nursing and Midwifery Professional Standards Committee (the Committee). It was alleged that in December 2019, while working at the SummitCare Aged Care Facility at Wallsend as an agency nurse, Mr Ndiweni:

- Exercised poor skill and judgement by inappropriately changing Patient A's in-dwelling catheter ('IDC') causing bleeding and urethral damage.
- Exercised poor skill and judgement by inappropriately attempting to insert a new IDC to Patient A.

- Failed to respond to the Patient's A bleeding in a timely manner.
- Failed to provide an adequate clinical handover to NSW Ambulance staff.
- Failed to adequately document Patient A's care, treatment and management of the incident.
- Inappropriately agreed to work at the aged care facility.

On 29 March 2022 the Committee found the complaint proven and found Mr Ndiweni guilty of unsatisfactory professional conduct. The Committee imposed a reprimand and placed conditions on Mr Ndiweni's registration.



# Code of conduct for health organisations

In the *Public Health Act 2010* and this code of conduct, **health organisation**, **health practitioner**, **health service** and **relevant health organisation** have the same meanings as in the *Health Care Complaints Act 1993*.

The *Health Care Complaints Act 1993* definitions are:

- **health organisation** means a body that provides a health service, not being a health practitioner, and
- **health practitioner** means a natural person who provides a health service, whether or not the person is registered under the Health Practitioner Regulation National Law, and
- **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,
  - (k) optical dispensing, dietitian, massage therapy, naturopathy, acupuncture, speech therapy, audiology and audiometry services,
  - (l) services provided in other alternative health care fields,
  - (m) forensic pathology services,
  - (n) a service prescribed by the regulations as a health service for the purposes of the *Health Care Complaints Act 1993*, and
- relevant health organisation means a person that is a health organisation other than the following:
  - (a) a public health organisation within the meaning of the *Health Services Act 1997*,
  - (b) a public hospital within the meaning of the *Health Services Act 1997*,
  - (c) a private health facility licensed under the *Private Health Facilities Act 2007*,
  - (d) an organisation or class of organisation prescribed by the regulations for the purposes of this definition.

This code of conduct does not apply to the provision of residential care, home care or flexible care under the *Aged Care Act 1997* of the Commonwealth or a Commonwealth-funded aged care service under the *Aged Care Quality and Safety Commission Act 2018* of the Commonwealth.

## 1 Definitions

(1) In this code of conduct:

- (a) **client of a relevant health organisation** includes a client of an employee of a relevant health organisation.
- (b) **employee of a relevant health organisation** means a person who:
  - (i) is employed or engaged by the relevant health organisation to provide health services, or
  - (ii) provides health services under another arrangement with a relevant health organisation.
- (2) An employee includes a health practitioner, whether or not the code of conduct set out in Schedule 3 applies to the health practitioner.

## 2 Compliance with code of conduct for health practitioners

If the code of conduct set out in Schedule 3 applies to an employee of a relevant health organisation, the relevant health organisation must take reasonable steps to ensure the employee complies with the code of conduct.

## 3 Health services to be provided in safe and ethical way

- (1) A relevant health organisation must provide health services in a safe and ethical way.
- (2) Without limiting subsection (1), a relevant health organisation must comply with the following principles:
  - (a) a relevant health organisation must ensure the organisation's employees maintain the necessary competence in the relevant field of practice,
  - (b) a relevant health organisation must provide health services in accordance with accepted professional standards,
  - (c) a relevant health organisation must assist a client to find other appropriate health care professionals, if required and practicable,
  - (d) a relevant health organisation must encourage a client to inform the client's treating medical practitioner, if any, of the treatments the client is receiving,
  - (e) a relevant health organisation must ensure appropriate first aid is available to deal with misadventure during a client consultation,
  - (f) a relevant health organisation must obtain appropriate emergency assistance, for example, from the Ambulance Service, if there is a serious misadventure during a client consultation.
- (3) A relevant health organisation may make a claim as to the organisation's ability or willingness to treat or alleviate the symptoms of the illnesses only if the claim can be substantiated.

#### 4 Standard precautions for infection control to be adopted

- (1) A relevant health organisation must adopt standard precautions for the control of infection in the organisation's provision of health services.
- (2) Without limiting subsection (1), a relevant health organisation who provides a health service that includes the carrying out of a skin penetration procedure must comply with the relevant provisions of this Regulation in relation to the carrying out of the procedure.

#### 5 Appropriate conduct in relation to treatment advice

- (1) A relevant health organisation must not attempt to dissuade a client from seeking or continuing with treatment by a registered medical practitioner.
- (2) A relevant health organisation must accept the client's right to make informed choices in relation to the client's health care.
- (3) A relevant health organisation should communicate and co-operate with colleagues and other health care practitioners and relevant health organisations in the best interests of the organisation's clients.
- (4) A relevant health organisation that has serious concerns about the treatment provided to a client by another relevant health organisation or a health practitioner must refer the matter to the Health Care Complaints Commission.

#### 6 Clients not to be financially exploited

- (1) A relevant health organisation must not financially exploit a client.
- (2) A relevant health organisation must not accept financial inducements or gifts for referring clients to other relevant health organisations or to the suppliers of medications or therapeutic goods or devices.
- (3) A relevant health organisation must not offer financial inducements or gifts in return for client referrals from other relevant health organisations or health practitioners.
- (4) A relevant health organisation must not provide services and treatments to a client unless they are designed to maintain or improve the client's health or wellbeing.

#### 7 Clients not to be misinformed

- (1) A relevant health organisation must not engage in misinformation or misrepresentation about:
  - (a) the products or services the organisation provides, or
  - (b) the qualifications, training or professional affiliations of the organisation's employees.

- (2) A relevant health organisation must provide truthful information about the qualifications, training or professional affiliations of the organisation's employees if a client asks for information about the matters.
- (3) A relevant health organisation must not make claims, directly or in advertising or promotional material, about the efficacy of treatment or services provided if the claims cannot be substantiated.

#### 8 Confidentiality of client health information

A relevant health organisation must have appropriate policies and procedures in place to ensure the health information of the organisation's clients is kept confidential and the privacy of the organisation's clients is protected, including by complying with relevant legislation.

##### EXAMPLE

A relevant health organisation may have obligations under the *Health Records and Information Privacy Act 2002* and the *Privacy Act 1988* of the Commonwealth.

#### 9 Storage and supply of medicines

A relevant health organisation must have appropriate policies and procedures in place to ensure the following is carried out in accordance with relevant legislation:

- (a) the storage of medicines,
- (b) the supply and administration of medicines,
- (c) the keeping of records about the storage, supply and administration of medicines.

##### EXAMPLE

A relevant health organisation may have obligations under the *Poisons and Therapeutic Goods Act 1966*.

#### 10 Display of code of conduct and other information

- (1) A relevant health organisation must display the following documents:
  - (a) this code of conduct,
  - (b) a document in the approved form that contains information about how clients may make a complaint to the Health Care Complaints Commission.
- (2) The documents must be displayed:
  - (a) at all premises at which the relevant health organisation provides health services, so that the documents are easily visible to clients entering the premises, or
  - (b) if the relevant health organisation has a website, on the website.

# 06 Customer engagement

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 work within a large, complex, and ever evolving health system and in a wider regulatory environment. Collaboration with others is essential to understanding what is happening across the system and 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.

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.
- Educating community groups and services about the role and service provided by the Commission
- 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.

This chapter details the services and projects to meet these objectives and 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.

## Health consumers

People are at the centre of each and every point of health care treatment and it is essential that the Commission’s services are readily accessible and responsive.

### ENQUIRY SERVICE

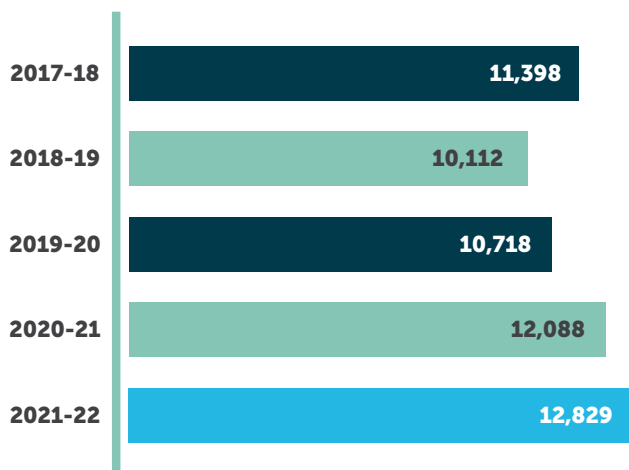
The Commission recognises that navigating the health sector can be a challenging experience for many people.

The Commission delivers an Enquiry Service for those seeking information on their rights and responsibilities, who have questions and concerns about health care services provided in NSW but are not sure who to go to, or who are wanting to make a complaint. Through this contact there is an opportunity to 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 Enquiry Service also receives enquiries from health providers and services who may have been the subject of a complaint, to inform them about the processes and to connect them with officers who can assist them throughout the process.

As seen in Chart 24, enquiries to the Service increased by 6.1% in 2021-22, to 12,829 enquiries. As with 2020-21, this growth is largely attributed to COVID-19 related enquiries.

CHART 24 | Enquiries received 2017-18 to 2021-22



Counted by enquiry



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

- Providing a full time Enquiry Service staffed by people with customer service expertise, to deliver information and complaint support specific to an individual's needs and requirements.
- Providing multiple avenues to make a complaint, including an e-complaints portal that prompts health consumers to enter key information and enables them to track the progress of their complaint. We also accept letters, emails, and handwritten forms.
- 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, using telephone, oral and written interpreter services in a broad range of languages.
- Translating written correspondence to complainants into their preferred language as necessary.
- When dealing with enquiries and complaints, bilingual Commission staff can assist clients in their native language.
- 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.
- Providing assisted resolution services across NSW.
- Working with Local Health Districts to monitor local resolution complaint outcomes for vulnerable complainants.
- Referring the most complex mental health complaints to the Chief Psychiatrist.
- 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.

With the increasing number of enquiries being received, the Enquiry Service has continued to adapt to the new environment and plan for future growth. A new online based telephony system is currently being implemented which will:

- Enable additional staff to take calls during busy periods and achieve shorter wait times for callers.
- Quickly add information messages to callers about how to raise a complaint or what other complaints body should be contacted if a call is not within the Commission's jurisdiction.
- Make it easier for callers to leave a voicemail and receive a call-back during periods of high demand.

Enquiry staff continue to receive high-level training on customer service and dispute resolution, as well as any new developments in health services such as relating to COVID-19, and the best approach to managing concerns about health care providers in this environment.

## ENQUIRY OUTCOMES

Chart 25 sets out the outcome of enquiries received in 2021-22 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 62.5% of all enquiry outcomes were in this category.

**Referral to Another Body** captures enquiries 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

CUSTOMER ENGAGEMENT

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 Enquiry 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.

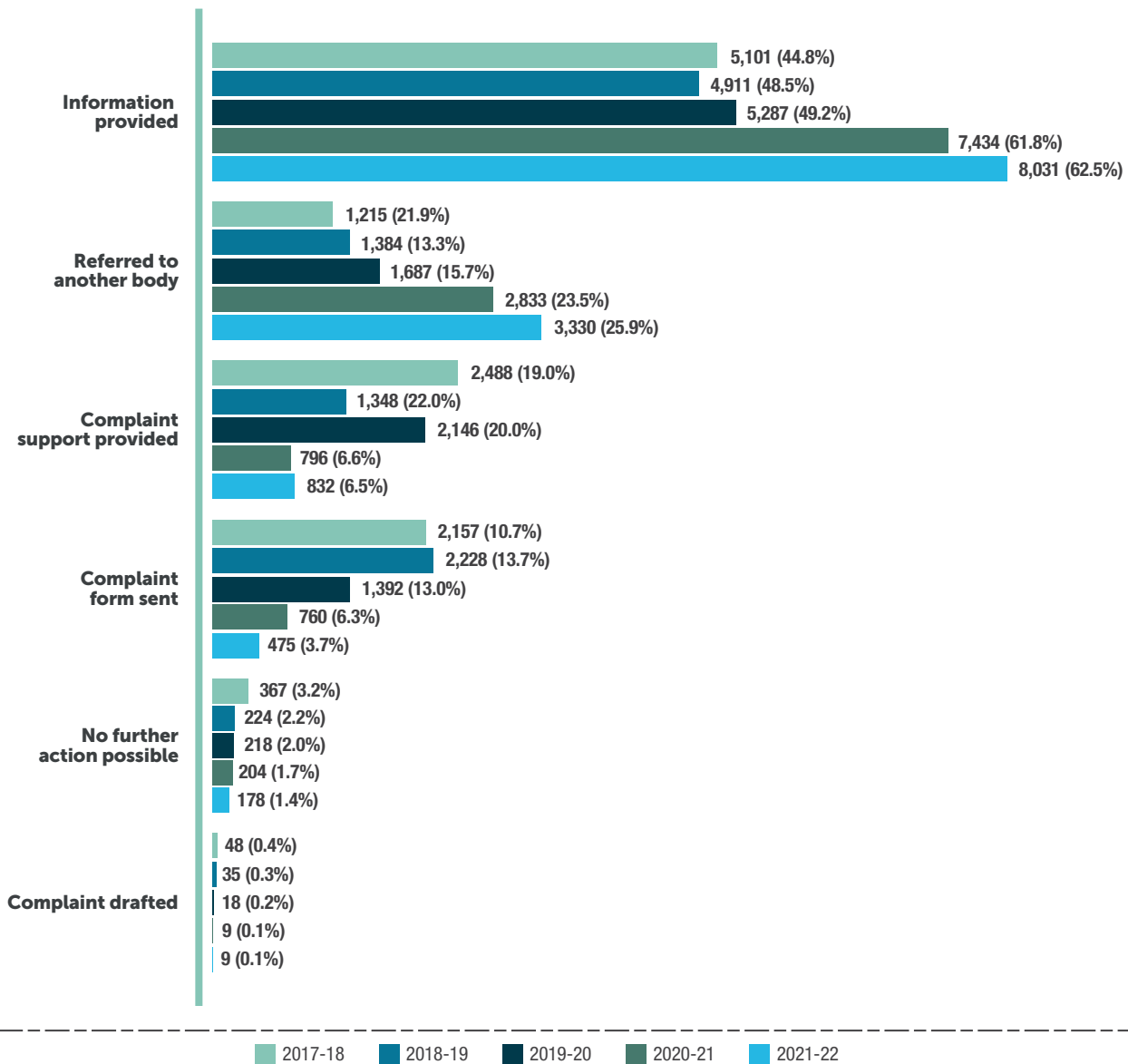
There was a 17.5% increase in this outcome, up from 2,833 in 2020-21 to 3,330 in 2021-22. As with last year, the increase in this category is largely attributed to COVID-19-related enquiries outside the Commission’s jurisdiction for example aged care facility visitation, enquiries relating to face masks, location and operation of testing sites, vaccination arrangements.

In 2021-22, 6.5% of enquiries required more intensive **complaint support**, typically including actions such as:

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

In some cases, a caller will wish to be provided with a complaint form if a matter is serious or the information and support provided by the Enquiry Officer has not been able to resolve their concerns. The Commission is able to send hardcopy complaint forms where the caller is unable to access the internet to complete the form online.

CHART 25 | Outcome of enquiries 2017-18 to 2021-22



In 2021-22, 3.7% of enquiries resulted in a complaint form being sent. The number of **complaint forms sent** is significantly decreasing each year (13% in 2019-20, 6.3% in 2020-21) and is generally attributable to the public becoming more computer literate in an increasingly digital environment.

**Complaint Drafted** captures complaints where the Enquiry Officer completes and submits a complaint form on behalf of a caller. This occurs when the complainant is unable to complete the complaint form either digitally or in hardcopy (for instance, due to a disability, literacy issues, or other communication constraints) overcome any barriers to raising concerns about the healthcare they have received.

As is the case every year, a small number of enquiries are recorded as **no further action** (1.4%; 2020-21: 1.7%). These are generally written or online enquiries where no contact information is provided, and the Enquiry Officer is not able to make contact to assist with resolution of the query.

## RAISING AWARENESS OF THE ROLE OF THE COMMISSION

In 2021-22, there has been an ongoing focus on engagement and connection with health consumers to raise public awareness of the role of the Commission and to build understanding and confidence in how complaints are managed.

The Commission's website and printed information material continue to provide helpful information for health consumers. In 2021-22, updates to the website were made to assist health consumers with COVID-19 related queries and complaints by directing them to reliable and recognised sources of information, particularly in relation to common queries the Commission was receiving.

While the website and brochures provide important pathways for the provision of information, there is a need to connect and engage in other meaningful ways in order to raise awareness of the role of the Commission.

In 2021-22, our Resolution Officers have increased engagement with community services and health consumers while travelling to rural and regional areas across the state, visiting Legal Aid offices and neighbourhood centres to explain our service and provide information for distribution via these important community hubs. One of our key messages for community services is to direct members of the public towards our Enquiry Service, and the increased volume of enquiries received in 2021-22 indicates that our work in this space is assisting in raising awareness.

We know that there is much more we need to do in rural and regional areas. In particular the experiences we heard through the Parliamentary Inquiry into *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales* suggested that there may be a lack of awareness about the role of the Commission and/or a lack of confidence that a complaint will be handled in a confidential and objective way. For 2022-23, implementation of strategies to raise consumer awareness across rural and regional NSW of the Commission, the way it works, and how to access it will be a key strategic priority.

## PARTICIPATION IN EDUCATION AND COMMUNITY EVENTS

Despite the challenges of COVID-19 and cancellation of several face-to-face events, the Commission participated in a large number of presentations, webinars, meetings, and public events involving health consumers and community services in 2021-22.

In 2021-22 we have continued to seek opportunities for meaningful connection with frontline community services, recognising that they are often the first to hear of concerns and play an important role in directing members of the public to appropriate services.

We are actively contributing to meetings arranged by community services for their frontline workers, including a Law for Community Workers webinar hosted by Legal Aid, and a webinar for members of Health Consumers NSW. We have also presented at several Co-operative Legal Services Delivery meetings in regional areas including the Central Tablelands and Moree.

Ongoing connection with the Joint Outreach Initiatives Network continues to provide valuable two-way opportunities to raise awareness of the role of the Commission, while learning more about other services and supports that may benefit health consumers. The Commission has also continued participation in the Carers NSW Carers Rights and Consultation Network, attending meetings and contributing to the review of resources which support carers.

Our direct engagement with individual community members also continues. The Commission was involved in a Law Week panel event hosted by Legal Aid in May 2022 which profiled the role of various Ombudsman services and also attended events that cater for more vulnerable members of the population such as the Hunter Disability Expo in May 2022 and the *Rights and Personal Safety* workshop facilitated by the Multicultural Disability Advocacy Association in June 2022.

# 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 non-registered 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

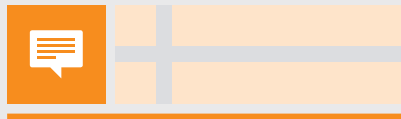
The *Commission's Engagement Strategies* guide the implementation of this framework. They outline in detail how we will work to improve communication and to strengthen relationships with our partners.



### 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

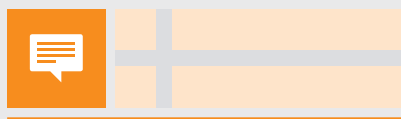
#### An ongoing two-way process:

- 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

## FIRST NATIONS ENGAGEMENT AND CONNECTION STRATEGY

Complaints provide unique opportunities to address health system issues and it is vital for the Commission to hear about health care concerns experienced by Aboriginal and Torres Strait Islander people.

Our first step in progressing our First Nations Engagement and Connection Strategy has been to embed processes and tools for educating all Commission staff and to identify adjustments to internal processes that will improve cultural safety, consistent with the framework of commencing with a Reflect RAP level of maturity. Under the guidance of our First Nations Engagement Advisor the actions planned within the Strategy for 2022-23 are progressing to an Innovate level of maturity.

A key priority for 2021-22 has been raising awareness about the Commission's independent and impartial role in managing health care complaints by engaging with Aboriginal health organisations and community networks. We have also progressed improvements to strengthen the cultural safety of our own complaints handling processes.

### PARTNERSHIPS

We are connecting and engaging with relevant organisations and service leaders to identify and strengthen safe practices in health delivery and regulation.

- Aboriginal Health & Medical Research Council (AHMRC): A MOU to support structured collaboration with the Aboriginal Community Controlled Health Service network is in development (but progress has been disrupted due to COVID-19).
- NSW Ministry of Health's Centre for Aboriginal Health (CAH) – The Aboriginal Workforce Unit have provided invaluable support in assisting our staff to access Respecting the Difference Training in 2020-21. Commission staff have also attended meetings with the Centre for Aboriginal Health and the Aboriginal Strategic Leadership Group.
- Aboriginal Women's Consultation Network (via the Women's Legal Service of NSW) – Feedback indicates the Commission should focus on raising greater awareness by broader engagement with Aboriginal Liaison Officers and explore appropriate options to connect people to culturally safe support during a complaint process.

### MAKING STRONG OPERATIONAL LINKAGES

Building practical action-oriented connection at local levels, linking into community-based dialogues and forums to improve mutual understanding and engagement.

- Local Health Districts: We are seeking to strengthen connections with frontline staff, such as Aboriginal Liaison Officers. We have made visits in a number

of regions and are exploring appropriate forums to increase this engagement.

- Aboriginal Community Controlled Health Organisations: We have commenced engagement at a local level by seeking opportunities to meet when visiting rural and regional areas.

### RAISING AWARENESS AND ACCESSIBILITY

Developing resources and expanding outreach and engagement to increase awareness of Commission functions.

- The complaint process has been mapped in plain language for sharing in upcoming yarns in the Western Sydney area as the first step in co-designing appropriate communication products and pathways.

### IMPROVING INTERNAL PRACTICES

To increase our capacity to manage complaints in an appropriately sensitive manner, we have progressed the following actions:

- Implemented mandatory cultural safety training across the Commission. Staff feedback indicates that the training has resulted in positive change in complaints management practice.
- Triage processes have been improved to deliver early identification of complaints made by First Peoples, to ensure they are managed in a culturally appropriate way
- The Resolution Service is developing customised and culturally appropriate resolution processes to support complainants to share their experiences in ways that lead to improved health service delivery.
- An improved approach to collecting and analysing complaint data has commenced, with a view to sharing appropriate de-identified information about themes and trends with partners to inform improvements to health service delivery.

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"From this experience, I felt that just by listening to what [a complainant who identified as Aboriginal] had to say, I was able to gain a tiny bit of trust from her and change a little bit on how she saw the Commission as an organisation. ... she went from completely rejecting the idea of meeting the hospital, to at least giving it a thought. I am thankful for the training" – **Assessment Officer**

## LEARNING FROM COMPLAINANT FEEDBACK AND CONSUMER CONSULTATION

The Commission sends surveys to complainants at the end of assessment and assisted resolution processes, 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.

In 2020-21, the Commission updated the survey questions and implemented an online survey platform to make it easier for customers to submit their feedback. A printed form has been maintained for those unable to complete the survey electronically.

While surveys provide valuable information about the complaint process, the response rates are typically not high for agencies handling complaints and this is the experience of the Commission. The Commission has sought therefore to deepen and extend the channels for

feedback and consultation in 2021-22. One of the ways in which this is being achieved is via a focus groups approach. A face-to-face focus group was held in April 2022 with health consumer representatives sourced with assistance of Health Consumers NSW, who provided valuable feedback on:

- The e-complaints portal and how easy it is to navigate and understand when lodging a complaint. This feedback has been documented and is now being used to identify improvements that can be made as part of the current case management system replacement project. There will be ongoing health consumer consultation as this project progresses.
- The clarity of correspondence we use to acknowledge receipt of a complaint and to explain the process, timeframes and what to expect. This feedback has been used to improve the content of initial complaint acknowledgement correspondence.

This approach will continue and further focus groups are planned for 2022-23.



### Customer feedback

"The process for me was exceptional and I am very grateful for the enormous support I received" – **complainant**

"Clear and measured communications." – **complainant**

"I still have no idea how the Commission collects information to assess a complaint." – **complainant**

"The Inquiry Officer and I had an amazing chat she calmed me down and provided all the information I needed and was amazing. You have someone amazing working for you. I can't thank her enough for her direction and support." – **complainant**

"I only received updates when I called myself to ask." – **complainant**

"Thanks for your support, respect, thoroughness and professionalism." – **complainant**

"Many thanks to you and the HCCC for your handling of the complaint. We appreciate your personal attention and deft management of a sensitive subject." – **complainant**

"I'd like to thank you for ... being a part of this journey, it has definitely helped get what I needed quicker than if I hadn't had your help." – **complainant**

"Thanks a lot for your help and for the opportunity I had to discuss the issues for the best result in the future." – **complainant**

"My heartfelt thanks for your professionalism and kindness in handling my complaint." – **complainant**

"Thank you so much for your patience, kindness and understanding during the resolution process." – **complainant**

## OTHER INFORMATION FOR THE COMMUNITY

Primarily via its website, the Commission provides a range of information about its operations and decisions to health consumers and the broader community.

### MEDIA

The Commission responds to media enquiries 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 2021-22, media enquiries predominantly related to health practitioners that the Commission had prosecuted before a disciplinary forum and complaints under investigation.

### PUBLISHING DISCIPLINARY DECISIONS

The Commission also published 113 decisions of disciplinary bodies, public warnings, and prohibition orders made about non-registered health 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 a non-registered 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 point of contact information for consumers who have queries about the content or nature of the statement. Sixteen (16) Public Statements were made in 2021-22.

Public Statements about non-registered 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 enhanced the powers of the Commission so 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 2021-22 the Commission had 14 public warnings in place across a broad range of areas of concern including:

- **Mr Edward Alonso Valencia Ospina** – responding to complaints about dental services provided by Mr Ospina in residential premises in Sydney.

- **Mr Julian Osorio Munoz** – responding to complaints about dental services provided by Mr Munoz in residential premises in Sydney.
- **Mr Robert John Cook** – responding to complaints about paramedic/ambulance services provided by Mr Cook in the Queanbeyan – Palerang area.
- **Dental Services to Child Care Facilities provided by Sydney Dental Services** – responding to complaints that raised serious concerns in regard to inappropriate and excessive treatment on young children; lack of informed consent for extensive treatment on young children; lack of parent/carer attendance at appointments where extensive treatment was being undertaken, and inadequate record keeping practices.
- **Detoxologie and Ms Fay Fain** – responding to complaints about various health services provided by the facility and Ms Fay Fain in regard to inappropriate and unlawful prescribing and administering of Schedule 4 medications which had not been approved by the Therapeutic Goods Administration; Ms Fain holding out as a registered nurse and poor infection control practices and hygiene.
- **Ultrasound services provided by Medsound and Ms Li Shen** – responding to complaints relating to information that Ms Shen, owner and operator of Medsound, had been performing ultrasound examinations as well as writing and issuing reports of the ultrasound findings without any recognised ultrasound or medical qualifications or registration in Australia.
- **Concerning levels of heavy metals in Ayurvedic medication** – responding to complaints relating to the prescription of “Manasamithra Vatika,” (Manasamitram Pills), an Ayurvedic medication which was found to contain concerning levels of lead and other heavy metals.
- **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 non-registered health practitioners carrying out surgical procedures to “alter” the appearance of consumers without appropriate training or qualifications, and/or are failing to do so in a safe and ethical manner.



- **Unsafe and illegal practices at beauty and cosmetic clinics** – responding to complaints relating to the use of non-registered, untested and inferior quality products as well as the prescribing and administration of Schedule 4 medications by non-registered and unqualified persons.
  - **Non-evidence based weight loss programs** – addressing prescription medication regimes claiming to correct hormone imbalances without adequate clinical basis.
  - **Cosmetic surgical and medical procedures performed illegally by non-registered health practitioners** – responding to the surge in complaints relating to such procedures in residential premises and hotel rooms without infection control measures.
  - **The Australian Vaccination-skeptics Network, Inc. ('AVN'), formerly known as the Australian Vaccination Network Inc.** – responding to complaints about misleading, misrepresented and incorrect information about vaccination.
  - **Dental services 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 – Paramedic / Ambulance services provided by Mr John Robert Cook

31 August 2021

The NSW Health Care Complaints Commission (the Commission) is warning the public about paramedic / ambulance services provided by Mr John Robert Cook in both NSW and the ACT.

The Commission has received information that, particularly in the Queanbeyan – Palerang local government area between January 2018 and March 2021, Mr Cook has been seen wearing a bogus uniform designed to deceive the public that he is an NSW Ambulance Officer. Whilst wearing the uniform he has also been seen driving a mock ambulance, namely a Nissan Patrol motor vehicle bearing the words "Paramedic", "Medical Response Unit", and "Ambulance". The vehicle also carries the insignias of "NSW Ambulance". The vehicle is privately registered to Mr Cook. Mr Cook has been identified wearing the bogus uniform whilst standing next to his mock ambulance at the scene of a road traffic crash. ([Link to photograph of Mr Cook's vehicle](#))

Mr Cook is not, and never has been, a registered paramedic or employee / affiliate of the NSW Ambulance Service.

The appearance of Mr Cook's vehicle and uniform is such that a member of the general public would believe that the vehicle is an NSW Ambulance Service vehicle being operated by a registered paramedic with the relevant skills and qualifications to provide safe care during an emergency.

The Commission has imposed an Interim Prohibition Order and is continuing its investigation into Mr Cook.

What should consumers do to protect themselves?

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

If any person has seen Mr Cook in circumstances where he has attended an emergency situation, please advise the Commission of the details of this to [hccc@hccc.nsw.gov.au](mailto:hccc@hccc.nsw.gov.au). If any person sees Mr Cook in circumstances where he is attending an emergency situation, please advise other official persons at the scene that he is not a registered ambulance officer.

## Health providers

The Commission engages with health care providers to raise awareness of our regulatory role, increase understanding of complaints management processes and assist them during the complaint process. Complaints are indisputably challenging for all parties, including providers that are the subject of a complaint, and it is important to provide clear information about the process and what to expect.

### INFORMATION AND SUPPORT FOR HEALTH PROVIDERS

The website has a dedicated section for health care providers, including a quick link to key information from the landing page section, *A complaint has been made about me*. This section allows users to navigate to the most relevant information for health organisations, registered health practitioners or non-registered health practitioners and includes tips for managing complaints locally when they first arise, as well as information on responding to requests from the Commission. Health providers are also able to read more about the possible outcomes of a complaint and can access case studies that illustrate these. As noted above, health care providers can also seek information about the complaints process through the Enquiry Service.

The Commission’s outreach program is the way that we educate existing and future health service providers about best practice complaints management and highest standards of service delivery. In 2021-22 we have participated in the education and training of health providers by delivering workshops and presentations including:

- Presentations across LHDs to clinical governance teams, Nurse Unit Managers and other clinical staff. These have included presentations to staff in the LHDs of Southern NSW, Far West, Murrumbidgee, Mid-North Coast, Northern NSW and Western NSW.
- Participation in state-wide presentations, sector specific training sessions, and panel sessions, for instance those provided to health managers and practitioners including NSW Forensic Medicine, NSW Ambulance, as part of the Mental Health Accredited Persons Training delivered by HETI, and Nursing students at Western Sydney University, University of Sydney and the Australian College of Perioperative Nurses.

Alongside the recognition that there is a need to place a greater emphasis on consumer awareness and understanding of the role of the Commission in rural and regional areas, so too it is clear from the Parliamentary Inquiry into Rural and Regional Health Services that health workers may not be aware of the independent



### Provider feedback

“The way the resolution process was handled by the resolution officer was highly commendable – thoughtful, reflective, compassionate and sensitively managed a challenging and emotive process with all parties involved.” – **provider**

“I would’ve liked a quicker decision but I understand that your organisation is trying its best to do the best they can. Thank you.” – **provider**

“Person who contacted me had no awareness of how stressful an HCCC complaint is for a doctor and couldn’t understand why I was worried and stressed.” – **provider**

“Informed me quickly and the decision was very clearly explained.” – **provider**

“Thank you for the highly skillful and compassionate manner in which you managed this process.” – **provider**

“I wish to make some points concerning your assessment based on the importance of us all reflecting and improving on practice” – **provider.**

and confidential complaints handling processes of the Commission which may assist them in either making a complaint or more fully understanding the process if they are the subject of a complaint. Raising awareness and visibility of possible complaints pathways is a priority going forward.

The Commission also recognises that further engagement with private health facilities is needed, particularly with the provision of new legislative powers to refer matters to private health facilities for local resolution and to issue prohibition orders for health organisations. While significant work has been undertaken to develop training materials and to upskill staff to communicate these changes COVID-19 disruption has affected roll out of this training to facilities. The focus for 2022-23 will be the further engagement with private facilities.

### LEARNING FROM HEALTH PROVIDER FEEDBACK

The Commission seeks feedback from health providers to better understand their experience of the complaints process. The key method used to gain feedback is via surveys sent at the end of assessment and resolution processes.

In 2021-22, there was a lower level of provider satisfaction recorded at the end of an assessment process.

Sixty-two per cent (62%) of providers 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 more frequent updates would be helpful, particularly as the process can take time and may represent an anxious wait for some providers. The large number of COVID-19 related complaints have likely also contributed to lower levels of feedback, with busy practitioners facing novel complaints, such as concerns relating to vaccine preferences and face mask exemptions.

The feedback shows that there are opportunities to improve the way we communicate with health care providers, particularly at the outset of a complaint. Our focus in this area is to review all initial contact correspondence to ensure that it is both clear and respectful, and reflects the reality that being the subject of a complaint will often be a very distressing experience.

In 2021-22, 89% of health providers agreed or strongly agreed that the involvement of the Resolution service was useful in trying to resolve a complaint and 77% agreed or strongly agreed that the process had resulted in learning or a change that would improve health service delivery.

## Other regulators

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

### COLLABORATION ACROSS REGULATORY BODIES TO PROTECT PUBLIC HEALTH AND SAFETY

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

There is also broader collaboration across sectors.

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

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

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

and the Medical, Nursing and Dental Councils of NSW. Its focus is on strengthening policy and operational linkages between the various elements of health regulation and policy. The Forum takes a data and evidence driven approach to identifying emerging risks to public health and safety. It ensures strategic consideration of the respective roles, responsibilities and powers, as a framework for operational collaboration. Where issues relating to specific professions arise, there is the ability for relevant stakeholders from the profession, the Ministry of Health, HPCA, and the Commission to come together to consider sector-specific practices and initiatives.

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

At a national level, the Commission is a member of the Consumer Health Regulators Group (established in 2017) consists of regulators with an interest in consumer health. Initially chaired by the Australian Competition and Consumer Commission (ACCC), other members include the Australian Health Professions Regulation Agency

(AHPRA), 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. While COVID-19 has disrupted the structured meeting schedule, the Group meets as needed.

The Commission has identified that there are opportunities for co-regulators to learn from each other and to share approaches to improve customer-centricity. For example, both the HCCC and Ahpra, are seeking to strengthen customer-centricity and have been meeting regularly in 2021-22, in relation to survey feedback. The Commission is also contributing to the joint Ahpra/AHCSQC project on improving consumer experiences in complaints handling processes.

In May 2022 the Commissioner hosted the National Health Commissioners' conference in Sydney. This is an important forum for: considering complaint trends nationally; identifying strategies for improved complaints management; and, discussing management of matters that cross jurisdictional boundaries.

## Supporting national regulatory solutions to complex problems – an opportunity in the cosmetic services domain

Where a pressing health complaints issue is of a national scale, collaboration with Australian Health Practitioner Regulation Agency (Ahpra) and influencing necessary change to regulatory settings is essential.

The Commission has been actively contributing to consideration of national solutions to the intensifying problem of risks posed to the community in the manner of delivery of cosmetic services. NSW arguably has the strongest and most cohesive suite of jurisdictionally based powers to address complaints about cosmetic services. The Commission's powers provide the unique ability to consider complaints not only about registered practitioners but also non-

registered practitioners and health organisations, and these are complemented by strong licensing and regulatory requirements for private health facilities administered by NSW Health.

Our collaboration with Ahpra and other national bodies aims to address aspects beyond our jurisdictional powers. We have welcomed the recommendations of the *Independent review of the regulation of medical practitioners who perform cosmetic surgery* and see consequent reforms such as title protection, establishment of an endorsed area of practice, consumer education, and improved awareness of mandatory reporting as important. We will focus on supporting Ahpra to implement those reforms.

## Policy and oversight bodies

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

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

There are a number of ways that the Commission shares complaints information and seeks to influence service system improvements:

- Quarterly performance reports are provided to the Minister, the Joint Parliamentary Committee and other key stakeholders.
- Quarterly meetings are held between the Commissioner and the Secretary of Health to discuss complaints trends and performance and areas of shared interest.
- The Commission meets on a bi-monthly basis with the Medical Council of NSW and on an ad hoc basis with the other NSW Professional Councils. The purpose of these meetings is to discuss trends in complaints, the efficiency and effectiveness of complaints handling processes, and opportunities for improvement.
- Partnerships with the Clinical Excellence Commission and the Patient Safety First Division of the Ministry of Health focus on identifying and progressing system wide improvement opportunities and strategies arising from complaints and incidents.
- After an investigation, where the Commission has made recommendations to a health organisation to improve systems, it also provides a copy of these to the Clinical Excellence Commission to support its work on systemic improvements to the health system.
- Ongoing collaboration with the NSW Mental Health Commission in relation the safe management of mental health related complaints and identification of issues arising for those with lived experience.
- In 2021-22 the Commission also participated in the Integrity Agencies Symposium, to collaborate with other oversight agencies, such as the NSW Ombudsman, Information and Privacy Commission and Independent Commission against Corruption about key projects and approaches.



# 07 Organisation and governance

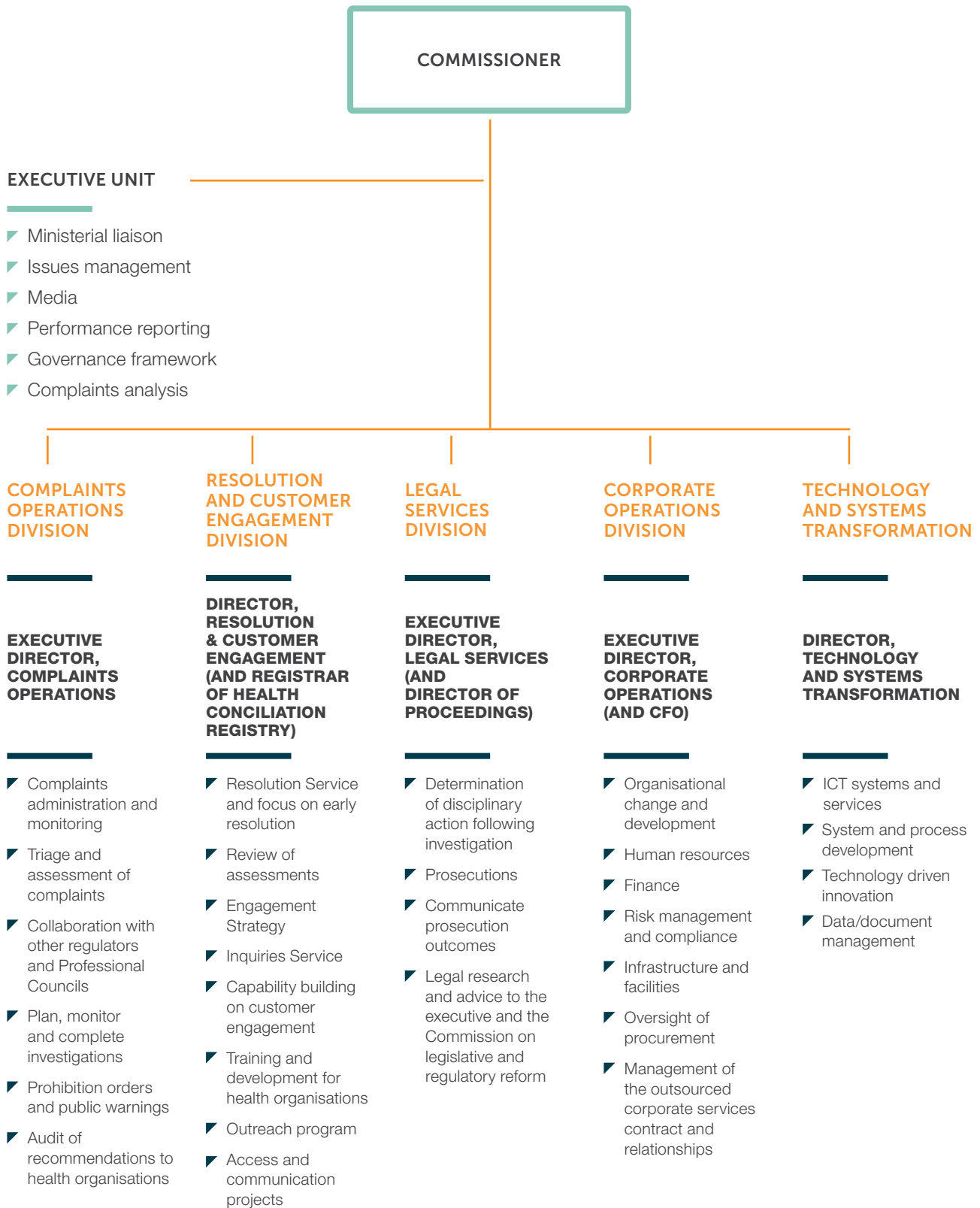


CHART 26 | Organisation Structure

## Corporate structure

The Commission's structure is set out in Chart 26. The core functional areas are:

- The **Complaints Operations Division**: This Division integrates all complaints assessment and investigation functions. This integration fosters improved sharing of capability and expertise throughout all steps in managing complaints. Where a matter is serious, it is imperative that the assessment process is focused and disciplined, and that any subsequent referral for investigation can progress in a timely and effective way. The functions are arranged to:
  - respond to the need for effective triaging of complaints;
  - have a strong focus on early resolution of complaints;
  - have appropriate access to internal clinical advice;
  - ensure routine monitoring of complaints performance; and,
  - maintain effective investigation capability.
- The **Resolution and Customer Engagement Division**: This Division ensures that customer responsiveness and access is a guiding consideration for everything that the Commission does and maintains expertise and commitment to complaints resolution. It also conducts reviews of assessment decisions.
- The **Legal Services Division**: This Division provides legal and procedural advice, with prosecution decisions made by the independent Director of Proceedings. This ensures that the Commission is taking appropriate disciplinary action where required and using the experiences from individual cases to inform legal policy decision making and regulatory reform.
- The **Corporate Operations Division**: This Division ensures that staff wellbeing and development are at the centre of our organisation's priority and that all resources and equipment are used in an efficient and effective way. Capability and culture building, leading effective and holistic change management, risk management and financial diligence are core functions of the Division.
- The **Technology and Systems Transformation Division**: This division delivers and maintains the Commission's day-to-day ICT services and operations as well as a focus on technology and systems transformation 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.

## Commission staff

The Commission employed a total of 116 full and part time staff as at 30 June 2022.

**TABLE 3** | Staff numbers by employment category 2017-18 to 2021-22 (as at 30 June of each year)

Employment basis	2017-18	2018-19	2019-20	2020-21	2021-22
<b>Total</b>	<b>103</b>	<b>119</b>	<b>121</b>	<b>125</b>	<b>116</b>
<b>Sub totals</b>					
Permanent	76	95	99	99	<b>99</b>
Temporary	12	15	19	23	<b>15</b>
Contract	5	4	1	2	-
Casual & Contingent	10	5	2	1	<b>2</b>

**TABLE 4** | Average full-time equivalent staffing for years 2017-18 to 2021-22

2017-18	2018-19	2019-20	2020-21	2021-22
84.8	97.6	106.3	108.4	109.7

**PUBLIC SERVICE SENIOR EXECUTIVES**

Public Service Senior Executives are employed under the *Government Sector Employment Act 2013*. The executive structure complies with the Senior Executive Implementation Plan prepared for the Public Service Commission in June 2015.

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 2021-22, the Commission had a total of seven Public Service Senior Executive roles, with four ongoing and three contract roles.

The Senior Executive as at 30 June 2022:

- **Commissioner, Senior Executive Band 3** – Sue Dawson, Bachelor of Laws (Hons 1), Master of Urban Planning, Bachelor of Social Work (Hons 1), Executive Fellow, Australia New Zealand School of Government.
- **Executive Director, Complaints Operations, Senior Executive Band 2** – Tony Kofkin, Bachelor of Arts, former Detective Chief Inspector at Kent Police (UK).
- **Executive Director, Legal Services and Director of Proceedings, Senior Executive Band 2** – Nicole Lawless (from October 2021), Bachelor of Arts (Psychology & History), Postgraduate Diploma of Psychology (Forensic), Bachelor of Laws (Graduate), Master of Law (Human Rights).

- **Interim Director, Corporate Operations & Chief Financial Officer (CFO), Senior Executive Band 1** – Kathryn Kerr (from March 2022), Bachelor of Commerce, Masters of Business Administration and Member of Institute of Chartered Accountants of Australia and New Zealand.
- **Director, Resolutions & Customer Engagement, Senior Executive Band 1** – Jane Probert, Bachelor of Arts /Bachelor of Laws.
- **Director, Technology and Systems Transformation, Senior Executive Band 1** – Krush Deepak (from Jan 2022), Bachelor of Engineering, Master of Electronic Commerce, Master of Information and Communication Technology
- **Principal Medical Adviser, Senior Executive Band 1** – Maria Li, Bachelor of Medicine / Bachelor of Surgery, University of New South Wales Fellowship of the Royal Australian College of General Practitioners, The Royal Australian College of General Practitioners

In 2021-22, 11.9% of the Commission’s employee related expenditure was related to senior executives, compared with 11.8% in 2020-21.

**TABLE 5** | Senior Executive as at 30 June 2022

Band	2021		2022	
	Female	Male	Female	Male
Band 3 (Commissioner)	1	–	1	–
Band 2 (Executive Director)	–	1	1	1
Band 1	2	2	3	1
<b>Totals</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>2</b>
	<b>6</b>		<b>7</b>	

**TABLE 6** | Remuneration of Senior Executives as at 30 June 2022

Band	Range \$	Average remuneration	
		2021	2022
Band 3 (Commissioner)	354,201 – 499,250	\$397,373	\$407,307
Band 2 (Executive Director)	281,551 – 354,200	\$302,062	\$302,307
Band 1	197,400 – 281,550	\$242,091	\$263,385



## STAFF CHANGES

In 2021-22, 52 employees took long leave, mobility opportunities or resigned as follows: seven employees went on parental leave from three to 12 months; three employees went on extended leave for periods between three to seven months; three employees were seconded to other agencies; 22 employees permanently transferred to another agency; one ended their fixed term contract, one took voluntary redundancy, two retired; and 13 employees resigned.

## CONDITIONS OF EMPLOYMENT AND MOVEMENT IN SALARIES AND ALLOWANCES

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

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

Employees under the Crown Employee (Public Service Conditions of Employment) Award and the Crown Employees – Legal Officers Award received a 2.04% increase in salary and related allowances from the first full pay period in July 2021.

The Statutory and Other Officers Remuneration Tribunal (SOORT) determined a performance-based increase of 2.5% for all Public Service Senior Executives in September 2021, which was applied from 1 July 2021.

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 the 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 2021-22, the Commission consolidated two policies into an updated Learning and Development policy and updated the Flexible Working Arrangements Policy.

## PERFORMANCE, LEARNING AND DEVELOPMENT

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

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

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

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

The Commission has delivered training in core and role specific areas to address the above goals, and individual training and development needs are documented in Performance and Development Plans (PDPs). We offer a regular and structured program of training options which are delivered in varying face to face, virtual and online modes to offer flexibility. The target of an average of at least two days formal training per employee was exceeded by 160%. Frequently delivered resilience training for all staff remains central to our program.

In 2021-22 we expanded our learning and development opportunities to support staff to work in a sustainable and constructive way with a diverse range of clients in a wide range of health services. As already outlined in detail in the Access, Outreach and Partnerships chapter, a key component of this training included the "Respecting the Difference" eLearning and tailored face-to-face training sessions that supported our staff to deliver a culturally safe, accessible and responsive service.

## LEARNING AND DEVELOPMENT FRAMEWORK



**STRATEGY E4  
Our People and Capability**

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

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>➤ Align learning with the business</li> </ul>               | <ul style="list-style-type: none"> <li>➤ Learning is aligned to strategic priorities</li> <li>➤ Learning is aligned to current and future roles</li> <li>➤ Learning is mapped to capabilities</li> </ul> |
| <ul style="list-style-type: none"> <li>➤ Provide appropriate learning options</li> </ul>           | <ul style="list-style-type: none"> <li>➤ Content based on learning needs</li> <li>➤ Timely relevant interventions</li> <li>➤ 70:20:10 (on the job, through others and formal learning)</li> </ul>        |
| <ul style="list-style-type: none"> <li>➤ Support application of skills in the workplace</li> </ul> | <ul style="list-style-type: none"> <li>➤ Opportunities to apply new skills</li> <li>➤ Staff share knowledge</li> </ul>   |
| <ul style="list-style-type: none"> <li>➤ Create a positive culture</li> </ul>                      | <ul style="list-style-type: none"> <li>➤ Our learning culture drives positive workplace culture</li> <li>➤ Embedded learning into performance and development plans, regular feedback</li> </ul>         |
| <ul style="list-style-type: none"> <li>➤ Manage learning effectively</li> </ul>                    | <ul style="list-style-type: none"> <li>➤ Value for investment</li> <li>➤ Monitoring, reporting and evaluation</li> <li>➤ Managing stakeholder expectations</li> </ul>                                    |

### HCCC LEARNING JOURNEY ➤



The Commission has delivered formal role specific training programs across all divisions; including a concise writing program, managing unreasonable conduct by a complainant and fraud/corruption prevention training.

We have enhanced our induction program by codesigning with managers and senior officers, role specific induction schedules to support new starters and provides opportunities for senior officers to coach and mentor their colleagues. We have rolled out new training programs on our case management system and empowered skilled staff to provide on the job training in a supported and engaging way.

The Commission also offers a range of other opportunities for the learning and development of employees – these include performing higher duties, leadership of participation in projects, secondments, 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.

In 2021-22 there was a focus on building leadership and management capability. A total of 13 managers participated in a comprehensive leadership program. In parallel there was an executive leadership program, which included 360 degree feedback and coaching sessions.

The leadership team has continued its commitment to ensuring all learning opportunities are aligned to strategic priorities and current and future roles. Content is based on learning needs and mapped to key capabilities. We strive to deliver training that is timely and relevant and the 70:20:10 model (learning on the job: through others: formal learning) is embedded into our performance management tool. This tool has enabled performance and development conversations to be timely and targeted.

## Culture and Wellbeing

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

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

The Culture Plan 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

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

In August-September 2021, 86 HCCC staff participated in PMES which was a 77% response rate.

Importantly, there was a two percentage point increase in overall employee engagement to 65 % – comparing reasonably well with sector wider engagement of 67%. The Commission recorded improvement in 11 of the 22 headline measures, with an additional five measures being new or recording no change. The top five areas of improvement were in: communication and change management; employee voice; teamwork and collaboration; flexible working; and inclusion and diversity.

The Commission's scores exceeded sector wide scores in twelve key areas – job purpose and enrichment; grievance handling; inclusion and diversity; teamwork and collaboration; flexible working; pay; recruitment; recognition; senior managers; decision making and accountability; communication and change management; and action on survey results.

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

## HCCC WELLBEING FRAMEWORK

Providing a safe and healthy workplace where employees can make a difference. We want to be successful across the four areas that contribute to wellbeing. Planning of or implementation of specific initiatives under these four focus areas in 2021-22 have included:

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

- Employee assistance program (Benestar).
- Fitness Passport Scheme launched in September 2021 and is available to all employees and their immediate family members.
- The Commission partnered with the Public Service Commission and Headspace to provide all employees with a 12-month subscription to the Headspace application which provides flexible, diverse and on-demand wellbeing resources.
- Resilience training for all staff.

### INDIVIDUAL

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

- Return to office arrangements including updated flexible working practices.
- Continued divisional team meetings and events to build team culture.
- Development and implementation of new starter induction.
- Resource and structure proposals to address span of control and workload pressures.
- Commitment to delegation reviewing.

### TEAM

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

- IDAHOBIT day webinar to raise awareness and discuss ways we can create a safe culture for everyone, especially LGBTQIA+ people.
- NAIDOC week event celebrating First Nations culture and tradition and acknowledging the work that remains to be done.
- Are you OK day initiatives.
- Flexible arrangements to promote blood donation.

### COMMUNITY

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

- Warden Emergency management training (face-to-face).
- Updated COVID-19 safety plan in line with public health orders and vaccination requirements.
- Actions communicated to staff responding to PMES and other feedback.

### ORGANISATION

## Governance and Compliance

### 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, and to provide staff opportunities to learn about the work of others and celebrate achievements. This meeting also considers feedback and actions from the annual People Matter Employment Survey.

Each Division conducts 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.

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

### 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 2021-22.

### 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 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 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 \$454,499, a decrease of \$74,548 (14.1%) from the previous year, due to a decrease in estimated claims. The premiums on the remaining insurance categories totalled \$27,059, an increase of \$3,965 (17.2%) due to a slight increase in property insurance.

### PUBLIC INTEREST DISCLOSURES

The Public Interest Disclosures Act 1994 requires the Commission to report public interest disclosures made to it. The Commission has a public interest disclosure policy that encourages and guides staff to report potential wrongdoing. The Commission reports that in 2021-22:

- 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.

### PRIVACY

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

In 2021-22, there were no internal privacy review requests received under this Act.

### GOVERNMENT INFORMATION

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

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

During the year, the Commission received 11 applications for the release of documents under this Act. The tables in Appendix B summarise the applications received in 2021-22 as required under the GIPA Act.

**INTERNAL AUDIT AND RISK MANAGEMENT STATEMENT ATTESTATION STATEMENT FOR THE 2021-22 FINANCIAL YEAR FOR THE HEALTH CARE COMPLAINTS COMMISSION**

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

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

**MEMBERSHIP**

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

- Independent Chair— Mr John Gordon - 1 June 2020 to 1 June 2025.
- Independent Member – Ms Jan McClelland AM appointed from 1 July 2020 to 30 June 2025
- Independent Member – Mr Norman Smith appointed from 18 May 2016 to 17 May 2023.



**Sue Dawson**  
 Commissioner  
 Health Care Complaints Commission  
 21 October 2022

**Agency Contact Officer:** Kathryn Kerr Executive Director, Corporate Operations and CFO E [Kkerr@hccc.nsw.gov.au](mailto:Kkerr@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 2021-22 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.

## COMPLAINTS ABOUT STAFF

In 2020-21, 13 complaints were received about Commission staff from people who had made a complaint and raised concerns about their communication and attitude in the management of their complaints. Following a review of the conduct complained about:

- three staff were counselled about appropriate and respectful communication and the Commission's values and obligations in this regard.
- in two matters, an apology was provided for a lack of communication and more information provided about the complaints management process, and
- eight required no further action.

## COMPLAINTS TO THE NSW OMBUDSMAN

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

The NSW Ombudsman has advised that in 2021-22, it received 69 actionable complaints about the Commission. The most frequently raised issues in actionable complaints related to the complaint outcome; the complaint handling process; objection to merits of a decision; and customer service.

The NSW Ombudsman has advised that it finalised 67 actionable complaints about the HCCC during 2021-22, including some complaints received in earlier years:

- 61 actionable complaints were finalised after initial assessment. Initial assessment may include finalising the complaint by providing advice or by referring the complainant to the Commission.
- It made preliminary inquiries under section 13AA of the *Ombudsman Act* to the Commission or to the complainant in relation to six actionable complaints.

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



10 August 2022

**Cyber Security Annual Attestation Statement for the 2021-22 Financial Year for the NSW Health Care Complaints Commission**

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

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

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

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

The NSW Health Care Complaints Commission has an Information Security Management System (ISMS) in place, and conducted an independent review of essential cyber security controls during the 2021-22 reporting period. A program of work has been scoped for the next two years to further enhance information protection and improve cyber security posture of the Commission.

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

- Security updates published by Microsoft and other vendors are implemented in a timely manner.
- Regular review of cyber security risks and controls to mitigate information protection risks, and ongoing connection with experts from Cyber NSW and NSW Health to proactively address emerging cyber security threats.
- Fostering information protection culture by providing HCCC staff with cyber security training and regular communications.
- Investment in additional resources and tools improving technical security control.
- Participating in NSW Government cyber security forums and topical conferences providing HCCC with relevant intel and knowledge of best practice in managing information security.

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

Sue Dawson  
Commissioner  
NSW Health Care Complaints Commission



## Information and communication technology

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

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

With full functionality of remote working now in place as part of its COVID-19 response strategy, this year provided the opportunity to focus again on transformation projects and activities as well as enhancing the remote working experience of our staff. Key achievements and highlights include:

- Progressing the replacement of our case management system through:
  - Completion of an initial Discovery & Analysis project, to develop a set of documented current and optimised business processes, and a set of platform-agnostic business and technology requirements.
  - Commencing the procurement process to identify and engage a supplier to design and deliver the case management solution
  - Creating opportunities to work with other regulatory partners who are also progressing systems replacement projects to strive for harmonised solutions.

- Researching and selecting a contemporary legal management system to facilitate better legal cost recovery, reporting and legal resource(s) management.
- Commencing implementation of a new telephony system, to improve the user experience of staff working remotely and/or in geographically dispersed teams as well as facilitate better customer experience for complainants.
- Accelerating development of data classification, storage, extraction, and reporting arrangements that deliver real time information and ensure that we use our data as a strategic asset.
- Developing a ‘data mart’ to facilitate self-service reporting and leveraging the use of data for better reporting and create new insights from our data assets.
- Replacing our customer survey technology with a modern, user-friendly application to invite a higher survey response rate and to improve our ability to analyse results.
- Implementing a technology debt remediation project to identify, remediate and/or modernise outdated technology components.
- Focussing on disaster recovery capability and progressing the transition from on-premises to cloud-based IT infrastructure.

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

The Commission regularly assesses the threat to our information technology and our operational technology systems through our cyber security protection and monitoring procedures and processes. The Commission has a 24x7 Security Operation centre that immediately detects and takes steps to resolve any identified security events or incidents. In situations such as global cyber security attacks we have early notifications of potential breaches or attempts to gain access to files or to the system, and we take these matters extremely seriously. In 2021-22 the Commission’s systems were not specifically targeted nor penetrated from any cyber-attacks.

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

In 2021-22 the Commission engaged an independent expert to undertake and complete an end-to-end security review of people, processes and technology, which will guide further work to strengthen our ICT environment in response to the evolving cyber security threats.

# 08 Finance

## Financial summary

The Commission received an initial recurrent grant of \$20.821m for 2021-22 and a further \$65,000 capital funding. This was a 6.7% recurrent funding uplift compared to 2020-21. In quarter 4, a further \$3m was allocated to enable replacement of the Commission's case management system and this is to be expended for that purpose over a two to three year period.

The Commission's financial performance during the financial year ending 30 June 2022 (FY22) saw a \$2,394,000 surplus. This was higher than the budgeted loss of \$368,000 by \$2,762,000 and is predominately due to the \$3m additional grant received in June 2022 from the Ministry of Health as noted above.

### PAYMENT PERFORMANCE INDICATORS

*Accounts Payable invoices processed for each quarter 2021-22*

	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
<b>All suppliers*</b>					
September	781	667	54	–	24
December	456	140	29	26	23
March	751	99	67	9	24
June	1,542	481	58	8	44
<b>Small business suppliers</b>					
September	–	10	–	–	–
December	–	8	–	–	–
March	–	6	–	–	–
June	–	15	–	–	–

<b>Accounts due or paid within each quarter</b>				
<b>All suppliers</b>				
<b>Measure</b>	<b>September</b>	<b>December</b>	<b>March</b>	<b>June</b>
Number of accounts due for payment	358	246	292	361
Number of accounts paid on time	331	208	244	278
Actual percentage of accounts due for payment	92.46%	84.55%	86.56%	77.01%
Dollar amount of accounts due for payment *	1,537,018	638,301	799,960	1,792,772
Dollar amount of accounts paid on time	1,467,106	546,291	702,501	1,427,415
Actual percentage of accounts paid on time (based on \$)	95.45%	85.59%	87.82%	79.62%
Number of payments for interest on overdue accounts	–	–	–	–
Interest paid on overdue accounts	–	–	–	–
<b>Small business suppliers</b>				
<b>Measure</b>	<b>September</b>	<b>December</b>	<b>March</b>	<b>June</b>
Number of accounts due for payment	20	18	32	62
Number of accounts paid on time	1	0	9	7
Actual percentage of accounts due for payment	5.00%	0%	28.13%	11.29%
Dollar amount of accounts due for payment *	60,123	41,419	82,364	309,876
Dollar amount of accounts paid on time	2,398	0	24,972	38,635
Actual percentage of accounts paid on time (based on \$)	3.99%	0%	30.32%	12.47%
Number of payments for interest on overdue accounts	–	–	–	–
Interest paid on overdue accounts	–	–	–	–

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

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

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



## INDEPENDENT AUDITOR'S REPORT

### Health Care Complaints Commission

To Members of the New South Wales Parliament

#### Opinion

I have audited the accompanying financial statements of Health Care Complaints Commission (the Commission), which comprise the Statement by the Accountable Authority, the Statement of Comprehensive Income for the year ended 30 June 2022, the Statement of Financial Position as at 30 June 2022, 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 entities 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.

## 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 Regulation and Treasurer's Directions. The Commissioner's responsibility also includes such internal control as the Commissioner determines is necessary to enable the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Commissioner is responsible for assessing the 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 / is] 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](http://www.auasb.gov.au/auditors_responsibilities/ar3.pdf).

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.



Mary Yuen

Director, Financial Audit

Delegate of the Auditor-General for New South Wales

24 October 2022  
SYDNEY

**Health Care Complaints Commission  
Consolidated Financial Statements  
for the year ended 30 June 2022**

**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 2022 have been prepared in accordance with applicable Australian Accounting Standards (which include Australian Accounting Interpretations), *the Government Sector Finance Act 2018 (GSF Act)*, Government Sector Finance Regulation 2018, and the Financial Reporting Directions published in the Financial Reporting Code for NSW General Government Sector Entities or issued by the Treasurer under section 3.1 of the *GSF Act 2018*.
- (b) The financial statements present fairly the Health Care Complaints Commission's financial position, financial performance and cash flows.
- (c) There are no circumstances that would render any particulars included in the financial statements to be misleading or inaccurate.



Sue Dawson  
Commissioner  
21 October 2022



Health Care Complaints Commission  
Statement of Comprehensive Income  
for the year ended 30 June 2022

	Notes	Consolidated			Parent	
		Budget	Actual	Actual	Actual	Actual
		2022	2022	2021	2022	2021
		\$'000	\$'000	\$'000	\$'000	\$'000
<b>Expenses excluding losses</b>						
Operating expenses						
Employee related	2(a)	17,202	15,374	15,465	-	-
Personnel services	2(a)	-	-	-	15,638	14,940
Other operating expenses	2(b)	3,344	4,662	3,545	4,662	3,545
Depreciation and amortisation	2(c)	1,361	1,246	1,287	1,246	1,287
Finance costs	2(d)	85	85	102	85	102
<b>Total expenses excluding losses</b>		<b>21,992</b>	<b>21,367</b>	<b>20,399</b>	<b>21,631</b>	<b>19,874</b>
<b>Revenue</b>						
Grants and contributions	3(b)	20,684	23,280	19,527	23,280	19,527
Acceptance by the Crown Entity of employee benefits and other liabilities	3(c)	290	(264)	525	-	-
Other income	3(d)	650	828	825	828	825
<b>Total revenue</b>		<b>21,624</b>	<b>23,844</b>	<b>20,877</b>	<b>24,108</b>	<b>20,352</b>
<b>Operating result</b>		<b>(368)</b>	<b>2,477</b>	<b>478</b>	<b>2,477</b>	<b>478</b>
Other gain / (loss)	4	-	(42)	701	(42)	701
Gain/loss from derecognition of lease arrangements with PNSW	4	-	(41)	-	(41)	-
<b>Net result</b>		<b>(368)</b>	<b>2,394</b>	<b>1,179</b>	<b>2,394</b>	<b>1,179</b>
Other comprehensive income		-	-	-	-	-
<b>Total other comprehensive income</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>		<b>(368)</b>	<b>2,394</b>	<b>1,179</b>	<b>2,394</b>	<b>1,179</b>

The accompanying notes form part of these financial statements.

Health Care Complaints Commission  
Statement of Financial Position  
as at 30 June 2022

	Notes	Consolidated			Parent	
		Budget	Actual	Actual	Actual	Actual
		2022	2022	2021	2022	2021
		\$'000	\$'000	\$'000	\$'000	\$'000
<b>ASSETS</b>						
<b>Current assets</b>						
Cash and cash equivalents	6	1,271	5,193	1,970	4,954	1,849
Receivables	7	325	275	206	375	273
<b>Total current assets</b>		<b>1,596</b>	<b>5,468</b>	<b>2,176</b>	<b>5,329</b>	<b>2,122</b>
<b>Non-current assets</b>						
Receivables	7	442	398	375	398	375
Property, plant and equipment						
Land and buildings		1,182	1,094	1,472	1,094	1,472
Plant and equipment		126	31	48	31	48
<b>Total property, plant and equipment</b>	8	<b>1,308</b>	<b>1,125</b>	<b>1,520</b>	<b>1,125</b>	<b>1,520</b>
Right-of-use assets	9	3,597	-	4,528	-	4,528
Intangible assets	10	59	54	61	54	61
<b>Total non-current assets</b>		<b>5,406</b>	<b>1,577</b>	<b>6,484</b>	<b>1,577</b>	<b>6,484</b>
<b>Total assets</b>		<b>7,002</b>	<b>7,045</b>	<b>8,660</b>	<b>6,906</b>	<b>8,606</b>
<b>LIABILITIES</b>						
<b>Current liabilities</b>						
Payables	11	577	1,295	918	1,305	927
Borrowings	12	855	-	902	-	902
Provisions	13	1,633	1,836	1,593	1,687	1,530
<b>Total current liabilities</b>		<b>3,065</b>	<b>3,131</b>	<b>3,413</b>	<b>2,992</b>	<b>3,359</b>
<b>Non-current liabilities</b>						
Borrowings	12	2,868	-	3,735	-	3,735
Provisions	13	420	425	417	425	417
<b>Total non-current liabilities</b>		<b>3,288</b>	<b>425</b>	<b>4,152</b>	<b>425</b>	<b>4,152</b>
<b>Total liabilities</b>		<b>6,353</b>	<b>3,556</b>	<b>7,565</b>	<b>3,417</b>	<b>7,511</b>
<b>Net assets/(liabilities)</b>		<b>649</b>	<b>3,489</b>	<b>1,095</b>	<b>3,489</b>	<b>1,095</b>
<b>EQUITY</b>						
Accumulated funds/(deficit)		649	3,489	1,095	3,489	1,095
<b>Total equity</b>		<b>649</b>	<b>3,489</b>	<b>1,095</b>	<b>3,489</b>	<b>1,095</b>

The accompanying notes form part of these financial statements.

Health Care Complaints Commission  
Statement of Changes in Equity  
for the year ended 30 June 2022

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

The accompanying notes form part of these financial statements.

Health Care Complaints Commission  
Statement of Cash Flows  
for the year ended 30 June 2022

	Notes	Consolidated			Parent	
		Budget	Actual	Actual	Actual	Actual
		2022	2022	2021	2022	2021
		\$'000	\$'000	\$'000	\$'000	\$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>						
<b>Payments</b>						
Employee related		(16,912)	(15,356)	(14,936)	-	-
Personnel services		-	-	-	(15,513)	(14,936)
Other expenses		(3,344)	(4,871)	(3,688)	(4,873)	(3,687)
Finance costs		(85)	(85)	(102)	(85)	(102)
<b>Total payments</b>		<b>(20,341)</b>	<b>(20,312)</b>	<b>(18,726)</b>	<b>(20,471)</b>	<b>(18,725)</b>
<b>Receipts</b>						
Grants and contributions		20,684	23,280	19,527	23,280	19,527
Other		650	1,249	1,411	1,290	1,425
<b>Total receipts</b>		<b>21,334</b>	<b>24,529</b>	<b>20,938</b>	<b>24,570</b>	<b>20,952</b>
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>	19	<b>993</b>	<b>4,217</b>	<b>2,212</b>	<b>4,099</b>	<b>2,227</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>						
Purchases of property, plant and equipment		(108)	(35)	(22)	(35)	(22)
Purchases of intangible assets		-	(25)	-	(25)	-
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>		<b>(108)</b>	<b>(60)</b>	<b>(22)</b>	<b>(60)</b>	<b>(22)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>						
Payment of principal portion of lease liabilities		(952)	(934)	(906)	(934)	(906)
<b>NET CASH FLOWS FROM FINANCING ACTIVITIES</b>		<b>(952)</b>	<b>(934)</b>	<b>(906)</b>	<b>(934)</b>	<b>(906)</b>
<b>NET INCREASE IN CASH AND CASH EQUIVALENTS</b>		<b>(67)</b>	<b>3,223</b>	<b>1,284</b>	<b>3,105</b>	<b>1,299</b>
Opening cash and cash equivalents		1,338	1,970	686	1,849	550
Cash transferred in / (out) as a result of administrative restructuring		-	-	-	-	-
<b>CLOSING CASH AND CASH EQUIVALENTS</b>	6	<b>1,271</b>	<b>5,193</b>	<b>1,970</b>	<b>4,954</b>	<b>1,849</b>

The accompanying notes form part of these financial statements.

**Health Care Complaints Commission**  
**Notes to and forming part of the financial statements**  
**for the year ended 30 June 2022**

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**1. Summary of significant accounting policies**

**(a) Reporting entity**

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

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

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

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

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

These consolidated financial statements for the year ended 30 June 2022 have been authorised for issue by the Commissioner on 21 October 2022

**(b) Basis of preparation**

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

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

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

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

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

**(c) Statement of compliance**

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

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

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

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

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

**(e) Comparative information**

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

**Health Care Complaints Commission**  
**Notes to and forming part of the financial statements**  
**for the year ended 30 June 2022**

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

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

**(i) Effective for the first time in Financial Year (FY) 2021-2022**

The accounting policies applied in FY 2021-2022 are consistent with those of the previous financial year except the below policy change in relation to the application of AASB16 Leases (AASB16) on 30 June 2022.

The HCCC has determined that it is not probable a liability arises to pay superannuation on annual leave loading. This position has been formed based on current inquiries, other information currently available to management, and after considering the facts from a decision in the Federal Court of Australia: Finance Sector Union of Australia v Commonwealth Bank of Australia [2022] FedCFamC2G 409. That decision confirmed that, in relation to the industrial agreement considered in that case, annual leave loading did not form part of ordinary time earnings and therefore, did not require superannuation contributions to be made under superannuation guarantee legislation because the obligation to pay annual leave loading was not referable to ordinary hours of work or to ordinary rates of pay. Rather, it was paid by reference to the period of annual leave, and for the purpose of compensating employees for their loss of opportunity to work additional hours at higher rates during this period.

This position will be re-assessed in future reporting periods as new information comes to light on this matter.

In addition, several other amendments and interpretations apply for the first time in FY 2021-22. They do not have significant impact on the financial statement of HCCC.

- AASB 2020-5 Amendments to Australian Accounting Standards – Insurance Contracts
- AASB 2020-7 Amendments to Australian Accounting Standards – Covid-19-Related Rent Concessions: Tier 2 Disclosures
- AASB 2020-8 Amendments to Australian Accounting Standards – Interest Rate Benchmark Reform – Phase 2
- AASB 2020-9 Amendments to Australian Accounting Standards – Tier 2 Disclosures: Interest Rate Benchmark Reform (Phase 2) and Other Amendments
- AASB 2021-1 Amendments to Australian Accounting Standards – Transition to Tier 2: Simplified Disclosures for Not-for-Profit Entities
- AASB 2021-3 Amendments to Australian Accounting Standards – Covid-19-Related Rent Concessions beyond 30 June 2021
- AASB 1060 General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities

**(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 FY 2021-2022**

The Covid-19 pandemic impacted the operations of the HCCC in the later stages of FY 2019-2020 and these impacts continued throughout the FY 2020-2021 and FY 2021-2022 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 FY 2021-2022. 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.

**(h) The impact of climate-risks for FY 2021-2022**

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

Health Care Complaints Commission  
Notes to and forming part of the financial statements  
for the year ended 30 June 2022

2. Expenses Excluding Losses

(a) Employee related expenses

	Consolidated		Parent	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Salaries and wages (including annual leave)	13,403	12,430	-	-
Redundancy	59	334	-	-
Superannuation - defined benefits plans	38	55	-	-
Superannuation - defined contributions plans	1,097	1,003	-	-
Long service leave	(359)	495	-	-
Workers' compensation insurance	454	529	-	-
Payroll tax and fringe benefits tax	682	619	-	-
Personnel services	-	-	15,638	14,940
	<b>15,374</b>	<b>15,465</b>	<b>15,638</b>	<b>14,940</b>

Refer to Note 13 for further details on recognition and measurement of employee related expenses.

(b) Other operating expenses include the following:

	Consolidated		Parent	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Auditors remuneration - audit of the financial statements	36	35	36	35
Contractors	280	141	280	141
Consultants	381	146	381	146
Govconnect Support	414	468	414	468
Office Equipment	3	10	3	10
Postage and telephone	31	127	31	127
Printing	46	52	46	52
Variable lease payments, not included in lease liabilities	119	148	119	148
Training	185	56	185	56
Travel Costs	21	19	21	19
Witness Fees	47	56	47	56
Legal - external fees	824	798	824	798
Legal - adverse costs	544	326	544	326
Fees for services rendered	316	162	316	162
Peer review reports	172	210	172	210
ICT Expenses	912	512	912	512
Other operating expenses	331	279	331	279
<b>Total other operating expenses</b>	<b>4,662</b>	<b>3,545</b>	<b>4,662</b>	<b>3,545</b>

Health Care Complaints Commission  
Notes to and forming part of the financial statements  
for the year ended 30 June 2022

2. Expenses Excluding Losses (Cont'd)

(b) Other operating expenses (cont'd)

Recognition and measurement

Maintenance expense

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

Insurance

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

Lease expense

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

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

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

(c) Depreciation and amortisation expense

	Consolidated		Parent	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Depreciation				
Land and buildings*	392	392	392	392
Plant and equipment	6	6	6	6
Computer equipment	32	41	32	41
Buildings - Right-of-Use	784	815	784	815
<b>Total depreciation</b>	<b>1,214</b>	<b>1,254</b>	<b>1,214</b>	<b>1,254</b>
Amortisation				
Software	32	33	32	33
<b>Total depreciation and amortisation</b>	<b>1,246</b>	<b>1,287</b>	<b>1,246</b>	<b>1,287</b>

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

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

(d) Finance costs

	Consolidated		Parent	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Interest expense from lease liabilities	85	100	85	100
Unwinding of discount and effect of changes in discount rate on provisions	-	2	-	2
	<b>85</b>	<b>102</b>	<b>85</b>	<b>102</b>

Recognition and measurement

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



**Health Care Complaints Commission**  
**Notes to and forming part of the financial statements**  
**for the year ended 30 June 2022**

**3. Revenue**

**Summary of compliance**

The Appropriation Act 2021 (Appropriations Act) appropriates the sum of \$15.786 billions to the Minister for Health out of the Consolidated Fund for the services of the Ministry of Health for the year 2021–22. The spending authority of the Minister from the Appropriations Act has been delegated or subdelegated to officers of the Ministry of Health and entities that it is administratively responsible for, including the HCCC.

The responsible Minister for each GSF agency is taken to have been given an appropriation out of the Consolidated Fund under the authority s4.7 of the Government Sector Finance Act, at the time the GSF agency receives or recovers any deemed appropriation money, for an amount equivalent to the money that is received or recovered by the GSF agency. The spending authority of the responsible Minister(s) from deemed appropriation money has been delegated or sub-delegated to officers of the HCCC for its own services.

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

The delegations and sub-delegations for FY21/22 and FY20/21, authorising officers of the HCCC to spend Consolidated Fund money, impose limits to the amounts of individual transactions, but not the overall expenditure of the HCCC. However, as it relates to expenditure in reliance on a sum appropriated through an annual Appropriations Act, the delegation/sub-delegations are referable to the overall authority to spend set out in the relevant Appropriations Act. The individual transaction limits have been properly observed. The information in relation to the limit from the Appropriations Act is disclosed in the summary of compliance table included in the financial statements of the Annual Report of NSW Health.

**Recognition and measurement**

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

**(a) Appropriations and transfers to the Crown Entity**

**Movement of Section 4.7 GSF Act - deemed appropriations**

	Consolidated		Parent	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Opening balance	1,970	686	1,849	550
Add: additions of deemed appropriations	24,529	20,938	24,570	20,952
Less: expenditure charged against deemed appropriations	(21,306)	(19,654)	(21,465)	(19,653)
Closing balance	<b>5,193</b>	<b>1,970</b>	<b>4,954</b>	<b>1,849</b>

**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	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Recurrent - (NSW Ministry of Health)	20,172	19,505	20,172	19,505
Capital - (NSW Ministry of Health)	3,108	22	3,108	22
	<b>23,280</b>	<b>19,527</b>	<b>23,280</b>	<b>19,527</b>

**Recognition and measurement**

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

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

Health Care Complaints Commission  
Notes to and forming part of the financial statements  
for the year ended 30 June 2022

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	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Long service leave	(304)	467	-	-
Superannuation - defined benefit plans	38	55	-	-
Payroll tax	2	3	-	-
	<b>(264)</b>	<b>525</b>	<b>-</b>	<b>-</b>

(d) Other Income

	Consolidated		Parent	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Legal cost recoveries	828	825	828	825
<b>Total other income</b>	<b>828</b>	<b>825</b>	<b>828</b>	<b>825</b>

Recognition and measurement

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

4. Other Gains / (Losses)

	Consolidated		Parent	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Impairment review - Right-of-use assets	-	777	-	777
Derecognition of right-of-use assets and lease liabilities with Property NSW*	(41)		(41)	
Expected credit loss	(42)	(76)	(42)	(76)
	<b>(83)</b>	<b>701</b>	<b>(83)</b>	<b>701</b>

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

The net loss from the derecognition of right-of-use asset and lease liability as at 30 June 2022 is calculated as below:

	Consolidated and Parents	
	2022 \$'000	
<b>Right-of-use asset</b>		
Gross carrying value		6,424
Less: accumulated depreciation and accumulated impairment provision		(2,537)
Net book value		<b>3,887</b>
<b>Amortised balance of incentives received</b>		
Lease liability		(3,846)
<b>Net Gains/(Losses)</b>		<b>(41)</b>

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**4. Other Gains / (Losses) (Cont'd)**

**Recognition and Measurement**

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

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

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

**Complaints handling**

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

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

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

Consolidated		Parent	
2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Cash at bank and on hand	5,193	1,970	4,954
			1,849

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)	5,193	1,970	4,954	1,849
Closing cash and cash equivalents (per statement of cash flows)	5,193	1,970	4,954	1,849

Refer Note 20 for details regarding credit risk and market risk arising from financial instruments.

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

	Consolidated		Parent	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
<b>Current assets</b>				
Legal cost recoveries	221	262	85	167
Less allowance for expected credit losses	(256)	(214)	(256)	(214)
	(35)	48	(171)	(47)
GST receivables	90	33	90	33
Other	94	24	94	24
Interagency receivable	-	-	236	162
Prepayment	126	101	126	101
	275	206	375	273
<b>Non-current assets</b>				
Legal cost recoveries	398	375	398	375
<b>Total current/non-current assets - receivables</b>	<b>673</b>	<b>581</b>	<b>773</b>	<b>648</b>

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

	Consolidated		Parent	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
<b>Movement in the allowance for expected credit losses</b>				
Balance at the beginning of the year	(214)	(138)	(214)	(138)
Expected credit loss	(42)	(76)	(42)	(76)
(Increase)/decrease in allowance recognised in net results	(42)	(76)	(42)	(76)
Balance at the end of the year	(256)	(214)	(256)	(214)

**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				
	Leasehold Improvements *	Computer equipment	Plant and equipment	Work in progress	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>At 1 July 2020 - fair value</b>					
Gross carrying amount	3,457	648	176	-	4,281
Accumulated depreciation and impairment	(1,615)	(568)	(161)	-	(2,344)
<b>Net carrying amount</b>	<b>1,842</b>	<b>80</b>	<b>15</b>	<b>-</b>	<b>1,937</b>
<b>Year ended 30 June 2021</b>					
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	(392)	(41)	(6)	-	(439)
<b>Net carrying amount at end of year</b>	<b>1,472</b>	<b>39</b>	<b>9</b>	<b>-</b>	<b>1,520</b>
<b>At 1 July 2021 - fair value</b>					
Gross carrying amount	3,479	648	176	-	4,303
Accumulated depreciation and impairment	(2,007)	(609)	(167)	-	(2,783)
<b>Net carrying amount</b>	<b>1,472</b>	<b>39</b>	<b>9</b>	<b>-</b>	<b>1,520</b>
<b>Year ended 30 June 2022</b>					
Net carrying amount at start of year	1,472	39	9	-	1,520
Purchases of assets - leasehold improvements	14	-	21	-	35
Disposals	-	-	-	-	-
Transfers to/(from) other asset classes	-	-	-	-	-
Depreciation expense - leasehold improvements	(392)	(32)	(6)	-	(430)
<b>Net carrying amount at end of year</b>	<b>1,094</b>	<b>7</b>	<b>24</b>	<b>-</b>	<b>1,125</b>
<b>At 30 June 2022 - fair value</b>					
Gross carrying amount	3,493	648	197	-	4,338
Accumulated depreciation and impairment	(2,399)	(641)	(173)	-	(3,213)
<b>Net carrying amount</b>	<b>1,094</b>	<b>7</b>	<b>24</b>	<b>-</b>	<b>1,125</b>

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

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

Recognition and Measurement

(i) Acquisition cost

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

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

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

(ii) Capitalisation thresholds

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

(iii) Restoration cost

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

(iv) Maintenance

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

(v) Depreciation of property, plant and equipment

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

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

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

Asset category	Gross value measurement	Depreciation method	Depreciable life in years FY 2021-2022	Depreciable life in years FY 2020-2021
Leasehold improvement*	Purchase price	Straight line	Period of lease	Period of lease
Computer equipment	Purchase price	Straight line	4	4
Plant and equipment	Purchase price	Straight line	5	5

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

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

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.

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

(vii) Service concession assets

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

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

**(viii) Revaluation of property, plant and equipment**

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

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

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

**(ix) Impairment of property, plant and equipment**

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

**9. Leases**

In FY 2020-2021, the entity leased one property through Property NSW (PNSW). 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 the property lease. 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.

During the financial year ended 30 June 2022, the HCCC changed its office accommodation arrangements with PNSW. The main change in the arrangements is the introduction of the "substitution right" clause for PNSW to relocate HCCC during the term of the agreement. The clause provides PNSW with a substantive substitution right. Therefore, the lease agreement is no longer accounted for as a lease within the scope of AASB 16.

The corresponding right-of-use assets and lease liabilities have been derecognised on 30 June 2022, the effective date of the new clause. The net impact of the derecognition is recognised in "Other Gains/(Losses)" (refer to Note 4). From 1 July 2022, the accommodation charges from PNSW will be recognised as expenses when incurred over the agreement duration.

The entity continues to carry the responsibility to make good, and to control the fit-out during the remaining occupancy period as the entity receives the economic benefits via using the fit-out or expected compensation from PNSW upon relocation. The incentives received prior to the 30 June 2022 apply to the remaining occupancy period. Therefore, the entity's accounting treatment for make-good provision and fit-out costs in relation to the relevant accommodation remains unchanged. A liability in relation to the amortised balance of incentives received has been recognised as a liability as at 30 June 2022 and will be amortised during the remaining occupancy period.

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9. Leases (cont'd)

	Consolidated and Parent	
	Land and Buildings	
	\$'000	
Balance at 1 July 2021	4,528	
Additions	143	
Depreciation expense	(784)	
Other movements (Impairment review)	-	
Derecognition of right-of-use-asset	(3,887)	
<b>Balance at 30 June 2022</b>	<b>-</b>	
Balance at 1 July 2020	4,566	
Additions	-	
Depreciation expense	(815)	
Other movements (Impairment review)	777	
<b>Balance at 30 June 2021</b>	<b>4,528</b>	

**Lease liabilities**

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

	Consolidated and Parent	
	2022 \$'000	2021 \$'000
Balance at 1 July		
Additions	4,637	5,543
Interest expenses	143	-
Payments	85	100
Derecognition of lease liabilities	(1,019)	(1,006)
<b>Balance at 30 June 2022</b>	<b>(3,846)</b>	<b>-</b>
	<b>-</b>	<b>4,637</b>

The following amounts were recognised in the statement of comprehensive income for the year ended 30 June 2022 in respective leases where the entity is the lessee:

	Consolidated and Parent	
	2022 \$'000	2021 \$'000
Depreciation expense of right-of-use assets	784	815
Other movements (Impairment Loss)	-	(777)
Interest expense on lease liabilities	85	100
Variable lease payments, not included in the measurement of lease liabilities	119	148
Gains or losses arising from derecognising the right-of-use assets and lease liabilities with Property NSW	41	-
<b>Total amount recognised in the statement of comprehensive income</b>	<b>1,029</b>	<b>286</b>

The HCCC had total cash outflows for leases of \$1,020K in FY 2021-2022 (\$1,006K for FY 2020-2021)

**Recognition and measurement**

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

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



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9. Leases (cont'd)

i. Right-of-use assets

The entity recognises right-of-use assets (ROUA) at the commencement date of the lease (i.e. the date the underlying asset is available for use). ROUA 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.

In December 2021 HCCC opted into the revised arrangements with NSW with an effective date of 30 June 2022. As a result the ROUA has been de-recognised as of 30 June 2022.

The useful life of the HCCC's right-of-use assets is as follows:

Asset category	Depreciation method	Depreciable life in years FY 2021-2022	Depreciable life in years FY 2020-2021
Land and Buildings - Right-of-use	Straight line	-	-

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.

In December 2021 HCCC opted into the revised arrangements with NSW with an effective date of 30 June. As a result the ROUA will be de-recognised as of 30 June 2022.

**Right-of-Use Asset Impairment:**

The entity undertook an impairment assessment in FY 2020 & FY 2021. The entity recognised an impairment loss of \$908,000 in FY 2020 following the Covid-19 Outbreak and an impairment reversal of \$776,506 in FY 2021.

AASB 136 requires an entity to assess at each reporting date whether there is any indication of impairment. If any indication exists, the entity must estimate the recoverable amount. Where the recoverable amount is less than the carrying value, the entity must write down the assets or cash generating unit to recoverable amount. Recoverable amount is defined as the higher of fair value less costs of disposal and value in use.

The calculation of impairment is based on market indication factors and prepared by NSW. NSW normally conducts Impairment reviews towards the end of each year to determine the impairment loss or the impairment reversal based on market factors. Given the de-recognition of ROUA and lease Liability as of 30 June 2022, there will be no ROUA impairment calculated as at 30 June 2022.

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10. Intangible Assets - Computer Software

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

	Consolidated and Parent
	Software \$'000
<b>At 1 July 2020</b>	
Cost (gross carrying amount)	1,236
Accumulated amortisation and impairment	(1,142)
<b>Net carrying amount</b>	<b>94</b>
<b>Year ended 30 June 2021</b>	
Net carrying amount at start of year	94
Additions	-
amortisation (recognised in 'depreciation and amortisation')	(33)
<b>Net carrying amount at end of year</b>	<b>61</b>
<b>At 1 July 2021</b>	
Cost (gross carrying amount)*	1,236
Accumulated amortisation and impairment	(1,175)
<b>Net carrying amount</b>	<b>61</b>
<b>Year ended 30 June 2022</b>	
Net carrying amount at start of year	61
Additions	25
amortisation (recognised in 'depreciation and amortisation')	(32)
<b>Net carrying amount at end of year</b>	<b>54</b>
<b>At 30 June 2022</b>	
Cost (gross carrying amount)	1,261
Accumulated amortisation and impairment	(1,207)
<b>Net carrying amount</b>	<b>54</b>

**Recognition and measurement**

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

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

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

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

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

<u>Asset category</u>	<u>Gross value measurement</u>	<u>Amortisation method</u>	<u>Amortisation life in years FY 2021-2022</u>	<u>Amortisation life in years FY 2020-2021</u>
Software	Purchase price	Straight line	4	4

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11. Current Liabilities - Payables

	Consolidated		Parent	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
<b>Payables</b>				
Accrued salaries, wages and on costs	218	172	-	-
Payable for personnel services	-	-	231	182
Creditors	63	85	60	84
Accrued expenses	1,014	661	1,014	661
	<b>1,295</b>	<b>918</b>	<b>1,305</b>	<b>927</b>

**Recognition and measurement**

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

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 20.

12. Current/Non-Current Liabilities - Borrowings

	Consolidated		Parent	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Lease liability - current (see Note 9)	-	902	-	902
Lease liability - non-current (see Note 9)	-	3,735	-	3,735
	<b>-</b>	<b>4,637</b>	<b>-</b>	<b>4,637</b>

Changes in liabilities arising from financing activities

Consolidated and Parent

	Leases \$'000
<b>1 July 2020</b>	<b>5,543</b>
Cash flows	(906)
New leases	-
Derecognition of leases	-
New service concession arrangements	-
Foreign exchange adjustments	-
Other*	-
<b>30 June 2021</b>	<b>4,637</b>
<b>1 July 2021</b>	<b>4,637</b>
Cash flows	(934)
New leases	-
Derecognition of leases	(3,846)
New service concession arrangements	-
Foreign exchange adjustments	-
Other*	143
<b>30 June 2022</b>	<b>-</b>

\* Other - PNSW ROUA remeasurement in FY 2022 arising from rent review.

**Recognition and measurement**

Lease liabilities are determined in accordance with AASB 16 and disclosed as borrowings.

Refer Note 9 for further details on lease liabilities derecognised as a result of changes in the office accommodation arrangements with PNSW.

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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, refer Note 9 for further details on lease liabilities derecognised as a result of changes in the office accommodation arrangements with PNSW.

13. Current/Non-Current Liabilities - Provisions

Employee benefits and related on-costs - current

	Consolidated		Parent	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Annual leave	1,369	1,153	-	-
Payroll tax	306	224	-	-
Fringe benefits tax	(3)	2	-	-
Long service leave	164	214	-	-
Provision for personnel services	-	-	1,687	1,530
<b>Total current employee provisions</b>	<b>1,836</b>	<b>1,593</b>	<b>1,687</b>	<b>1,530</b>

Other provisions - non-current

Lease make good provision	400	385	400	385
Long service leave	25	32	-	-
Provision for personnel services	-	-	25	32
<b>Total other non-current provisions</b>	<b>425</b>	<b>417</b>	<b>425</b>	<b>417</b>

Aggregate employee benefits and related on costs

Provisions - current	1,836	1,593	-	-
Provisions - non-current	25	32	-	-
Provision for personnel services - current	-	-	1,687	1,530
Provision for personnel services - non-current	-	-	25	32
Accrued salaries, wages and on-costs (Note 11)	218	172	-	-
Payable for personnel services	-	-	231	182
	<b>2,079</b>	<b>1,797</b>	<b>1,943</b>	<b>1,744</b>

Movements in provisions (other than employee benefits)

Carrying amount at 1 July 2021

	Consolidated	Parent
	Other Non-Current \$'000	Other Non-Current \$'000
Carrying amount at 1 July 2021	385	385
Additional provisions recognised	-	-
Amounts used	-	-
Unused amounts reversed	-	-
Unwinding / change in the discount rate	15	15
<b>Carrying amount at 30 June 2022</b>	<b>400</b>	<b>400</b>

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

(c) Consequential on-costs

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

14. Equity

(i) Accumulated funds

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

15. Commitments

(a) Capital Expenditure Commitments

There is no capital expenditure commitment for the refurbishment of its premises at Level 12 and 13, Castlereagh Street, Sydney as at 30 June 2022.

16. Contingent Assets

There are legal costs awarded in favour of the HCCC arising from prosecution of serious cases of complaints of health care providers where the respondents have been found to be guilty of unsatisfactory professional conduct and/or professional misconduct. The amounts are subject to negotiation and determination and total \$1,364,093 (FY 2020-2021: \$867,748).

17. Contingent Liabilities

The HCCC has no contingent liabilities, representing potential legal expenses for which the Crown Solicitor is acting on behalf of the HCCC as at 30 June 2022 (FY 2020-2021: \$102,800).

**Health Care Complaints Commission**  
**Notes to and forming part of the financial statements**  
**for the year ended 30 June 2022**

**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:

At 30 June 2022, the Net Cost of Services (NCOS) result is \$485,000 favourable to budget. The favourable variance was attributed to a change to the net present value calculation of long service leave of \$512,000 (driven by changes in the 5-year bond rate).

**Net result**

The actual net result of \$2,394,000 surplus was higher than the budgeted loss of \$368,000 by \$2,762,000, this is predominately due to the \$3,000,000 capital grant received for the replacement of the case management system.

**(a) Expenses**

The Commission's total expenditure was lower than budget by \$625,000. Employee expenses were lower than budget mainly due to the LSL adjustment provided by Treasury and lower employee numbers than budgeted throughout the year. Employee related expenditure was below the labour expense cap.

**(b) Revenue**

The Commission's total revenue was higher than budget by \$2,220,000. This was driven by an additional \$3,000,000 received by the Ministry of Health for the replacement of the case management system.

**Assets and liabilities**

The variance to budget in the balance sheet related to the derecognition of the right-of-use assets.

**Cash Flows**

The Commission's closing cash balance was higher than budget primarily due to the capital grant payment of \$3,000,000 for the replacement of the case management system.

**19. Reconciliation Of Cash Flows From Operating Activities To Net Result**

	Consolidated		Parent	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Net cash used on operating activities	4,217	2,212	4,099	2,227
Depreciation and amortisation	(1,246)	(1,287)	(1,246)	(1,287)
Allowance for impairment - ROU assets	-	777	-	777
Credit Loss Allowance	(42)	(76)	(42)	(76)
Gain/loss from derecognition of lease arrangements with PNSW	(41)	-	(41)	-
Decrease/(increase) in provisions	(282)	(4)	(199)	(5)
Increase/(decrease) in receivables and other assets	134	(110)	167	(123)
Decrease/(increase) in creditors	(346)	(333)	(344)	(334)
<b>Net result</b>	<b>2,394</b>	<b>1,179</b>	<b>2,394</b>	<b>1,179</b>

The HCCC had no investing and financing transactions which did not result in cash flows.

**Health Care Complaints Commission**  
**Notes to and forming part of the financial statements**  
**for the year ended 30 June 2022**

**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 2022

Consolidated		Parent	
2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000

Note	Category	Carrying Amount		Carrying Amount	
<b>Financial assets</b>					
<b>Class:</b>					
Cash and cash equivalents	6	Amortised cost	5,193	1,970	4,954
Receivables <sup>1</sup>	7	Amortised cost	363	423	227
<b>Financial liabilities</b>					
<b>Class:</b>					
Payables <sup>2</sup>	11	at amortised cost	1,295	918	1,305
Borrowings	12	amortised cost	-	4,637	-

**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.

**Health Care Complaints Commission**  
**Notes to and forming part of the financial statements**  
**for the year ended 30 June 2022**

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**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 specifies if, and to what extent, it has retained the risks and rewards of ownership. Where the HCCC has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset continues to be recognised to the extent of the HCCC's continuing involvement in the asset. In that case, the HCCC also recognises an associated liability. The transferred asset and the associated liability are measured on a basis that reflects the rights and obligations that the entity has retained.

Continuing involvement that takes the form of a guarantee over the transferred asset is measured at the lower of the original carrying amount of the asset and the maximum amount of consideration that the entity could be required to repay.

A financial liability is derecognised when the obligation specified in the contract is discharged or cancelled or expires. When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as the derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised in the net result.

**(c) Offsetting financial instruments**

Financial assets and financial liabilities are offset and the net amount is reported in the Statement of Financial Position if there is a currently enforceable legal right to offset the recognised amounts and there is an intention to settle on a net basis, or to realise the assets and settle the liabilities simultaneously.

**(d) Financial risks**

**i. Credit risk**

Credit risk arises when there is the possibility of the HCCC's debtors defaulting on their contractual obligations, resulting in a financial loss to the HCCC. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from the financial assets of the HCCC, including cash and receivables. No collateral is held by the HCCC.

The HCCC has not granted any financial guarantees.

**Cash and cash equivalent**

Cash comprises cash on hand and bank balances within the NSW Treasury Banking System.

**Receivables - trade receivables**

All trade debtors are recognised as amounts receivable at balance date. Collectability of trade debtors is reviewed on an ongoing basis. 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.



Health Care Complaints Commission  
Notes to and forming part of the financial statements  
for the year ended 30 June 2022

20. Financial Instruments (Cont'd)

	Consolidated			Parent		
	Expected Credit Loss Rate %	Estimated Gross Carrying Amount \$'000	Expected Credit Loss \$'000	Expected Credit Loss Rate %	Estimated Gross Carrying Amount \$'000	Expected Credit Loss \$'000
<b>2022</b>						
Current	-	31	-	-	31	-
< 3 months	-	17	-	-	-	-
3 – 6 months	-	21	-	-	16	-
> 6 months	46.5	550	256	58.7	436	256
<b>Total</b>	<b>41.4</b>	<b>619</b>	<b>256</b>	<b>53.0</b>	<b>483</b>	<b>256</b>
<b>2021</b>						
Current	-	35	-	-	23	-
< 3 months	-	28	-	-	28	-
3 – 6 months	-	6	-	-	5	-
> 6 months	37.7	568	214	44.0	486	214
<b>Total</b>	<b>33.6</b>	<b>637</b>	<b>214</b>	<b>39.5</b>	<b>542</b>	<b>214</b>

**Notes**

- Each column in the table reports 'gross receivables'.
- The aging analysis excludes statutory receivables, as these are not within the scope of AASB7 (if applicable). Therefore, the 'total' may not reconcile to the receivables total recognised in the statement of financial position.

ii. **Liquidity risk**

Liquidity risk is the risk that the HCCC will be unable to meet its payment obligations when they fall due. The HCCC continuously manages risk through monitoring future cash flows to ensure adequate holding of liquid assets. During the current and prior years, there were no defaults on any loans payable. No assets have been pledged as collateral. The HCCC's exposure to liquidity risk is deemed insignificant based on prior periods' data and other current assessments of risk.

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set out in TC11/12. For small business suppliers, where terms are not specified, payment is made not later than 5 days from date of receipt of a correctly rendered invoice. For other suppliers, if trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received. For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically, unless an existing contract specifies otherwise.

Health Care Complaints Commission  
Notes to and forming part of the financial statements  
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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
<b>2022</b>					
<b>Payables</b>					
Accrued salaries, wages and on costs	218	-	218	-	-
Creditors	1,077	-	1,077	-	-
<b>Borrowings</b>					
Lease liabilities	-	-	-	-	-
	<b>1,295</b>	-	<b>1,295</b>	-	-
<b>2021</b>					
<b>Payables</b>					
Accrued salaries, wages and on costs	172	-	172	-	-
Creditors	746	-	746	-	-
<b>Borrowings</b>					
Lease liabilities	4,637	-	981	3,656	-
	<b>5,555</b>	-	<b>1,899</b>	<b>3,656</b>	-

Notes:

- The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities based on the earliest which the HCCC can be required to pay.
- Excludes statutory payables and unearned revenue (i.e. not within scope of AASB7 Financial Instruments: Disclosures).

iii. **Market risk**

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. The HCCC has no exposure to market risk as it does not have borrowings (except lease liabilities) or investments. The HCCC has no exposure to foreign currency risk and does not enter into commodity contracts.

iv. **Interest rate risk**

Exposure to interest rate risk arises primarily through the HCCC's interest bearing liabilities. The HCCC does not have any interest bearing 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**  
**for the year ended 30 June 2022**

**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 2022 are as follows:

Short term employee benefits:

	2022	2021
	\$'000	\$'000
Salaries	1,624	1,560
Other monetary allowances	-	4
Non-monetary benefits	11	15
Other long-term employee benefits	59	117
Post-employment benefits	-	-
Termination benefits	-	-
<b>Total remuneration</b>	<b>1,694</b>	<b>1,696</b>

During the year, the Health Care Complaints Commission did not enter into any other transactions with Key Management Personnel, their close family members and controlled or jointly controlled entities thereof.

In addition, the Health Care Complaints Commission entered into transactions on arm's length terms and conditions with other entities controlled by NSW Government. These transactions include:

- Payments into the iCare TMF Scheme
- Long Service Leave and Defined Benefit Superannuation assumed by the Crown
- Payments for Payroll Tax
- Allocations from NSW Ministry of Health
- Payment for the audit of our financial statements
- Grants and contributions related to funding specific programs and projects
- Government Property NSW lease payments

**22. Events After The Reporting Period**

There were no after reporting period events.

**End of audited financial statements.**

# Appendices

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## A Complaints statistics

**TABLE A.1** | Complaints received by health service provider type and service area 2021-22

Service area	Registered Health Practitioner	Non-registered Health Practitioner	Health Organisation	Total
General practice	1,726	7	594	2,327
General medicine	363	7	598	968
Emergency medicine	109		574	683
Mental health	159	28	377	564
Pharmacy/Pharmacology	396		133	529
Dentistry	372	2	88	462
Surgery	258		178	436
Other	389	7	17	413
Immunology	135	1	221	357
Psychology	313	5	27	345
Psychiatry	146		59	205
Pathology	8	3	188	199
Aged Care	96	9	92	197
Ambulance Service	109	1	67	177
Administration/Non-health related	68	2	70	140
Radiology	48	8	71	127
Obstetrics	59		62	121
Cosmetic Services	77	7	26	110
Early childhood/Paediatric Medicine	47	2	44	93
Geriatrics/Gerontology	32	2	46	80
Midwifery	32		47	79
Vaccination	3		71	74
Cardiology	40	1	32	73
Gynaecology	44		24	68
Physiotherapy	53		10	63
Dermatology	49	1	10	60
Chiropractice	55		3	58
Counselling	5	50	2	57
Pain Management	30		24	54
Rehabilitation medicine	16	1	36	53
Anaesthesia	41		8	49
Drug and alcohol	14	1	33	48
Ophthalmology	32	1	15	48
Infectious diseases	11		36	47
Unknown	31	11	4	46
Medico-Legal	41	1	1	43
Oncology	15		25	40
Gastroenterology	17		21	38
Neurology	21	1	16	38
Intensive care	7		30	37

TABLE A.1 | Continued

	Registered Health Practitioner	Non-registered Health Practitioner	Health Organisation	Total
Occupational therapy	30	5	2	37
Optometry	23	1	13	37
Services			37	37
Palliative care	8		26	34
Massage therapy	1	19	12	32
Podiatry	26	1	3	30
Community Care	5	6	17	28
Reproductive medicine	11		10	21
Developmental disability	8	2	9	19
Respiratory/Thoracic medicine	7		12	19
Traditional Chinese medicine	17			17
Alternative health	3	6	7	16
Personal care	5	4	7	16
Osteopathy	13		2	15
Endocrinology	7		7	14
Occupational health	12	1	1	14
Nephrology	6		7	13
Renal medicine	2		9	11
Sleep medicine	5		6	11
Haematology	9		1	10
Rheumatology	5		4	9
Nuclear medicine	3		5	8
Psychotherapy		6	1	7
Acupuncture	6			6
Medical Radiation Practice	5		1	6
Natural therapy		5	1	6
Health education/information	2	3		5
Nutrition and dietetics	1	2	2	5
Educational facility	4			4
Family planning	2	1		3
Hypnotherapy		2		2
Sexual assault service	1		1	2
Speech therapy			2	2
Sport medicine	2			2
Autopsy	1			1
Prosthetics and orthotics	1			1
Psychogeriatrics	1			1
Regulatory authority			1	1
<b>Total</b>	<b>5,699</b>	<b>223</b>	<b>4,186</b>	<b>10,108</b>

Counted by provider

**TABLE A.2** | Complaints received by issue category 2017-18 to 2021-22

Issue Category	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Treatment	4,671	39.3%	4,521	45.7%	5,452	47.2%	6,224	45.9%	6,890	41.2%
Professional conduct	2,287	19.3%	2,227	22.5%	2,418	20.9%	2,619	19.3%	3,042	18.2%
Communication/information	1,693	14.3%	1,055	10.7%	1,521	13.2%	1,894	14.0%	2,680	16.0%
Medication	930	7.8%	599	6.1%	583	5.0%	879	6.5%	872	5.2%
Access	403	3.4%	232	2.3%	278	2.4%	381	2.8%	751	4.5%
Environment/management of facilities	384	3.2%	197	2.0%	218	1.9%	225	1.7%	515	3.1%
Reports/certificates	256	2.2%	195	2.0%	225	1.9%	269	2.0%	489	2.9%
Fees/costs	341	2.9%	258	2.6%	297	2.6%	307	2.3%	448	2.7%
Medical records	263	2.2%	168	1.7%	170	1.5%	177	1.3%	360	2.2%
Consent	261	2.2%	157	1.6%	155	1.3%	274	2.0%	321	1.9%
Discharge/transfer arrangements	285	2.4%	168	1.7%	129	1.1%	196	1.4%	227	1.4%
Grievance processes	99	0.8%	118	1.2%	103	0.9%	119	0.9%	126	0.8%
<b>Total</b>	<b>11,873</b>	<b>100.0%</b>	<b>9,895</b>	<b>100.0%</b>	<b>11,549</b>	<b>100.0%</b>	<b>13,564</b>	<b>100.0%</b>	<b>16,721</b>	<b>100.0%</b>

*Counted by issue raised in complaint.*

**TABLE A.3** | Breakdown of complaints received within each issue category 2021-22

Issue category and name	No	% of Issue category	% of Total
<b>Treatment</b>			
Inadequate care	2,065	30.0%	12.3%
Inadequate treatment	1,150	16.7%	6.9%
Unexpected treatment outcome/complications	753	10.9%	4.5%
Inadequate/inappropriate consultation	666	9.7%	4.0%
Diagnosis	600	8.7%	3.6%
Delay in treatment	524	7.6%	3.1%
Wrong/inappropriate treatment	381	5.5%	2.3%
Rough and painful treatment	187	2.7%	1.1%
Infection control	151	2.2%	0.9%
Withdrawal of treatment	111	1.6%	0.7%
No/inappropriate referral	96	1.4%	0.6%
Coordination of treatment/results follow-up	63	0.9%	0.4%
Attendance	47	0.7%	0.3%
Excessive treatment	42	0.6%	0.3%
Inadequate prosthetic equipment	37	0.5%	0.2%
Experimental treatment	12	0.2%	0.1%
Public/private election	5	0.1%	0.0%
<b>Total</b>	<b>6,890</b>	<b>100.0%</b>	<b>41.2%</b>
<b>Professional Conduct</b>			
Breach of guideline/law	1,008	33.1%	6.0%
Illegal practice	357	11.7%	2.1%
Impairment	301	9.9%	1.8%
Competence	242	8.0%	1.4%
Inappropriate disclosure of information	193	6.3%	1.2%
Sexual Misconduct	179	5.9%	1.1%
Misrepresentation of qualifications	157	5.2%	0.9%
Boundary violation	130	4.3%	0.8%
Assault	112	3.7%	0.7%
Advertising	108	3.6%	0.6%
Financial fraud	64	2.1%	0.4%
Discriminatory conduct	64	2.1%	0.4%
Breach of condition	56	1.8%	0.3%
Annual declaration not lodged/incomplete/wrong or misleading	31	1.0%	0.2%
Child Sexual Abuse	29	1.0%	0.2%
Emergency treatment not provided	10	0.3%	0.1%
Scientific fraud	1	0.0%	0.0%
<b>Total</b>	<b>3,042</b>	<b>100.0%</b>	<b>18.2%</b>
<b>Communication/information</b>			
Attitude/manner	1,531	57.1%	9.2%
Inadequate information provided	605	22.6%	3.6%
Incorrect/misleading information provided	467	17.4%	2.8%
Special needs not accommodated	77	2.9%	0.5%
<b>Total</b>	<b>2,680</b>	<b>100.0%</b>	<b>16.0%</b>



TABLE A.3 | Continued

Issue category and name	No	% of Issue category	% of Total
<b>Medication</b>			
Prescribing Medication	482	55.3%	2.9%
Dispensing medication	227	26.0%	1.4%
Administering medication	121	13.9%	0.7%
Supply/security/storage of medication	42	4.8%	0.3%
<b>Total</b>	<b>872</b>	<b>100.0%</b>	<b>5.2%</b>
<b>Access</b>			
Refusal to admit or treat	527	70.2%	3.2%
Service availability	123	16.4%	0.7%
Access to facility	53	7.1%	0.3%
Waiting lists	44	5.9%	0.3%
Access to subsidies	2	0.3%	0.0%
Remoteness of service	2	0.3%	0.0%
<b>Total</b>	<b>751</b>	<b>100.0%</b>	<b>4.5%</b>
<b>Environment/management of facilities</b>			
Administrative processes	323	62.7%	1.9%
Physical environment of facility	72	14.0%	0.4%
Staffing and rostering	71	13.8%	0.4%
Cleanliness/hygiene of facility	42	8.2%	0.3%
Statutory obligations/accreditation standards not met	7	1.4%	0.0%
<b>Total</b>	<b>515</b>	<b>100.0%</b>	<b>3.1%</b>
<b>Reports/certificates</b>			
Accuracy of report/certificate	260	53.2%	1.6%
Timeliness of report/certificate	138	28.2%	0.8%
Refusal to provide report/certificate	68	13.9%	0.4%
Report written with inadequate or no consultation	21	4.3%	0.1%
Cost of report/certificate	2	0.4%	0.0%
<b>Total</b>	<b>489</b>	<b>100.0%</b>	<b>2.9%</b>
<b>Fees/costs</b>			
Billing practices	305	68.1%	1.8%
Cost of treatment	76	17.0%	0.5%
Financial consent	67	15.0%	0.4%
<b>Total</b>	<b>448</b>	<b>100.0%</b>	<b>2.7%</b>
<b>Medical Records</b>			
Record keeping	184	51.1%	1.1%
Access to/transfer of records	162	45.0%	1.0%
Records management	14	3.9%	0.1%
<b>Total</b>	<b>360</b>	<b>100.0%</b>	<b>2.2%</b>

TABLE A.3 | Continued

Issue category and name	No	% of Issue category	% of Total
<b>Consent</b>			
Consent not obtained or inadequate	181	56.4%	1.1%
Involuntary admission or treatment	101	31.5%	0.6%
Uninformed consent	39	12.1%	0.2%
<b>Total</b>	<b>321</b>	<b>100.0%</b>	<b>1.9%</b>
<b>Discharge/transfer arrangements</b>			
Inadequate discharge	199	87.7%	1.2%
Delay	20	8.8%	0.1%
Patient not reviewed	5	2.2%	0.0%
Mode of transport	3	1.3%	0.0%
<b>Total</b>	<b>227</b>	<b>100.0%</b>	<b>1.4%</b>
<b>Grievance processes</b>			
Inadequate/no response to complaint	112	88.9%	0.7%
Reprisal/retaliation as result of complaint lodged	8	6.3%	0.0%
Information about complaints procedures not provided	6	4.8%	0.0%
<b>Total</b>	<b>126</b>	<b>100.0%</b>	<b>0.8%</b>
<b>Grand total</b>	<b>16,721</b>	<b>100.0%</b>	<b>100.0%</b>

Counted by issue raised in complaint.

**TABLE A.4** | Complaints received about health practitioners 2017-18 to 2021-22

	2017-18		2018-19		2019-20		2020-21		2021-22		No. of practitioners with NSW as principal place of practice as at 30 June 2022*
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	
<b>Health practitioner</b>											
<b>Registered health practitioner</b>											
Medical practitioner	2,553	55.0%	2,377	50.0%	2,662	51.6%	3,029	53.5%	3,241	54.7%	39,368
Nurse/midwife	730	15.7%	791	16.6%	815	15.8%	874	15.4%	835	14.1%	126,591
Pharmacist	209	4.5%	272	5.7%	356	6.9%	395	7.0%	408	6.9%	10,440
Dental practitioner	429	9.2%	417	8.8%	477	9.2%	421	7.4%	389	6.6%	7,677
Psychologist	275	5.9%	277	5.8%	303	5.9%	348	6.1%	362	6.1%	14,539
Paramedic			88	1.9%	68	1.3%	72	1.3%	132	2.2%	5,930
Physiotherapist	53	1.1%	59	1.2%	67	1.3%	80	1.4%	62	1.0%	11,586
Chiropractor	46	1.0%	57	1.2%	51	1.0%	55	1.0%	57	1.0%	2,041
Occupational therapist	27	0.6%	38	0.8%	27	0.5%	44	0.8%	50	0.8%	7,463
Podiatrist	27	0.6%	47	1.0%	39	0.8%	24	0.4%	31	0.5%	1,685
Chinese Medicine Practitioner	29	0.6%	57	1.2%	33	0.6%	18	0.3%	28	0.5%	1,941
Medical Radiation Practitioner	7	0.2%	20	0.4%	15	0.3%	10	0.2%	26	0.4%	6,148
Optometrist	27	0.6%	27	0.6%	14	0.3%	9	0.2%	23	0.4%	2,101
Student Nurse	10	0.2%	17	0.4%	17	0.3%	19	0.3%	20	0.3%	
Osteopath	15	0.3%	12	0.3%	15	0.3%	10	0.2%	18	0.3%	651
Student Medical practitioner	10	0.2%	5	0.1%	3	0.1%	9	0.2%	9	0.2%	
Student Pharmacist	3	0.1%			1	0.0%	2	0.0%	4	0.1%	
Student Paramedic									2	0.0%	
Aboriginal and Torres Strait Islander HP									1	0.0%	
Student Physiotherapist	1	0.0%	1	0.0%	1	0.0%	2	0.0%	1	0.0%	208
Student Chinese medicine practitioner			3	0.1%							
Student Chiropractor	1	0.0%									
Student Dentist			1	0.0%	1	0.0%					
Student Medical Radiation Practitioner	1	0.0%	2	0.0%	1	0.0%					
Student Occupational Therapist					4	0.1%					
Student Podiatrist	1	0.0%									
<b>Total</b>	<b>4,454</b>	<b>95.9%</b>	<b>4,568</b>	<b>96.1%</b>	<b>4,970</b>	<b>96.4%</b>	<b>5,421</b>	<b>95.7%</b>	<b>5,699</b>	<b>96.2%</b>	<b>238,369</b>

\* All student practitioners are registered and are now reported under registered health practitioner except with psychology students who are not registered.

\*\* The 2021-22 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 | Continued

	2017-18		2018-19		2019-20		2020-21		2021-22		No. of practitioners with NSW as principal place of practice as at 30 June 2022*
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	
<b>Health practitioner</b>											
<b>Non-registered health practitioner</b>											
Counsellor/therapist	15	0.3%	39	0.8%	38	0.7%	45	0.8%	42	0.7%	
Social worker	12	0.3%	14	0.3%	11	0.2%	21	0.4%	33	0.6%	
Other	19	0.4%	14	0.3%	10	0.2%	14	0.2%	23	0.4%	
Massage therapist	16	0.3%	7	0.1%	8	0.2%	24	0.4%	19	0.3%	
Assistant in nursing	8	0.2%	19	0.4%	17	0.3%	34	0.6%	13	0.2%	
Psychotherapist	7	0.2%			5	0.1%	4	0.1%	8	0.1%	
Residential care worker	4	0.1%	2	0.0%	3	0.1%			8	0.1%	
Personal care assistant			8	0.2%	1	0.0%	8	0.1%	7	0.1%	
Administration/clerical staff	9	0.2%	8	0.2%	12	0.2%	13	0.2%	7	0.1%	
Naturopath	2	0.0%	14	0.3%	8	0.2%	12	0.2%	7	0.1%	
Sonographer					8	0.2%	6	0.1%	7	0.1%	
Alternative Health Provider	8	0.2%	7	0.1%	5	0.1%	7	0.1%	5	0.1%	
Cosmetic therapist	17	0.4%	15	0.3%	11	0.2%	10	0.2%	4	0.1%	
Hypnotherapist	1	0.0%			1	0.0%	1	0.0%	3	0.1%	
Natural therapist			1	0.0%	2	0.0%	1	0.0%	2	0.0%	
Dietitian/nutritionist	3	0.1%	2	0.0%	5	0.1%	3	0.1%	2	0.0%	
Student Psychologist			7	0.1%	1	0.0%			2	0.0%	
Ambulance personnel	4	0.1%			2	0.0%	3	0.1%	1	0.0%	
Audiologist	3	0.1%	2	0.0%	1	0.0%	2	0.0%	1	0.0%	
Disability support worker									1	0.0%	
Acupuncture therapist			2	0.0%			4	0.1%	1	0.0%	
Optical dispenser									1	0.0%	
Dental technician	3	0.1%	8	0.2%	6	0.1%	2	0.0%			
Doula					2	0.0%	1	0.0%			
Herbalist	1	0.0%									
Homeopath	1	0.0%									
Speech pathologist	1	0.0%	1	0.0%	3	0.1%	2	0.0%			
Student Ambulance Personnel			1	0.0%			2	0.0%			
Venopuncturist					1	0.0%					
<b>Total</b>	<b>134</b>	<b>2.9%</b>	<b>171</b>	<b>3.6%</b>	<b>161</b>	<b>3.1%</b>	<b>219</b>	<b>3.9%</b>	<b>197</b>	<b>3.3%</b>	
<b>Unknown</b>	<b>57</b>	<b>1.2%</b>	<b>13</b>	<b>0.3%</b>	<b>26</b>	<b>0.5%</b>	<b>25</b>	<b>0.4%</b>	<b>26</b>	<b>0.4%</b>	
<b>Grand total</b>	<b>4,645</b>	<b>100.0%</b>	<b>4,752</b>	<b>100.0%</b>	<b>5,157</b>	<b>100.0%</b>	<b>5,665</b>	<b>100.0%</b>	<b>5,922</b>	<b>100.0%</b>	

Counted by provider identified in complaint.

**TABLE A.5** | Complaints received about medical practitioners by service area 2017-18 to 2021-22

Service area	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>General practice*</b>							1,289	42.6%	1,657	51.1%
<b>Surgery</b>	248	9.7%	246	10.3%	234	8.8%	240	7.9%	241	7.4%
<b>General medicine</b>	1,156	45.3%	1,121	47.2%	1,171	44.0%	210	6.9%	175	5.4%
<b>Psychiatry</b>	124	4.9%	79	3.3%	105	3.9%	105	3.5%	142	4.4%
<b>Mental health</b>	77	3.0%	124	5.2%	121	4.5%	125	4.1%	99	3.1%
<b>Other</b>	149	5.8%	122	5.1%	210	7.9%	233	7.7%	96	3.0%
<b>Emergency medicine</b>	79	3.1%	48	2.0%	61	2.3%	79	2.6%	85	2.6%
<b>Immunology</b>	6	0.2%	14	0.6%	19	0.7%	15	0.5%	80	2.5%
<b>Cosmetic Services</b>	69	2.7%	55	2.3%	64	2.4%	51	1.7%	51	1.6%
<b>Obstetrics</b>	49	1.9%	48	2.0%	53	2.0%	60	2.0%	48	1.5%
<b>Dermatology</b>	32	1.3%	39	1.6%	32	1.2%	43	1.4%	47	1.5%
<b>Gynaecology</b>	46	1.8%	50	2.1%	26	1.0%	32	1.1%	43	1.3%
<b>Anaesthesia</b>	44	1.7%	20	0.8%	25	0.9%	30	1.0%	40	1.2%
<b>Cardiology</b>	19	0.7%	32	1.3%	47	1.8%	26	0.9%	39	1.2%
<b>Medico-Legal</b>	53	2.1%	27	1.1%	51	1.9%	62	2.0%	37	1.1%
<b>Early childhood/ Paediatric Medicine</b>	64	2.5%	39	1.6%	43	1.6%	33	1.1%	36	1.1%
<b>Radiology</b>	34	1.3%	23	1.0%	26	1.0%	50	1.7%	34	1.0%
<b>Ophthalmology</b>	42	1.6%	33	1.4%	30	1.1%	22	0.7%	32	1.0%
<b>Pain Management</b>	17	0.7%	9	0.4%	21	0.8%	44	1.5%	27	0.8%
<b>Aged Care</b>	13	0.5%	19	0.8%	25	0.9%	14	0.5%	23	0.7%
<b>Neurology</b>	24	0.9%	15	0.6%	19	0.7%	28	0.9%	21	0.6%
<b>Geriatrics/ Gerontology</b>	21	0.8%	32	1.3%	49	1.8%	35	1.2%	20	0.6%
<b>Administration/ Non-health related</b>	39	1.5%	36	1.5%	26	1.0%	20	0.7%	18	0.6%
<b>Gastroenterology</b>	17	0.7%	10	0.4%	18	0.7%	20	0.7%	17	0.5%
<b>Oncology</b>	34	1.3%	7	0.3%	10	0.4%	17	0.6%	13	0.4%
<b>Drug and alcohol</b>	8	0.3%	9	0.4%	16	0.6%	12	0.4%	11	0.3%
<b>Reproductive medicine</b>	3	0.1%	18	0.8%	11	0.4%	21	0.7%	11	0.3%
<b>Unknown</b>	8	0.3%	9	0.4%	57	2.1%	25	0.8%	9	0.3%
<b>Infectious diseases</b>	2	0.1%	1	0.0%			1	0.0%	9	0.3%
<b>Rehabilitation medicine</b>	4	0.2%	4	0.2%	2	0.1%	6	0.2%	8	0.2%
<b>Endocrinology</b>	13	0.5%	9	0.4%	9	0.3%	9	0.3%	7	0.2%
<b>Respiratory/ Thoracic medicine</b>	7	0.3%	3	0.1%	9	0.3%	1	0.0%	7	0.2%
<b>Haematology</b>	9	0.4%	3	0.1%	4	0.2%	1	0.0%	6	0.2%
<b>Nephrology</b>	2	0.1%	2	0.1%	5	0.2%	3	0.1%	6	0.2%
<b>Pathology</b>	1	0.0%	4	0.2%	7	0.3%	5	0.2%	5	0.2%

TABLE A.5 | Continued

Service area	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Intensive care	5	0.2%	3	0.1%			2	0.1%	5	0.2%
Rheumatology	7	0.3%	8	0.3%	7	0.3%	7	0.2%	5	0.2%
Sleep medicine	5	0.2%	6	0.3%	1	0.0%	3	0.1%	5	0.2%
Midwifery	2	0.1%	4	0.2%	7	0.3%	12	0.4%	3	0.1%
Dentistry	2	0.1%	3	0.1%	2	0.1%	3	0.1%	2	0.1%
Sport medicine	1	0.0%			1	0.0%	1	0.0%	2	0.1%
Family planning			1	0.0%	1	0.0%	4	0.1%	2	0.1%
Pharmacy/ Pharmacology	1	0.0%	16	0.7%	13	0.5%	4	0.1%	2	0.1%
Vaccination									2	0.1%
Renal medicine	1	0.0%	5	0.2%	3	0.1%	5	0.2%	2	0.1%
Sexual assault service			3	0.1%					1	0.0%
Occupational health									1	0.0%
Medical Radiation Practice					1	0.0%			1	0.0%
Nuclear medicine									1	0.0%
Developmental disability			1	0.0%			1	0.0%	1	0.0%
Autopsy	1	0.0%							1	0.0%
Palliative care	6	0.2%	8	0.3%	6	0.2%	2	0.1%	1	0.0%
Osteopathy					1	0.0%	2	0.1%	1	0.0%
Psychogeriatrics									1	0.0%
Psychology	5	0.2%	3	0.1%	2	0.1%	4	0.1%	1	0.0%
Educational facility									1	0.0%
Acupuncture			1	0.0%						
Alternative health	2	0.1%			2	0.1%	2	0.1%		
Ambulance Service					1	0.0%				
Chiropractice	2	0.1%								
Community Care							1	0.0%		
Counselling			1	0.0%			2	0.1%		
Forensic pathology					2	0.1%				
Nutrition and dietetics					3	0.1%				
Occupational therapy			1	0.0%	1	0.0%	1	0.0%		
Optometry			1	0.0%			1	0.0%		
Personal care			1	0.0%						
Podiatry							1	0.0%		
Psychotherapy			1	0.0%	2	0.1%	4	0.1%		
<b>Total</b>	<b>2,553</b>	<b>100.0%</b>	<b>2,377</b>	<b>100.0%</b>	<b>2,662</b>	<b>100.0%</b>	<b>3,029</b>	<b>100.0%</b>	<b>3,241</b>	<b>100.0%</b>

Counted by provider identified in complaint.

\* Prior to 2020-21 complaints with a general practice service area were counted within the general medicine category.



**TABLE A.6** | Complaints received about health practitioners by issue category 2021-22

	Issue Category											
	Treatment		Professional conduct		Communication / information		Medication		Reports/ certificates		Fees/costs	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Registered health practitioner</b>												
Medical practitioner	2,531	72.0%	937	35.4%	1007	65.9%	389	61.4%	237	79.8%	142	57.0%
Nurse/midwife	201	5.7%	782	29.6%	176	11.5%	37	5.8%	2	0.7%	2	0.8%
Dental practitioner	399	11.4%	115	4.3%	75	4.9%	2	0.3%			58	23.3%
Pharmacist	42	1.2%	224	8.5%	90	5.9%	203	32.0%			22	8.8%
Psychologist	170	4.8%	213	8.1%	86	5.6%			51	17.2%	9	3.6%
Paramedic	19	0.5%	138	5.2%	17	1.1%	1	0.2%				
Physiotherapist	33	0.9%	35	1.3%	17	1.1%			1	0.3%	4	1.6%
Chiropractor	27	0.8%	46	1.7%	11	0.7%			1	0.3%	1	0.4%
Occupational therapist	26	0.7%	20	0.8%	18	1.2%			4	1.3%	4	1.6%
Podiatrist	18	0.5%	23	0.9%	4	0.3%					3	1.2%
Chinese Medicine Practitioner	14	0.4%	29	1.1%	3	0.2%						
Medical Radiation Practitioner	9	0.3%	13	0.5%	9	0.6%	2	0.3%	1	0.3%		
Osteopath	9	0.3%	15	0.6%	7	0.5%					1	0.4%
Optometrist	15	0.4%	9	0.3%	4	0.3%					3	1.2%
Student Nurse			23	0.9%	3	0.2%						
Student Medical practitioner			11	0.4%								
Student Pharmacist			4	0.2%	1	0.1%						
Student Paramedic			4	0.2%								
Aboriginal and Torres Strait Islander HP			2	0.1%								
Student Physiotherapist			1	0.0%								
<b>Total</b>	<b>3,513</b>	<b>100.0%</b>	<b>2,644</b>	<b>100.0%</b>	<b>1,528</b>	<b>100.0%</b>	<b>634</b>	<b>100.0%</b>	<b>297</b>	<b>100.0%</b>	<b>249</b>	<b>100.0%</b>



Issue Category													
Access		Medical records		Consent		Environment/ management of facilities		Discharge/ transfer arrangements		Grievance processes		Total	
No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
148	75.1%	115	62.5%	113	71.5%	21	28.8%	31	91.2%	14	56.0%	5,685	59.6%
6	3.0%	20	10.9%	3	1.9%	15	20.5%	3	8.8%	1	4.0%	1,248	13.1%
8	4.1%	18	9.8%	24	15.2%	13	17.8%			5	20.0%	717	7.5%
26	13.2%	9	4.9%	3	1.9%	12	16.4%			3	12.0%	634	6.6%
5	2.5%	15	8.2%	10	6.3%	3	4.1%			2	8.0%	564	5.9%
4	2.0%	5	2.7%									184	1.9%
				1	0.6%	3	4.1%					94	1.0%
												86	0.9%
		2	1.1%	1	0.6%	5	6.8%					80	0.8%
				1	0.6%							49	0.5%
				1	0.6%							47	0.5%
				1	0.6%	1	1.4%					36	0.4%
												32	0.3%
												31	0.3%
												26	0.3%
												11	0.1%
												5	0.1%
												4	0.0%
												2	0.0%
												1	0.0%
197	100.0%	184	100.0%	158	100.0%	73	100.0%	34	100.0%	25	100.0%	9,536	100.0%

TABLE A.6 | Continued

	Issue Category											
	Treatment		Professional conduct		Communication / information		Medication		Reports/ certificates		Fees/costs	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Non-registered health practitioner</b>												
Counsellor/ therapist	19	23.5%	32	23.2%	9	16.7%			1	25.0%	1	100.0%
Social worker	19	23.5%	13	9.4%	10	18.5%			3	75.0%		
Other	4	4.9%	22	15.9%	3	5.6%	2	33.3%				
Massage therapist	7	8.6%	15	10.9%	2	3.7%						
Assistant in nursing	4	4.9%	11	8.0%	3	5.6%	1	16.7%				
Psychotherapist	5	6.2%	8	5.8%	2	3.7%	1	16.7%				
Residential care worker	5	6.2%	3	2.2%	6	11.1%						
Naturopath	3	3.7%	5	3.6%	4	7.4%	1	16.7%				
Sonographer	3	3.7%	3	2.2%	4	7.4%						
Personal care assistant	2	2.5%	5	3.6%			1	16.7%				
Alternative Health Provider	1	1.2%	4	2.9%	3	5.6%						
Administration/ clerical staff			4	2.9%	3	5.6%						
Hypnotherapist	1	1.2%	4	2.9%								
Student Psychologist			3	2.2%	1	1.9%						
Cosmetic therapist	1	1.2%	2	1.4%	1	1.9%						
Natural therapist	2	2.5%	1	0.7%	1	1.9%						
Disability support worker			2	1.4%	1	1.9%						
Dietitian/nutritionist	2	2.5%										
Acupuncture therapist	2	2.5%										
Audiologist	1	1.2%										
Optical dispenser					1	1.9%						
Ambulance personnel			1	0.7%								
<b>Total</b>	<b>81</b>	<b>100.0%</b>	<b>138</b>	<b>100.0%</b>	<b>54</b>	<b>100.0%</b>	<b>6</b>	<b>100.0%</b>	<b>4</b>	<b>100.0%</b>	<b>1</b>	<b>100.0%</b>
<b>Unknown</b>	<b>8</b>	<b>100.0%</b>	<b>10</b>	<b>100.0%</b>	<b>3</b>	<b>100.0%</b>	<b>1</b>	<b>100.0%</b>	<b>1</b>	<b>100.0%</b>		
<b>Grand total</b>	<b>3,602</b>	<b>100.0%</b>	<b>2,792</b>	<b>100.0%</b>	<b>1,585</b>	<b>100.0%</b>	<b>641</b>	<b>100.0%</b>	<b>302</b>	<b>100.0%</b>	<b>250</b>	<b>100.0%</b>

Counted by issue identified in complaint.

Issue Category													
Access		Medical records		Consent		Environment/ management of facilities		Discharge/ transfer arrangements		Grievance processes		Total	
No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
		3	100.0%	2	28.6%							67	22.6%
						1	100.0%					46	15.5%
												31	10.4%
				4	57.1%							28	9.4%
2	100.0%											21	7.1%
												16	5.4%
												14	4.7%
												13	4.4%
				1	14.3%							11	3.7%
												8	2.7%
												8	2.7%
												7	2.4%
												5	1.7%
												4	1.3%
												4	1.3%
												4	1.3%
												3	1.0%
												2	0.7%
												2	0.7%
												1	0.3%
												1	0.3%
												1	0.3%
2	100.0%	3	100.0%	7	100.0%	1	100.0%					297	100.0%
1	100.0%	1	100.0%	2	100.0%					1	100.0%	28	100.0%
200	100.0%	188	100.0%	167	100.0%	74	100.0%	34	100.0%	26	100.0%	9861	100.0%

**TABLE A.7** | Complaints received about health organisations 2017-18 to 2021-22

Health organisation	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>Public Hospital</b>	1,181	48.4%	1,238	48.6%	1,238	45.9%	1,387	45.7%	1,807	43.2%
<b>Medical centre</b>	174	7.1%	256	10.1%	284	10.5%	337	11.1%	673	16.1%
<b>Private Hospital</b>	123	5.0%	145	5.7%	179	6.6%	206	6.8%	197	4.7%
<b>Psychiatric hospital/unit</b>	77	3.2%	154	6.0%	126	4.7%	160	5.3%	185	4.4%
<b>Pathology centres/labs</b>	23	0.9%	32	1.3%	44	1.6%	63	2.1%	184	4.4%
<b>Correction and detention facility</b>	229	9.4%	142	5.6%	147	5.5%	163	5.4%	153	3.7%
<b>Pharmacy</b>	121	5.0%	65	2.6%	116	4.3%	98	3.2%	134	3.2%
<b>Community health service</b>	74	3.0%	94	3.7%	75	2.8%	88	2.9%	109	2.6%
<b>Government Department</b>	4	0.2%	16	0.6%	31	1.2%	92	3.0%	91	2.2%
<b>Specialist medical practice</b>	46	1.9%	33	1.3%	53	2.0%	49	1.6%	82	2.0%
<b>Vaccination Centre</b>									79	1.9%
<b>Dental Facility</b>	74	3.0%	86	3.4%	76	2.8%	69	2.3%	74	1.8%
<b>Ambulance service</b>	54	2.2%	46	1.8%	37	1.4%	42	1.4%	72	1.7%
<b>Radiology facility</b>	37	1.5%	36	1.4%	41	1.5%	50	1.6%	70	1.7%
<b>Aged care facility</b>	59	2.4%	65	2.6%	59	2.2%	49	1.6%	58	1.4%
<b>Psychology facility</b>	4	0.2%	16	0.6%	5	0.2%	14	0.5%	30	0.7%
<b>Alternative health facility</b>	10	0.4%	32	1.3%	40	1.5%	30	1.0%	27	0.6%
<b>Other</b>	20	0.8%	7	0.3%	11	0.4%	20	0.7%	24	0.6%
<b>Cosmetic health facility</b>	24	1.0%	24	0.9%	42	1.6%	21	0.7%	22	0.5%
<b>Aboriginal health centre</b>	5	0.2%	2	0.1%	9	0.3%	9	0.3%	17	0.4%
<b>Optometrist facility</b>	5	0.2%	8	0.3%	11	0.4%	18	0.6%	16	0.4%
<b>Local Health District</b>	51	2.1%	12	0.5%	18	0.7%	11	0.4%	12	0.3%
<b>Rehabilitation facility</b>	4	0.2%	4	0.2%	8	0.3%	5	0.2%	11	0.3%
<b>Nursing agency</b>	3	0.1%	2	0.1%	4	0.1%	3	0.1%	8	0.2%

TABLE A.7 | Continued

Health organisation	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Health fund	1	0.0%	2	0.1%			5	0.2%	8	0.2%
Physiotherapy facility	3	0.1%	4	0.2%	4	0.1%	4	0.1%	8	0.2%
Multi purpose service	1	0.0%	1	0.0%	2	0.1%	4	0.1%	7	0.2%
Drug and Alcohol Service	14	0.6%	6	0.2%	8	0.3%	11	0.4%	6	0.1%
NSW Department of Health	1	0.0%	3	0.1%	2	0.1%	1	0.0%	4	0.1%
Day procedure centre	13	0.5%	5	0.2%	7	0.3%	7	0.2%	4	0.1%
Chiropractic facility			4	0.2%	4	0.1%			3	0.1%
Supported accommodation services (not aged care)	1	0.0%	4	0.2%	2	0.1%	3	0.1%	3	0.1%
Podiatry practice			2	0.1%	2	0.1%	11	0.4%	2	0.0%
Blood bank					1	0.0%			1	0.0%
Sexual Assault Service									1	0.0%
Educational facility	1	0.0%			2	0.1%	1	0.0%	1	0.0%
Domestic Residence									1	0.0%
Unknown			1	0.0%	4	0.1%	4	0.1%	1	0.0%
Boarding house									1	0.0%
Area Health Service	1	0.0%								
Osteopathy facility	1	0.0%			1	0.0%				
Regulatory authority					2	0.1%	1	0.0%		
Respite Service							1	0.0%		
<b>Total</b>	<b>2,439</b>	<b>100.0%</b>	<b>2,547</b>	<b>100.0%</b>	<b>2,695</b>	<b>100.0%</b>	<b>3,037</b>	<b>100.0%</b>	<b>4,186</b>	<b>100.0%</b>

Counted by provider identified in complaint.

**TABLE A.8** | Complaints received about public and private hospitals by service areas 2017-18 to 2021-22

Service area	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>Public hospital</b>										
Emergency medicine	286	24.2%	316	25.5%	336	27.1%	454	32.7%	544	30.1%
General medicine	277	23.5%	321	25.9%	293	23.7%	229	16.5%	443	24.5%
Surgery	113	9.6%	113	9.1%	109	8.8%	120	8.7%	124	6.9%
Mental health	128	10.8%	78	6.3%	78	6.3%	119	8.6%	120	6.6%
Obstetrics	64	5.4%	56	4.5%	42	3.4%	43	3.1%	61	3.4%
Midwifery	15	1.3%	33	2.7%	42	3.4%	50	3.6%	53	2.9%
Early childhood/Paediatric Medicine	29	2.5%	30	2.4%	32	2.6%	30	2.2%	39	2.2%
Geriatrics/Gerontology	33	2.8%	70	5.7%	54	4.4%	54	3.9%	30	1.7%
Aged Care	3	0.3%	8	0.6%	18	1.5%	12	0.9%	31	1.7%
Intensive care	20	1.7%	11	0.9%	16	1.3%	20	1.4%	27	1.5%
Rehabilitation medicine	5	0.4%	6	0.5%	15	1.2%	10	0.7%	7	0.4%
Cardiology	9	0.8%	19	1.5%	18	1.5%	21	1.5%	23	1.3%
Administration/Non-health related	43	3.6%	25	2.0%	29	2.3%	27	1.9%	25	1.4%
Palliative care	26	2.2%	15	1.2%	6	0.5%	12	0.9%	19	1.1%
Immunology	3	0.3%	1	0.1%	6	0.5%	14	1.0%	22	1.2%
Gynaecology	13	1.1%	14	1.1%	13	1.1%	13	0.9%	19	1.1%
Oncology	21	1.8%	10	0.8%	7	0.6%	16	1.2%	12	0.7%
Gastroenterology	4	0.3%	3	0.2%	5	0.4%	12	0.9%	17	0.9%
Infectious diseases	1	0.1%	1	0.1%	8	0.6%	5	0.4%	17	0.9%
Pain Management	9	0.8%	6	0.5%	6	0.5%	17	1.2%	16	0.9%
Pathology	3	0.3%	3	0.2%	2	0.2%	3	0.2%	15	0.8%
Neurology	6	0.5%	18	1.5%	11	0.9%	8	0.6%	13	0.7%
Drug and alcohol	5	0.4%	6	0.5%	3	0.2%	3	0.2%	11	0.6%
General practice									11	0.6%
Psychiatry			6	0.5%	3	0.2%	5	0.4%	10	0.6%
Radiology	3	0.3%	16	1.3%	7	0.6%	13	0.9%	9	0.5%
Ophthalmology	13	1.1%	2	0.2%	10	0.8%	5	0.4%	10	0.6%
Renal medicine	7	0.6%	6	0.5%	5	0.4%	5	0.4%	8	0.4%
Respiratory/Thoracic medicine	3	0.3%	6	0.5%	7	0.6%	5	0.4%	6	0.3%
Dentistry	15	1.3%	2	0.2%	4	0.3%	2	0.1%	8	0.4%
Other	3	0.3%	4	0.3%	12	1.0%	16	1.2%	6	0.3%
Anaesthesia	1	0.1%	1	0.1%	4	0.3%	7	0.5%	6	0.3%
Nephrology	3	0.3%	2	0.2%	5	0.4%	5	0.4%	7	0.4%
Endocrinology	1	0.1%	3	0.2%	7	0.6%	3	0.2%	4	0.2%
Personal care			3	0.2%			2	0.1%	3	0.2%
Sleep medicine	1	0.1%	1	0.1%			1	0.1%	3	0.2%
Reproductive medicine			1	0.1%	1	0.1%	4	0.3%	3	0.2%

TABLE A.8 | Continued

Service area	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Nuclear medicine	1	0.1%			3	0.2%	1	0.1%	3	0.2%
Developmental disability	1	0.1%	4	0.3%			1	0.1%	2	0.1%
Rheumatology			2	0.2%					3	0.2%
Physiotherapy	3	0.3%	3	0.2%	1	0.1%			3	0.2%
Community Care			2	0.2%	1	0.1%	4	0.3%	2	0.1%
Osteopathy	1	0.1%					1	0.1%	1	0.1%
Dermatology	2	0.2%			1	0.1%	2	0.1%	2	0.1%
Pharmacy/Pharmacology	1	0.1%			1	0.1%			2	0.1%
Unknown	1	0.1%	4	0.3%	5	0.4%	3	0.2%	2	0.1%
Counselling					3	0.2%			1	0.1%
Podiatry									1	0.1%
Occupational therapy									1	0.1%
Nutrition and dietetics					1	0.1%			1	0.1%
Haematology	2	0.2%	2	0.2%	5	0.4%	4	0.3%	1	0.1%
Alternative health					1	0.1%				
Health education/ information			1	0.1%	1	0.1%				
Internal medicine	1	0.1%	1	0.1%			2	0.1%		
Medical Radiation Practice							1	0.1%		
Medico-Legal					1	0.1%	2	0.1%		
Occupational health	1	0.1%								
Prosthetics and orthotics			1	0.1%						
Sexual assault service	1	0.1%	2	0.2%			1	0.1%		
<b>Total</b>	<b>1,181</b>	<b>100.0%</b>	<b>1,238</b>	<b>100.0%</b>	<b>1,238</b>	<b>100.0%</b>	<b>1,387</b>	<b>100.0%</b>	<b>1,807</b>	<b>100.0%</b>
<b>Private hospital</b>										
Emergency medicine	4	3.3%	6	4.1%	14	7.8%	21	10.2%	18	9.1%
General medicine	24	19.5%	46	31.7%	49	27.4%	41	19.9%	39	19.8%
Surgery	38	30.9%	35	24.1%	39	21.8%	50	24.3%	45	22.8%
Mental health	13	10.6%	10	6.9%	12	6.7%	13	6.3%	10	5.1%
Obstetrics	3	2.4%	6	4.1%	3	1.7%	10	4.9%	1	0.5%
Midwifery	1	0.8%	3	2.1%	7	3.9%	4	1.9%	4	2.0%
Early childhood/Paediatric Medicine	2	1.6%			2	1.1%			1	0.5%
Geriatrics/Gerontology	2	1.6%	3	2.1%	6	3.4%	5	2.4%	8	4.1%
Aged Care	4	3.3%	2	1.4%	3	1.7%	2	1.0%	3	1.5%
Intensive care	1	0.8%	2	1.4%	2	1.1%	1	0.5%	3	1.5%
Rehabilitation medicine	11	8.9%	7	4.8%	9	5.0%	17	8.3%	22	11.2%
Cardiology			1	0.7%	4	2.2%	6	2.9%	3	1.5%

TABLE A.8 | Continued

Service area	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Administration/Non-health related	8	6.5%	7	4.8%	5	2.8%	6	2.9%	1	0.5%
Palliative care	1	0.8%	1	0.7%	3	1.7%	1	0.5%	4	2.0%
Immunology			1	0.7%						
Gynaecology	1	0.8%	1	0.7%					2	1.0%
Oncology	6	4.9%	1	0.7%	5	2.8%	2	1.0%	8	4.1%
Gastroenterology			1	0.7%	1	0.6%	2	1.0%	1	0.5%
Pain Management							3	1.5%		
Pathology					1	0.6%			1	0.5%
Neurology	1	0.8%			2	1.1%	1	0.5%	2	1.0%
Drug and alcohol	1	0.8%	1	0.7%					3	1.5%
General practice									2	1.0%
Psychiatry			2	1.4%			4	1.9%	3	1.5%
Radiology	1	0.8%	2	1.4%	1	0.6%	1	0.5%	2	1.0%
Ophthalmology					1	0.6%	2	1.0%	1	0.5%
Renal medicine									1	0.5%
Respiratory/Thoracic medicine									3	1.5%
Dentistry					1	0.6%	1	0.5%		
Other					4	2.2%	2	1.0%	2	1.0%
Anaesthesia					1	0.6%	2	1.0%	1	0.5%
Nephrology					1	0.6%	1	0.5%		
Personal care	1	0.8%	1	0.7%					1	0.5%
Sleep medicine			1	0.7%						
Reproductive medicine			1	0.7%			1	0.5%		
Developmental disability									1	0.5%
Physiotherapy			1	0.7%						
Community Care							1	0.5%		
Osteopathy									1	0.5%
Pharmacy/Pharmacology			1	0.7%			1	0.5%		
Unknown					1	0.6%	1	0.5%		
Counselling							1	0.5%		
Haematology			1	0.7%						
Cosmetic Services			1	0.7%	1	0.6%	1	0.5%		
Occupational health							1	0.5%		
Psychotherapy					1	0.6%	1	0.5%		
<b>Total</b>	<b>123</b>	<b>100.0%</b>	<b>145</b>	<b>100.0%</b>	<b>179</b>	<b>100.0%</b>	<b>206</b>	<b>100.0%</b>	<b>197</b>	<b>100.0%</b>
<b>Grand total</b>	<b>1,304</b>	<b>100.0%</b>	<b>1,383</b>	<b>100.0%</b>	<b>1,417</b>	<b>100.0%</b>	<b>1,593</b>	<b>100.0%</b>	<b>2,004</b>	<b>100.0%</b>

Counted by provider identified in complaint.





**TABLE A.9** | Complaints received about public hospitals by Local Health District in 2017-18 to 2021-22

Local Health District*	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Hunter New England	144	12.2%	158	12.8%	173	14.0%	192	13.8%	339	18.8%
South Western Sydney	145	12.3%	141	11.4%	144	11.6%	147	10.6%	200	11.1%
Western Sydney	114	9.7%	132	10.7%	138	11.1%	150	10.8%	185	10.2%
Sydney	100	8.5%	75	6.1%	80	6.5%	115	8.3%	143	7.9%
South Eastern Sydney	123	10.4%	95	7.7%	96	7.8%	104	7.5%	122	6.8%
Central Coast	66	5.6%	80	6.5%	63	5.1%	79	5.7%	105	5.8%
Illawarra Shoalhaven	75	6.4%	87	7.0%	81	6.5%	68	4.9%	102	5.6%
Western NSW	63	5.3%	60	4.8%	70	5.7%	102	7.4%	95	5.3%
Nepean Blue Mountains	61	5.2%	56	4.5%	65	5.3%	82	5.9%	85	4.7%
Northern NSW	58	4.9%	76	6.1%	66	5.3%	70	5.0%	77	4.3%
Northern Sydney	70	5.9%	95	7.7%	50	4.0%	73	5.3%	76	4.2%
Mid North Coast	47	4.0%	41	3.3%	41	3.3%	45	3.2%	64	3.5%
Murrumbidgee**	37	3.1%	30	2.4%	42	3.4%	42	3.0%	54	3.0%
Southern NSW	28	2.4%	42	3.4%	54	4.4%	37	2.7%	50	2.8%
Sydney Children's Hospital Network	15	1.3%	17	1.4%	20	1.6%	32	2.3%	41	2.3%
St Vincent's Health Network	17	1.4%	25	2.0%	33	2.7%	15	1.1%	32	1.8%
Albury Wodonga Health (network with Victoria)***	10	0.8%	11	0.9%	10	0.8%	18	1.3%	20	1.1%
Far West	7	0.6%	14	1.1%	10	0.8%	11	0.8%	10	0.6%
Unknown LHD	1	0.1%	3	0.2%	2	0.2%	5	0.4%	6	0.3%
<b>Total</b>	<b>1,181</b>	<b>100.0%</b>	<b>1,238</b>	<b>100.0%</b>	<b>1,238</b>	<b>100.0%</b>	<b>1,387</b>	<b>100.0%</b>	<b>1,806</b>	<b>100.0%</b>

Counted by provider identified in complaint.

\* Excludes psychiatric hospitals/units.

\*\* Previously complaints about facilities in Albury were processed in the Murrumbidgee LHD. These complaints are now processed by Albury Wodonga Health.

\*\*\* Albury/Wodonga LHD is unique in that it spans NSW and Victoria. The statistics represent complaints for facilities in NSW only.

No. of emergency department attendees	No. of discharges from hospital	No. of outpatient services	Total services delivered
444,635	219,732	2,268,232	<b>2,932,599</b>
295,872	219,469	1,453,839	<b>1,969,180</b>
198,089	157,409	1,469,980	<b>1,825,478</b>
164,169	141,152	2,776,851	<b>3,082,172</b>
224,009	173,417	1,530,733	<b>1,928,159</b>
147,848	87,587	801,918	<b>1,037,353</b>
163,424	93,180	779,518	<b>1,036,122</b>
214,130	80,935	929,894	<b>1,224,959</b>
129,515	86,982	809,937	<b>1,026,434</b>
209,994	95,175	662,515	<b>967,684</b>
265,134	136,621	1,283,880	<b>1,685,635</b>
138,221	76,883	683,227	<b>898,331</b>
145,681	64,452	578,641	<b>788,774</b>
112,746	47,948	410,071	<b>570,765</b>
91,068	66,350	416,385	<b>573,803</b>
46,662	41,896	310,687	<b>399,245</b>
-	-	-	<b>-</b>
20,949	8,079	121,578	<b>150,606</b>
-	-	-	<b>-</b>
<b>3,012,146</b>	<b>1,797,267</b>	<b>17,287,886</b>	<b>22,097,299</b>

**TABLE A.10** | Issues raised in all complaints received about health organisations by organisation type 2021-22

Organisation type	Issue Category									
	Treatment		Communication / information		Access		Environment/ management of facilities		Professional conduct	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
Public Hospital	1,950	59.3%	556	50.8%	160	29.0%	175	39.7%	58	23.2%
Medical centre	225	6.8%	166	15.2%	222	40.3%	89	20.2%	45	18.0%
Private Hospital	218	6.6%	61	5.6%	16	2.9%	20	4.5%	11	4.4%
Psychiatric hospital/unit	133	4.0%	43	3.9%	7	1.3%	8	1.8%	9	3.6%
Pathology centres/labs	41	1.2%	34	3.1%	15	2.7%	36	8.2%	4	1.6%
Correction and detention facility	159	4.8%	8	0.7%	16	2.9%	6	1.4%	4	1.6%
Pharmacy	17	0.5%	35	3.2%	10	1.8%	10	2.3%	27	10.8%
Community health service	76	2.3%	21	1.9%	10	1.8%	9	2.0%	9	3.6%
Dental Facility	57	1.7%	15	1.4%	18	3.3%	12	2.7%	7	2.8%
Specialist medical practice	40	1.2%	19	1.7%	18	3.3%	9	2.0%	5	2.0%
Radiology facility	38	1.2%	19	1.7%	12	2.2%	3	0.7%	9	3.6%
Vaccination Centre	37	1.1%	24	2.2%	11	2.0%	11	2.5%	2	0.8%
Ambulance service	59	1.8%	16	1.5%	9	1.6%	1	0.2%	7	2.8%
Government Department	54	1.6%	17	1.6%	8	1.5%	10	2.3%		
Aged care facility	55	1.7%	9	0.8%	2	0.4%	17	3.9%	4	1.6%
Psychology facility	12	0.4%	9	0.8%	6	1.1%	1	0.2%	7	2.8%
Alternative health facility	17	0.5%	10	0.9%			4	0.9%	6	2.4%
Cosmetic health facility	25	0.8%	3	0.3%					10	4.0%
Other	9	0.3%	13	1.2%	2	0.4%	3	0.7%	8	3.2%
Aboriginal health centre	13	0.4%	4	0.4%	2	0.4%	1	0.2%	3	1.2%
Optometrist facility	14	0.4%	1	0.1%	2	0.4%			1	0.4%
Local Health District	10	0.3%	3	0.3%	1	0.2%			1	0.4%
Rehabilitation facility	3	0.1%			2	0.4%	4	0.9%	3	1.2%
Multi purpose service	6	0.2%	3	0.3%					3	1.2%
Physiotherapy facility	2	0.1%			1	0.2%	4	0.9%	2	0.8%
Nursing agency	2	0.1%	2	0.2%			2	0.5%	1	0.4%
Health fund					1	0.2%	3	0.7%		
Day procedure centre	3	0.1%								
Drug and Alcohol Service	5	0.2%	2	0.2%						
Chiropractic facility	3	0.1%	1	0.1%						
NSW Department of Health	1	0.0%	1	0.1%			2	0.5%		
Supported accommodation services (not aged care)	1	0.0%							2	0.8%
Podiatry practice									1	0.4%
Sexual Assault Service	1	0.0%								
Educational facility										
Domestic Residence							1	0.2%		
Unknown									1	0.4%
Blood bank	1	0.0%								
Boarding house	1	0.0%								
<b>Total</b>	<b>3,288</b>	<b>100.0%</b>	<b>1,095</b>	<b>100.0%</b>	<b>551</b>	<b>100.0%</b>	<b>441</b>	<b>100.0%</b>	<b>250</b>	<b>100.0%</b>

Counted by issues raised in complaint.

		Issue Category													
Medication		Fees/costs		Discharge/ transfer arrangements		Reports/ certificates		Medical records		Consent		Grievance processes		Total	
No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
63	27.3%	23	11.6%	155	80.3%	39	20.9%	57	33.1%	72	46.8%	52	52.0%	3,360	49.0%
22	9.5%	62	31.3%	1	0.5%	23	12.3%	59	34.3%	6	3.9%	14	14.0%	934	13.6%
10	4.3%	14	7.1%	16	8.3%	1	0.5%	8	4.7%	5	3.2%	9	9.0%	389	5.7%
16	6.9%	3	1.5%	17	8.8%	2	1.1%	6	3.5%	36	23.4%	3	3.0%	283	4.1%
1	0.4%	27	13.6%			81	43.3%	1	0.6%	1	0.6%	1	1.0%	242	3.5%
34	14.7%					2	1.1%	5	2.9%					234	3.4%
60	26.0%	12	6.1%			3	1.6%	6	3.5%	4	2.6%	2	2.0%	186	2.7%
5	2.2%			1	0.5%	3	1.6%	5	2.9%	15	9.7%	2	2.0%	156	2.3%
2	0.9%	12	6.1%					1	0.6%	1	0.6%	2	2.0%	127	1.9%
3	1.3%	8	4.0%			5	2.7%	8	4.7%	2	1.3%	3	3.0%	120	1.7%
4	1.7%	10	5.1%	1	0.5%	9	4.8%			3	1.9%	1	1.0%	109	1.6%
						7	3.7%	7	4.1%	1	0.6%	2	2.0%	102	1.5%
2	0.9%									3	1.9%	1	1.0%	98	1.4%
		1	0.5%			4	2.1%	1	0.6%			1	1.0%	96	1.4%
3	1.3%					2	1.1%	1	0.6%					93	1.4%
1	0.4%	9	4.5%			1	0.5%	1	0.6%			2	2.0%	49	0.7%
		4	2.0%	1	0.5%					2	1.3%			44	0.6%
2	0.9%	1	0.5%					1	0.6%	1	0.6%			43	0.6%
1	0.4%					1	0.5%					1	1.0%	38	0.6%
						1	0.5%	1	0.6%	1	0.6%			26	0.4%
1	0.4%	1	0.5%											20	0.3%
												2	2.0%	17	0.2%
		1	0.5%			1	0.5%							14	0.2%
								1	0.6%			1	1.0%	14	0.2%
		2	1.0%											11	0.2%
						1	0.5%	2	1.2%					10	0.1%
		4	2.0%											8	0.1%
		2	1.0%	1	0.5%			1	0.6%			1	1.0%	8	0.1%
														7	0.1%
		1	0.5%											5	0.1%
						1	0.5%							5	0.1%
										1	0.6%			4	0.1%
		1	0.5%											2	0.0%
														1	0.0%
1	0.4%													1	0.0%
														1	0.0%
														1	0.0%
														1	0.0%
														1	0.0%
231	100.0%	198	100.0%	193	100.0%	187	100.0%	172	100.0%	154	100.0%	100	100.0%	6,860	100.0%

**TABLE A.11** | Issues raised in all complaints received by service area 2021-22

Service area	Issue Category											
	Treatment		Professional conduct		Communication / information		Medication		Access		Environment / management of facilities	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
General practice	1,483	21.5%	526	17.3%	720	26.9%	311	35.7%	272	36.2%	82	15.9%
General medicine	753	10.9%	275	9.0%	292	10.9%	66	7.6%	55	7.3%	78	15.1%
Emergency medicine	826	12.0%	31	1.0%	208	7.8%	16	1.8%	53	7.1%	41	8.0%
Mental health	390	5.7%	84	2.8%	133	5.0%	44	5.0%	36	4.8%	19	3.7%
Surgery	512	7.4%	86	2.8%	109	4.1%	8	0.9%	24	3.2%	15	2.9%
Dentistry	468	6.8%	104	3.4%	91	3.4%	5	0.6%	27	3.6%	26	5.0%
Pharmacy/Pharmacology	56	0.8%	234	7.7%	124	4.6%	262	30.0%	36	4.8%	21	4.1%
Other	21	0.3%	522	17.2%	43	1.6%	9	1.0%	5	0.7%	5	1.0%
Psychology	169	2.5%	179	5.9%	91	3.4%			11	1.5%	2	0.4%
Immunology	139	2.0%	73	2.4%	99	3.7%	11	1.3%	58	7.7%	18	3.5%
Psychiatry	152	2.2%	33	1.1%	64	2.4%	33	3.8%	8	1.1%	7	1.4%
Aged Care	137	2.0%	74	2.4%	38	1.4%	18	2.1%	5	0.7%	27	5.2%
Pathology	44	0.6%	9	0.3%	38	1.4%	1	0.1%	21	2.8%	38	7.4%
Ambulance Service	75	1.1%	121	4.0%	28	1.0%	2	0.2%	13	1.7%	1	0.2%
Obstetrics	122	1.8%	19	0.6%	52	1.9%	1	0.1%	3	0.4%	10	1.9%
Radiology	76	1.1%	34	1.1%	39	1.5%	4	0.5%	12	1.6%	3	0.6%
Midwifery	113	1.6%	26	0.9%	28	1.0%	1	0.1%	9	1.2%	7	1.4%
Cosmetic Services	89	1.3%	62	2.0%	12	0.4%	2	0.2%			5	1.0%
Administration/Non-health related	17	0.2%	76	2.5%	26	1.0%	1	0.1%	10	1.3%	30	5.8%
Early childhood/Paediatric Medicine	82	1.2%	14	0.5%	33	1.2%	6	0.7%	9	1.2%	1	0.2%
Geriatrics/Gerontology	75	1.1%	10	0.3%	28	1.0%	5	0.6%	2	0.3%	4	0.8%
Gynaecology	79	1.1%	8	0.3%	17	0.6%			5	0.7%	2	0.4%
Cardiology	74	1.1%	8	0.3%	17	0.6%	3	0.3%	4	0.5%	2	0.4%
Dermatology	65	0.9%	17	0.6%	13	0.5%	7	0.8%	2	0.3%	3	0.6%
Physiotherapy	33	0.5%	31	1.0%	18	0.7%			2	0.3%	7	1.4%
Pain Management	49	0.7%	6	0.2%	20	0.7%	10	1.1%	4	0.5%		
Rehabilitation medicine	43	0.6%	10	0.3%	11	0.4%	4	0.5%	6	0.8%	10	1.9%
Vaccination	36	0.5%	1	0.0%	20	0.7%			11	1.5%	10	1.9%
Ophthalmology	48	0.7%	10	0.3%	15	0.6%	1	0.1%	3	0.4%	1	0.2%
Oncology	56	0.8%	4	0.1%	20	0.7%	3	0.3%	3	0.4%	1	0.2%
Chiropractice	30	0.4%	44	1.4%	12	0.4%						
Anaesthesia	33	0.5%	20	0.7%	11	0.4%	4	0.5%			1	0.2%
Intensive care	46	0.7%	5	0.2%	23	0.9%			1	0.1%	4	0.8%
Counselling	27	0.4%	37	1.2%	7	0.3%						
Neurology	40	0.6%	8	0.3%	10	0.4%	3	0.3%	5	0.7%	1	0.2%
Gastroenterology	42	0.6%	1	0.0%	13	0.5%			7	0.9%		
Infectious diseases	26	0.4%	12	0.4%	12	0.4%	1	0.1%	2	0.3%	4	0.8%
Medico-Legal	24	0.3%	3	0.1%	14	0.5%						
Unknown	10	0.1%	39	1.3%	6	0.2%	2	0.2%	1	0.1%	3	0.6%
Drug and alcohol	28	0.4%	9	0.3%	2	0.1%	16	1.8%	3	0.4%		

Issue Category													
Reports/certificates		Fees/costs		Medical records		Consent		Discharge/transfer arrangements		Grievance processes		Total	
No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
160	32.7%	113	25.2%	143	39.7%	38	11.8%	2	0.9%	22	17.5%	3872	23.2%
13	2.7%	8	1.8%	33	9.2%	26	8.1%	50	22.0%	27	21.4%	1676	10.0%
6	1.2%	7	1.6%	15	4.2%	17	5.3%	76	33.5%	7	5.6%	1303	7.8%
16	3.3%	7	1.6%	25	6.9%	86	26.8%	29	12.8%	10	7.9%	879	5.3%
8	1.6%	31	6.9%	8	2.2%	23	7.2%	12	5.3%	6	4.8%	842	5.0%
		69	15.4%	20	5.6%	24	7.5%			7	5.6%	841	5.0%
3	0.6%	34	7.6%	14	3.9%	7	2.2%			5	4.0%	796	4.8%
3	0.6%	6	1.3%	2	0.6%	1	0.3%			3	2.4%	620	3.7%
46	9.4%	15	3.3%	13	3.6%	11	3.4%			3	2.4%	540	3.2%
30	6.1%	19	4.2%	14	3.9%	2	0.6%			2	1.6%	465	2.8%
23	4.7%	10	2.2%	9	2.5%	12	3.7%	6	2.6%	2	1.6%	359	2.1%
7	1.4%			3	0.8%	1	0.3%	4	1.8%	2	1.6%	316	1.9%
83	17.0%	32	7.1%	2	0.6%	3	0.9%			2	1.6%	273	1.6%
				5	1.4%	3	0.9%			1	0.8%	249	1.5%
1	0.2%	5	1.1%	9	2.5%	7	2.2%	1	0.4%	4	3.2%	234	1.4%
17	3.5%	11	2.5%			5	1.6%	1	0.4%	1	0.8%	203	1.2%
2	0.4%			5	1.4%	4	1.2%	2	0.9%			197	1.2%
		4	0.9%	1	0.3%	3	0.9%	1	0.4%	1	0.8%	180	1.1%
		9	2.0%	4	1.1%			3	1.3%	2	1.6%	178	1.1%
6	1.2%	2	0.4%	1	0.3%	3	0.9%	4	1.8%	1	0.8%	162	1.0%
3	0.6%			1	0.3%	3	0.9%	7	3.1%	1	0.8%	139	0.8%
1	0.2%	3	0.7%	2	0.6%	5	1.6%			2	1.6%	124	0.7%
		1	0.2%	3	0.8%	2	0.6%	7	3.1%	1	0.8%	122	0.7%
1	0.2%	6	1.3%	3	0.8%	5	1.6%					122	0.7%
1	0.2%	6	1.3%			1	0.3%					99	0.6%
2	0.4%	4	0.9%					3	1.3%			98	0.6%
		4	0.9%	2	0.6%			4	1.8%	2	1.6%	96	0.6%
7	1.4%			6	1.7%	1	0.3%			2	1.6%	94	0.6%
2	0.4%	1	0.2%	2	0.6%	5	1.6%			3	2.4%	91	0.5%
1	0.2%	2	0.4%									90	0.5%
1	0.2%	2	0.4%									89	0.5%
		11	2.5%			3	0.9%	1	0.4%			84	0.5%
1	0.2%			1	0.3%	1	0.3%	1	0.4%	1	0.8%	84	0.5%
4	0.8%	2	0.4%	2	0.6%	1	0.3%					80	0.5%
5	1.0%	1	0.2%			2	0.6%	1	0.4%	2	1.6%	78	0.5%
2	0.4%			1	0.3%			2	0.9%	1	0.8%	69	0.4%
2	0.4%	1	0.2%	1	0.3%			3	1.3%			64	0.4%
21	4.3%			1	0.3%							63	0.4%
				1	0.3%							62	0.4%
1	0.2%					1	0.3%	1	0.4%			61	0.4%

TABLE A.11 | Continued

Service area	Issue Category											
	Treatment		Professional conduct		Communication / information		Medication		Access		Environment / management of facilities	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
Occupational therapy	20	0.3%	14	0.5%	13	0.5%					2	0.4%
Palliative care	29	0.4%	2	0.1%	13	0.5%	3	0.3%	2	0.3%	3	0.6%
Optometry	29	0.4%	10	0.3%	5	0.2%			1	0.1%		
Podiatry	18	0.3%	20	0.7%	4	0.1%						
Massage therapy	20	0.3%	17	0.6%	2	0.1%					1	0.2%
Reproductive medicine	21	0.3%	4	0.1%	6	0.2%			4	0.5%	1	0.2%
Community Care	16	0.2%	11	0.4%	6	0.2%			1	0.1%	3	0.6%
Respiratory/Thoracic medicine	16	0.2%	2	0.1%	6	0.2%			4	0.5%	1	0.2%
Alternative health	5	0.1%	13	0.4%	6	0.2%	2	0.2%	2	0.3%		
Traditional Chinese medicine	2	0.0%	22	0.7%	3	0.1%						
Developmental disability	10	0.1%	11	0.4%	3	0.1%					3	0.6%
Personal care	11	0.2%	6	0.2%	5	0.2%	1	0.1%			3	0.6%
Osteopathy	12	0.2%	6	0.2%	6	0.2%						
Endocrinology	9	0.1%	3	0.1%	6	0.2%			1	0.1%	2	0.4%
Occupational health	7	0.1%	3	0.1%	5	0.2%					2	0.4%
Renal medicine	13	0.2%	1	0.0%	3	0.1%			1	0.1%	1	0.2%
Nephrology	9	0.1%	2	0.1%	3	0.1%			2	0.3%	2	0.4%
Rheumatology	8	0.1%			3	0.1%	1	0.1%	2	0.3%	1	0.2%
Sleep medicine	6	0.1%			5	0.2%						
Nuclear medicine	9	0.1%					2	0.2%				
Psychotherapy	3	0.0%	6	0.2%	1	0.0%	1	0.1%				
Acupuncture	6	0.1%	3	0.1%								
Haematology	5	0.1%			5	0.2%						
Nutrition and dietetics	5	0.1%	2	0.1%					2	0.3%		
Natural therapy	3	0.0%	3	0.1%	3	0.1%						
Medical Radiation Practice	1	0.0%	2	0.1%	3	0.1%	1	0.1%				
Family planning	2	0.0%	2	0.1%	2	0.1%			1	0.1%		
Educational facility			3	0.1%	2	0.1%					1	0.2%
Health education/information			5	0.2%	1	0.0%						
Psychogeriatrics	2	0.0%					1	0.1%				
Sport medicine	1	0.0%			1	0.0%						
Speech therapy	1	0.0%										
Autopsy			1	0.0%	1	0.0%						
Regulatory authority	1	0.0%			1	0.0%						
Sexual assault service	1	0.0%	1	0.0%								
Hypnotherapy	1	0.0%	1	0.0%								
Prosthetics and orthotics			1	0.0%								
<b>Total</b>	<b>6,890</b>	<b>100.0%</b>	<b>3,042</b>	<b>100.0%</b>	<b>2,680</b>	<b>100.0%</b>	<b>872</b>	<b>100.0%</b>	<b>751</b>	<b>100.0%</b>	<b>515</b>	<b>100.0%</b>

Counted by issues raised in complaint.



Issue Category													
Reports/certificates		Fees/costs		Medical records		Consent		Discharge/transfer arrangements		Grievance processes		Total	
No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
3	0.6%	3	0.7%	2	0.6%	2	0.6%	1	0.4%			60	0.4%
						2	0.6%	1	0.4%	1	0.8%	56	0.3%
		4	0.9%									49	0.3%
		4	0.9%			1	0.3%					47	0.3%
		1	0.2%			5	1.6%					46	0.3%
				2	0.6%			1	0.4%			39	0.2%
												37	0.2%
2	0.4%	1	0.2%	1	0.3%							33	0.2%
		1	0.2%			1	0.3%					30	0.2%
												27	0.2%
												27	0.2%
				1	0.3%							27	0.2%
		1	0.2%					1	0.4%			26	0.2%
		2	0.4%					1	0.4%	1	0.8%	25	0.1%
3	0.6%	1	0.2%									21	0.1%
								1	0.4%			20	0.1%
												18	0.1%
1	0.2%			1	0.3%					1	0.8%	18	0.1%
1	0.2%	1	0.2%	1	0.3%	1	0.3%					15	0.1%
		1	0.2%			1	0.3%					13	0.1%
												11	0.1%
												10	0.1%
												10	0.1%
												9	0.1%
												9	0.1%
												8	0.0%
						1	0.3%					8	0.0%
		1	0.2%									8	0.0%
												6	0.0%
												6	0.0%
												3	0.0%
												2	0.0%
												2	0.0%
		1	0.2%									2	0.0%
												2	0.0%
												2	0.0%
												2	0.0%
												2	0.0%
												1	0.0%
489	100.0%	448	100.0%	360	100.0%	321	100.0%	227	100.0%	126	100.0%	16,721	100.0%

**TABLE A.12** | Complaints received by service area 2017-18 to 2021-22

Service area	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>General practice</b>							1,641	18.9%	2,327	23.0%
<b>General medicine</b>	1,953	27.6%	2,119	29.0%	2,133	27.2%	783	9.0%	968	9.6%
<b>Emergency medicine</b>	396	5.6%	392	5.4%	423	5.4%	591	6.8%	683	6.8%
<b>Mental health</b>	456	6.4%	520	7.1%	472	6.0%	562	6.5%	564	5.6%
<b>Pharmacy/Pharmacology</b>	322	4.5%	337	4.6%	436	5.6%	486	5.6%	529	5.2%
<b>Dentistry</b>	508	7.2%	483	6.6%	507	6.5%	477	5.5%	462	4.6%
<b>Surgery</b>	426	6.0%	408	5.6%	401	5.1%	426	4.9%	436	4.3%
<b>Other</b>	532	7.5%	524	7.2%	758	9.7%	804	9.2%	413	4.1%
<b>Immunology</b>	13	0.2%	38	0.5%	68	0.9%	97	1.1%	357	3.5%
<b>Psychology</b>	252	3.6%	251	3.4%	258	3.3%	318	3.7%	345	3.4%
<b>Psychiatry</b>	133	1.9%	98	1.3%	122	1.6%	139	1.6%	205	2.0%
<b>Pathology</b>	30	0.4%	47	0.6%	71	0.9%	81	0.9%	199	2.0%
<b>Aged Care</b>	174	2.5%	144	2.0%	150	1.9%	185	2.1%	197	1.9%
<b>Ambulance Service</b>	56	0.8%	63	0.9%	75	1.0%	100	1.1%	177	1.8%
<b>Administration/Non-health related</b>	174	2.5%	205	2.8%	158	2.0%	132	1.5%	140	1.4%
<b>Radiology</b>	83	1.2%	98	1.3%	93	1.2%	127	1.5%	127	1.3%
<b>Obstetrics</b>	135	1.9%	122	1.7%	110	1.4%	124	1.4%	121	1.2%
<b>Midwifery</b>	40	0.6%	71	1.0%	98	1.2%	106	1.2%	116	1.1%
<b>Cosmetic Services</b>	148	2.1%	117	1.6%	152	1.9%	104	1.2%	110	1.1%
<b>Early childhood/Paediatric Medicine</b>	120	1.7%	87	1.2%	83	1.1%	80	0.9%	93	0.9%
<b>Geriatrics/Gerontology</b>	63	0.9%	148	2.0%	151	1.9%	119	1.4%	80	0.8%
<b>Vaccination</b>									74	0.7%
<b>Cardiology</b>	37	0.5%	55	0.8%	74	0.9%	58	0.7%	73	0.7%
<b>Gynaecology</b>	62	0.9%	69	0.9%	41	0.5%	48	0.6%	68	0.7%
<b>Physiotherapy</b>	53	0.7%	61	0.8%	51	0.6%	66	0.8%	63	0.6%
<b>Dermatology</b>	38	0.5%	41	0.6%	43	0.5%	49	0.6%	60	0.6%
<b>Chiropractice</b>	47	0.7%	43	0.6%	49	0.6%	49	0.6%	58	0.6%
<b>Counselling</b>	19	0.3%	41	0.6%	43	0.5%	46	0.5%	57	0.6%
<b>Pain Management</b>	39	0.6%	23	0.3%	41	0.5%	83	1.0%	54	0.5%
<b>Rehabilitation medicine</b>	31	0.4%	27	0.4%	39	0.5%	49	0.6%	53	0.5%
<b>Anaesthesia</b>	51	0.7%	22	0.3%	30	0.4%	40	0.5%	49	0.5%
<b>Drug and alcohol</b>	66	0.9%	41	0.6%	45	0.6%	31	0.4%	48	0.5%
<b>Ophthalmology</b>	55	0.8%	37	0.5%	47	0.6%	35	0.4%	48	0.5%
<b>Infectious diseases</b>	5	0.1%	3	0.0%	13	0.2%	9	0.1%	47	0.5%
<b>Unknown</b>	19	0.3%	32	0.4%	99	1.3%	54	0.6%	46	0.5%
<b>Medico-Legal</b>	63	0.9%	31	0.4%	56	0.7%	74	0.9%	43	0.4%
<b>Oncology</b>	72	1.0%	21	0.3%	25	0.3%	45	0.5%	40	0.4%
<b>Neurology</b>	33	0.5%	33	0.5%	33	0.4%	39	0.4%	38	0.4%
<b>Gastroenterology</b>	23	0.3%	16	0.2%	32	0.4%	39	0.4%	38	0.4%
<b>Optometry</b>	33	0.5%	18	0.2%	22	0.3%	29	0.3%	37	0.4%
<b>Occupational therapy</b>	26	0.4%	37	0.5%	23	0.3%	28	0.3%	37	0.4%
<b>Intensive care</b>	24	0.3%	17	0.2%	16	0.2%	20	0.2%	37	0.4%
<b>Palliative care</b>	43	0.6%	35	0.5%	28	0.4%	21	0.2%	34	0.3%
<b>Massage therapy</b>	20	0.3%	14	0.2%	18	0.2%	44	0.5%	32	0.3%
<b>Podiatry</b>	25	0.4%	46	0.6%	34	0.4%	28	0.3%	30	0.3%

TABLE A.12 | Continued

Service area	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Community Care	9	0.1%	18	0.2%	13	0.2%	21	0.2%	28	0.3%
Reproductive medicine	7	0.1%	23	0.3%	19	0.2%	31	0.4%	21	0.2%
Respiratory/Thoracic medicine	5	0.1%	13	0.2%	3	0.0%	5	0.1%	19	0.2%
Developmental disability	10	0.1%	9	0.1%	19	0.2%	15	0.2%	19	0.2%
Traditional Chinese medicine	18	0.3%	42	0.6%	17	0.2%	7	0.1%	17	0.2%
Alternative health	23	0.3%	24	0.3%	24	0.3%	24	0.3%	16	0.2%
Personal care	1	0.0%	12	0.2%	3	0.0%	4	0.0%	16	0.2%
Osteopathy	16	0.2%	11	0.2%	13	0.2%	12	0.1%	15	0.1%
Endocrinology	4	0.1%	13	0.2%	6	0.1%	15	0.2%	14	0.1%
Occupational health	15	0.2%	13	0.2%	16	0.2%	13	0.1%	14	0.1%
Nephrology	5	0.1%	4	0.1%	11	0.1%	9	0.1%	13	0.1%
Renal medicine	8	0.1%	12	0.2%	8	0.1%	12	0.1%	11	0.1%
Sleep medicine	9	0.1%	13	0.2%	5	0.1%	5	0.1%	11	0.1%
Haematology	11	0.2%	6	0.1%	10	0.1%	5	0.1%	10	0.1%
Rheumatology	7	0.1%	10	0.1%	7	0.1%	7	0.1%	9	0.1%
Nuclear medicine	1	0.0%			3	0.0%	2	0.0%	8	0.1%
Psychotherapy	6	0.1%	3	0.0%	11	0.1%	8	0.1%	7	0.1%
Acupuncture			9	0.1%	13	0.2%	3	0.0%	6	0.1%
Natural therapy	2	0.0%	1	0.0%	2	0.0%	3	0.0%	6	0.1%
Medical Radiation Practice	2	0.0%	13	0.2%	9	0.1%	13	0.1%	6	0.1%
Nutrition and dietetics			1	0.0%	2	0.0%	3	0.0%	5	0.0%
Health education/information	3	0.0%	2	0.0%	8	0.1%	3	0.0%	5	0.0%
Educational facility							3	0.0%	4	0.0%
Family planning	5	0.1%	2	0.0%	1	0.0%	5	0.1%	3	0.0%
Sport medicine	5	0.1%	6	0.1%			1	0.0%	2	0.0%
Hypnotherapy	1	0.0%			1	0.0%	1	0.0%	2	0.0%
Speech therapy	1	0.0%			3	0.0%	3	0.0%	2	0.0%
Sexual assault service	1	0.0%			1	0.0%	1	0.0%	2	0.0%
Autopsy									1	0.0%
Regulatory authority	7	0.1%	2	0.0%					1	0.0%
Prosthetics and orthotics	1	0.0%							1	0.0%
Psychogeriatrics									1	0.0%
Aviation medicine	1	0.0%								
Community Services	1	0.0%								
Forensic pathology					3	0.0%				
Hydrotherapy			1	0.0%						
Internal medicine	1	0.0%	1	0.0%			2	0.0%		
<b>Total</b>	<b>7,084</b>	<b>100.0%</b>	<b>7,299</b>	<b>100.0%</b>	<b>7,852</b>	<b>100.0%</b>	<b>8,702</b>	<b>100.0%</b>	<b>10,108</b>	<b>100.0%</b>

Counted by provider identified in complaint.

**TABLE A.13** | Source of complaints 2017-18 to 2021-22

Source	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Consumer	3,694	51.4%	3,852	52.2%	4,070	51.3%	4,772	54.4%	5,868	57.7%
Family or Friend	1,718	23.9%	1,573	21.3%	1,758	22.2%	1,863	21.2%	2,226	21.9%
Unknown/other source (including members of the public)	754	10.5%	573	7.8%	595	7.5%	552	6.3%	652	6.4%
Consumer organisation/advocate/carer/employer	227	3.2%	560	7.6%	558	7.0%	607	6.9%	483	4.7%
Professional council/association and regulatory authority	353	4.9%	466	6.3%	471	5.9%	470	5.4%	433	4.3%
Health care provider	264	3.7%	220	3.0%	337	4.2%	383	4.4%	376	3.7%
Government department	41	0.6%	43	0.6%	47	0.6%	27	0.3%	52	0.5%
Department of Health (State and Commonwealth)	109	1.5%	65	0.9%	57	0.7%	65	0.7%	50	0.5%
Legal representative	7	0.1%	23	0.3%	21	0.3%	26	0.3%	20	0.2%
College	5	0.1%	7	0.1%	8	0.1%	3	0.0%	8	0.1%
Court	13	0.2%	2	0.0%	9	0.1%	4	0.0%	1	0.0%
Member of Parliament	5	0.1%	2	0.0%	1	0.0%	2	0.0%		
<b>Total</b>	<b>7,190</b>	<b>100.0%</b>	<b>7,386</b>	<b>100.0%</b>	<b>7,932</b>	<b>100.0%</b>	<b>8,774</b>	<b>100.0%</b>	<b>10,169</b>	<b>100.0%</b>

Counted by Complainant and this takes into consideration multiple complainants.

**TABLE A.14** | Location of complainants 2017-18 to 2021-22

Location	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Metropolitan	3701	66.6%	3722	66.8%	3836	66.5%	4377	66.4%	5066	66.5%
Non-Metro	1594	28.7%	1524	27.4%	1612	27.9%	1820	27.6%	2150	28.2%
Interstate	252	4.5%	302	5.4%	299	5.2%	338	5.1%	369	4.8%
International	11	0.2%	22	0.4%	24	0.4%	57	0.9%	37	0.5%
<b>Total where location known</b>	<b>5558</b>	<b>100.0%</b>	<b>5570</b>	<b>100.0%</b>	<b>5771</b>	<b>100.0%</b>	<b>6592</b>	<b>100.0%</b>	<b>7622</b>	<b>100.0%</b>
<b>Location not identifiable</b>	<b>1632</b>	<b>100.0%</b>	<b>1816</b>	<b>100.0%</b>	<b>2162</b>	<b>100.0%</b>	<b>2182</b>	<b>100.0%</b>	<b>2547</b>	<b>100.0%</b>

Counted by complainant.

**TABLE A.15** | Location of health service provider 2017-18 to 2021-22

Location	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Metropolitan	4891	71.4%	5078	71.7%	5342	70.4%	5896	71.0%	6986	71.3%
Non-Metro	1747	25.5%	1811	25.6%	1925	25.4%	2163	26.0%	2549	26.0%
Interstate	203	3.0%	189	2.7%	294	3.9%	243	2.9%	254	2.6%
International	13	0.2%	6	0.1%	26	0.3%	8	0.1%	8	0.1%
<b>Total where location known</b>	<b>6854</b>	<b>100.0%</b>	<b>7084</b>	<b>100.0%</b>	<b>7587</b>	<b>100.0%</b>	<b>8310</b>	<b>100.0%</b>	<b>9797</b>	<b>100.0%</b>
<b>Location not identifiable</b>	<b>230</b>	<b>100.0%</b>	<b>215</b>	<b>100.0%</b>	<b>265</b>	<b>100.0%</b>	<b>392</b>	<b>100.0%</b>	<b>311</b>	<b>100.0%</b>

Counted by provider.

**TABLE A.16** | Issues raised in all complaints received by complainant location 2021-22

Issue category	Address Not Coded		International		Interstate		Metropolitan		Non-Metro		Total	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>Treatment</b>	1,422	35.6%	23	41.8%	226	35.3%	3,501	41.4%	1,794	48.4%	<b>6,966</b>	<b>41.3%</b>
<b>Professional conduct</b>	1,013	25.4%	10	18.2%	163	25.5%	1,430	16.9%	429	11.6%	<b>3,045</b>	<b>18.1%</b>
<b>Communication/information</b>	656	16.4%	4	7.3%	98	15.3%	1,292	15.3%	652	17.6%	<b>2,702</b>	<b>16.0%</b>
<b>Medication</b>	168	4.2%	2	3.6%	39	6.1%	514	6.1%	154	4.2%	<b>877</b>	<b>5.2%</b>
<b>Access</b>	165	4.1%	1	1.8%	16	2.5%	398	4.7%	175	4.7%	<b>755</b>	<b>4.5%</b>
<b>Environment/management of facilities</b>	135	3.4%	1	1.8%	10	1.6%	266	3.1%	104	2.8%	<b>516</b>	<b>3.1%</b>
<b>Reports/certificates</b>	101	2.5%	4	7.3%	22	3.4%	273	3.2%	94	2.5%	<b>494</b>	<b>2.9%</b>
<b>Fees/costs</b>	117	2.9%			19	3.0%	252	3.0%	63	1.7%	<b>451</b>	<b>2.7%</b>
<b>Medical records</b>	70	1.8%	3	5.5%	19	3.0%	207	2.4%	61	1.6%	<b>360</b>	<b>2.1%</b>
<b>Consent</b>	62	1.6%	7	12.7%	10	1.6%	171	2.0%	73	2.0%	<b>323</b>	<b>1.9%</b>
<b>Discharge/transfer arrangements</b>	53	1.3%			8	1.3%	100	1.2%	75	2.0%	<b>236</b>	<b>1.4%</b>
<b>Grievance processes</b>	27	0.7%			10	1.6%	60	0.7%	30	0.8%	<b>127</b>	<b>0.8%</b>
<b>Total</b>	<b>3,989</b>	<b>100.0%</b>	<b>55</b>	<b>100.0%</b>	<b>640</b>	<b>100.0%</b>	<b>8,464</b>	<b>100.0%</b>	<b>3,704</b>	<b>100.0%</b>	<b>16,852</b>	<b>100.0%</b>

Counted by issue raised in complaint.

**TABLE A.17** | Outcome of assessment of complaints 2017-18 to 2021-22

Outcomes	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>Discontinue</b>	3,038	42.2%	3,237	41.8%	3,549	44.2%	3,656	44.5%	4,543	46.6%
<b>Discontinue with comments</b>	657	9.1%	868	11.2%	916	11.4%	1,031	12.5%	1,536	15.7%
<b>Refer to Council</b>	1,477	20.5%	1,428	18.5%	1,328	16.6%	1,479	18.0%	1,287	13.2%
<b>Local Resolution</b>	761	10.6%	804	10.4%	559	7.0%	460	5.6%	785	8.0%
<b>Investigation</b>	397	5.5%	405	5.2%	414	5.2%	531	6.5%	484	5.0%
<b>Refer to Another body</b>	317	4.4%	275	3.6%	453	5.6%	334	4.1%	434	4.4%
<b>Resolution</b>	238	3.3%	320	4.1%	429	5.3%	410	5.0%	391	4.0%
<b>Resolved during Assessment Process</b>	306	4.3%	398	5.1%	375	4.7%	321	3.9%	280	2.9%
<b>Not yet finalised</b>									18	0.2%
<b>Total</b>	<b>7,191</b>	<b>100.0%</b>	<b>7,735</b>	<b>100.0%</b>	<b>8,023</b>	<b>100.0%</b>	<b>8,222</b>	<b>100.0%</b>	<b>9,758</b>	<b>100.0%</b>

Counted by provider identified in complaint.

**TABLE A.18** | Outcome of assessment of complaints by issues identified in complaint 2021-22

Issue category and name	Outcome							
	Discontinue		Discontinue with comments		Refer to Council		Local Resolution	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Treatment</b>								
Inadequate care	901	14.3%	233	10.3%	99	5.6%	223	20.3%
Inadequate treatment	395	6.3%	120	5.3%	99	5.6%	48	4.4%
Unexpected treatment outcome/complications	265	4.2%	74	3.3%	83	4.7%	20	1.8%
Inadequate/inappropriate consultation	282	4.5%	156	6.9%	46	2.6%	9	0.8%
Diagnosis	246	3.9%	79	3.5%	38	2.2%	19	1.7%
Delay in treatment	163	2.6%	30	1.3%	8	0.5%	137	12.5%
Wrong/inappropriate treatment	134	2.1%	61	2.7%	46	2.6%	10	0.9%
Rough and painful treatment	69	1.1%	36	1.6%	20	1.1%	6	0.5%
Infection control	63	1.0%	33	1.5%	15	0.9%	6	0.5%
Withdrawal of treatment	54	0.9%	8	0.4%	2	0.1%	12	1.1%
No/inappropriate referral	47	0.7%	19	0.8%	4	0.2%	1	0.1%
Coordination of treatment/results follow-up	18	0.3%	10	0.4%	1	0.1%	6	0.5%
Excessive treatment	17	0.3%	11	0.5%			3	0.3%
Attendance	14	0.2%	4	0.2%	9	0.5%	2	0.2%
Inadequate prosthetic equipment	16	0.3%	2	0.1%	7	0.4%	1	0.1%
Experimental treatment	5	0.1%	4	0.2%	1	0.1%		
Public/private election	4	0.1%	1	0.0%				
<b>Total</b>	<b>2,693</b>	<b>42.7%</b>	<b>881</b>	<b>39.0%</b>	<b>478</b>	<b>27.1%</b>	<b>503</b>	<b>45.8%</b>
<b>Professional conduct</b>								
Breach of guideline/law	236	3.7%	130	5.8%	304	17.3%	1	0.1%
Illegal practice	81	1.3%	26	1.2%	95	5.4%	2	0.2%
Impairment	39	0.6%	13	0.6%	170	9.7%		
Competence	56	0.9%	15	0.7%	89	5.1%	1	0.1%
Inappropriate disclosure of information	89	1.4%	36	1.6%	12	0.7%	4	0.4%
Sexual Misconduct	34	0.5%	14	0.6%	28	1.6%	1	0.1%
Misrepresentation of qualifications	59	0.9%	24	1.1%	11	0.6%		
Boundary violation	28	0.4%	13	0.6%	39	2.2%		
Assault	21	0.3%	8	0.4%	29	1.6%	1	0.1%
Advertising	24	0.4%	10	0.4%	26	1.5%		
Financial fraud	26	0.4%	4	0.2%	7	0.4%		
Discriminatory conduct	30	0.5%	11	0.5%	5	0.3%	3	0.3%
Breach of condition	8	0.1%	2	0.1%	18	1.0%		
Annual declaration not lodged/incomplete/wrong or misleading	4	0.1%	6	0.3%	15	0.9%		
Child Sexual Abuse	6	0.1%	2	0.1%	2	0.1%		
Emergency treatment not provided	2	0.0%	1	0.0%	1	0.1%	1	0.1%
Scientific fraud	1	0.0%						
<b>Total</b>	<b>744</b>	<b>11.8%</b>	<b>315</b>	<b>13.9%</b>	<b>851</b>	<b>48.3%</b>	<b>14</b>	<b>1.3%</b>

Outcome												
Investigation		Resolution		Refer to Another body		Resolved during assessment process		Not yet finalised		Total		
No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	
12	1.7%	150	22.8%	72	12.7%	70	17.2%	1	3.7%	1,761	12.8%	
6	0.8%	88	13.4%	19	3.3%	31	7.6%	1	3.7%	807	5.8%	
9	1.3%	87	13.2%	23	4.0%	18	4.4%			579	4.2%	
10	1.4%	8	1.2%	12	2.1%	15	3.7%			538	3.9%	
4	0.6%	46	7.0%	11	1.9%	14	3.4%			457	3.3%	
		31	4.7%	4	0.7%	19	4.7%	1	3.7%	393	2.8%	
3	0.4%	19	2.9%	4	0.7%	9	2.2%			286	2.1%	
2	0.3%	9	1.4%	3	0.5%	2	0.5%			147	1.1%	
8	1.1%	2	0.3%	8	1.4%	3	0.7%			138	1.0%	
		7	1.1%	4	0.7%	3	0.7%			90	0.7%	
		2	0.3%	1	0.2%	3	0.7%			77	0.6%	
2	0.3%	4	0.6%			5	1.2%			46	0.3%	
				1	0.2%	1	0.2%			33	0.2%	
1	0.1%			2	0.4%	1	0.2%			33	0.2%	
				3	0.5%	1	0.2%			30	0.2%	
										10	0.1%	
										5	0.0%	
<b>57</b>	<b>8.0%</b>	<b>453</b>	<b>68.8%</b>	<b>167</b>	<b>29.3%</b>	<b>195</b>	<b>47.9%</b>	<b>3</b>	<b>11.1%</b>	<b>5,430</b>	<b>39.3%</b>	
169	23.6%	2	0.3%	65	11.4%	2	0.5%	6	22.2%	915	6.6%	
100	14.0%	1	0.2%	14	2.5%			1	3.7%	320	2.3%	
32	4.5%			8	1.4%			1	3.7%	263	1.9%	
29	4.1%	1	0.2%	10	1.8%	1	0.2%	3	11.1%	205	1.5%	
11	1.5%			13	2.3%	1	0.2%			166	1.2%	
58	8.1%			5	0.9%			1	3.7%	141	1.0%	
12	1.7%			26	4.6%	1	0.2%	1	3.7%	134	1.0%	
25	3.5%					1	0.2%	1	3.7%	107	0.8%	
32	4.5%	3	0.5%	2	0.4%			1	3.7%	97	0.7%	
5	0.7%			28	4.9%			3	11.1%	96	0.7%	
8	1.1%			8	1.4%	1	0.2%			54	0.4%	
		4	0.6%			1	0.2%			54	0.4%	
20	2.8%			3	0.5%					51	0.4%	
2	0.3%			2	0.4%					29	0.2%	
14	2.0%			1	0.2%					25	0.2%	
		1	0.2%							6	0.0%	
										1	0.0%	
<b>517</b>	<b>72.3%</b>	<b>12</b>	<b>1.8%</b>	<b>185</b>	<b>32.5%</b>	<b>8</b>	<b>2.0%</b>	<b>18</b>	<b>66.7%</b>	<b>2,664</b>	<b>19.3%</b>	

TABLE A.18 | Continued

Issue category and name	Outcome							
	Discontinue		Discontinue with comments		Refer to Council		Local Resolution	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Communication/information</b>								
Attitude/manner	682	10.8%	296	13.1%	74	4.2%	102	9.3%
Inadequate information provided	241	3.8%	94	4.2%	29	1.6%	70	6.4%
Incorrect/misleading information provided	184	2.9%	91	4.0%	63	3.6%	15	1.4%
Special needs not accommodated	23	0.4%	10	0.4%	1	0.1%	8	0.7%
<b>Total</b>	<b>1,130</b>	<b>17.9%</b>	<b>491</b>	<b>21.7%</b>	<b>167</b>	<b>9.5%</b>	<b>195</b>	<b>17.7%</b>
<b>Medication</b>								
Prescribing Medication	193	3.1%	73	3.2%	50	2.8%	21	1.9%
Dispensing medication	56	0.9%	27	1.2%	69	3.9%	2	0.2%
Administering medication	38	0.6%	20	0.9%	17	1.0%	4	0.4%
Supply/security/storage of medication	11	0.2%	4	0.2%	6	0.3%	1	0.1%
<b>Total</b>	<b>298</b>	<b>4.7%</b>	<b>124</b>	<b>5.5%</b>	<b>142</b>	<b>8.1%</b>	<b>28</b>	<b>2.5%</b>
<b>Access</b>								
Refusal to admit or treat	263	4.2%	134	5.9%	9	0.5%	30	2.7%
Service availability	59	0.9%	8	0.4%	1	0.1%	33	3.0%
Access to facility	13	0.2%	9	0.4%			22	2.0%
Waiting lists	12	0.2%	1	0.0%			28	2.5%
Access to subsidies			1	0.0%			1	0.1%
Remoteness of service	1	0.0%						
<b>Total</b>	<b>348</b>	<b>5.5%</b>	<b>153</b>	<b>6.8%</b>	<b>10</b>	<b>0.6%</b>	<b>114</b>	<b>10.4%</b>
<b>Environment/management of facilities</b>								
Administrative processes	174	2.8%	29	1.3%	1	0.1%	52	4.7%
Staffing and rostering	30	0.5%	3	0.1%	1	0.1%	19	1.7%
Physical environment of facility	26	0.4%	3	0.1%			20	1.8%
Cleanliness/hygiene of facility	15	0.2%	4	0.2%	2	0.1%	4	0.4%
Statutory obligations/accreditation standards not met	3	0.0%	3	0.1%				
<b>Total</b>	<b>248</b>	<b>3.9%</b>	<b>42</b>	<b>1.9%</b>	<b>4</b>	<b>0.2%</b>	<b>95</b>	<b>8.6%</b>
<b>Reports/certificates</b>								
Accuracy of report/certificate	143	2.3%	38	1.7%	18	1.0%	5	0.5%
Timeliness of report/certificate	84	1.3%	12	0.5%	1	0.1%	14	1.3%
Refusal to provide report/certificate	50	0.8%	9	0.4%			1	0.1%
Report written with inadequate or no consultation	4	0.1%	5	0.2%	3	0.2%		
Cost of report/certificate	2	0.0%						
<b>Total</b>	<b>283</b>	<b>4.5%</b>	<b>64</b>	<b>2.8%</b>	<b>22</b>	<b>1.2%</b>	<b>20</b>	<b>1.8%</b>



Outcome											
Investigation		Resolution		Refer to Another body		Resolved during assessment process		Not yet finalised		Total	
No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
10	1.4%	37	5.6%	20	3.5%	34	8.4%			1,255	9.1%
1	0.1%	44	6.7%	11	1.9%	21	5.2%	1	3.7%	512	3.7%
25	3.5%	12	1.8%	20	3.5%	10	2.5%	2	7.4%	422	3.1%
		7	1.1%	1	0.2%	7	1.7%			57	0.4%
<b>36</b>	<b>5.0%</b>	<b>100</b>	<b>15.2%</b>	<b>52</b>	<b>9.1%</b>	<b>72</b>	<b>17.7%</b>	<b>3</b>	<b>11.1%</b>	<b>2,246</b>	<b>16.3%</b>
31	4.3%	8	1.2%	12	2.1%	5	1.2%			393	2.8%
24	3.4%	1	0.2%	5	0.9%	7	1.7%	1	3.7%	192	1.4%
1	0.1%	6	0.9%			9	2.2%			95	0.7%
7	1.0%			5	0.9%	1	0.2%			35	0.3%
<b>63</b>	<b>8.8%</b>	<b>15</b>	<b>2.3%</b>	<b>22</b>	<b>3.9%</b>	<b>22</b>	<b>5.4%</b>	<b>1</b>	<b>3.7%</b>	<b>715</b>	<b>5.2%</b>
1	0.1%	4	0.6%	7	1.2%	12	2.9%	1	3.7%	461	3.3%
		2	0.3%	4	0.7%	4	1.0%			111	0.8%
		1	0.2%	3	0.5%	3	0.7%			51	0.4%
		1	0.2%			2	0.5%			44	0.3%
										2	0.0%
		<b>1</b>	<b>0.2%</b>							<b>2</b>	<b>0.0%</b>
<b>1</b>	<b>0.1%</b>	<b>9</b>	<b>1.4%</b>	<b>14</b>	<b>2.5%</b>	<b>21</b>	<b>5.2%</b>	<b>1</b>	<b>3.7%</b>	<b>671</b>	<b>4.9%</b>
		3	0.5%	13	2.3%	7	1.7%			279	2.0%
		3	0.5%	3	0.5%	1	0.2%			60	0.4%
		1	0.2%	3	0.5%					53	0.4%
		4	0.6%	3	0.5%					32	0.2%
				1	0.2%					7	0.1%
		<b>11</b>	<b>1.7%</b>	<b>23</b>	<b>4.0%</b>	<b>8</b>	<b>2.0%</b>			<b>431</b>	<b>3.1%</b>
3	0.4%	5	0.8%	6	1.1%	4	1.0%			222	1.6%
2	0.3%	1	0.2%	2	0.4%	10	2.5%	1	3.7%	127	0.9%
				1	0.2%	1	0.2%			62	0.4%
		1	0.2%	3	0.5%	1	0.2%			17	0.1%
										2	0.0%
<b>5</b>	<b>0.7%</b>	<b>7</b>	<b>1.1%</b>	<b>12</b>	<b>2.1%</b>	<b>16</b>	<b>3.9%</b>	<b>1</b>	<b>3.7%</b>	<b>430</b>	<b>3.1%</b>

TABLE A.18 | Continued

Issue category and name	Outcome							
	Discontinue		Discontinue with comments		Refer to Council		Local Resolution	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Fees/costs</b>								
Billing practices	134	2.1%	43	1.9%	22	1.2%	9	0.8%
Cost of treatment	33	0.5%	8	0.4%	4	0.2%	5	0.5%
Financial consent	23	0.4%	25	1.1%	2	0.1%	1	0.1%
<b>Total</b>	<b>190</b>	<b>3.0%</b>	<b>76</b>	<b>3.4%</b>	<b>28</b>	<b>1.6%</b>	<b>15</b>	<b>1.4%</b>
<b>Medical records</b>								
Record keeping	53	0.8%	20	0.9%	32	1.8%	20	1.8%
Access to/transfer of records	72	1.1%	15	0.7%	5	0.3%	5	0.5%
Records management	10	0.2%	1	0.0%				
<b>Total</b>	<b>135</b>	<b>2.1%</b>	<b>36</b>	<b>1.6%</b>	<b>37</b>	<b>2.1%</b>	<b>25</b>	<b>2.3%</b>
<b>Consent</b>								
Consent not obtained or inadequate	71	1.1%	36	1.6%	11	0.6%	6	0.5%
Involuntary admission or treatment	52	0.8%	2	0.1%			35	3.2%
Uninformed consent	17	0.3%	7	0.3%	5	0.3%		
<b>Total</b>	<b>140</b>	<b>2.2%</b>	<b>45</b>	<b>2.0%</b>	<b>16</b>	<b>0.9%</b>	<b>41</b>	<b>3.7%</b>
<b>Discharge/transfer arrangements</b>								
Inadequate discharge	54	0.9%	14	0.6%	1	0.1%	28	2.5%
Delay	4	0.1%	1	0.0%	3	0.2%	5	0.5%
Patient not reviewed			2	0.1%				
Mode of transport					1	0.1%		
<b>Total</b>	<b>58</b>	<b>0.9%</b>	<b>17</b>	<b>0.8%</b>	<b>5</b>	<b>0.3%</b>	<b>33</b>	<b>3.0%</b>
<b>Grievance processes</b>								
Inadequate/no response to complaint	38	0.6%	13	0.6%	1	0.1%	15	1.4%
Reprisal/retaliation as result of complaint lodged	4	0.1%	1	0.0%				
Information about complaints procedures not provided	3	0.0%	2	0.1%			1	0.1%
<b>Total</b>	<b>45</b>	<b>0.7%</b>	<b>16</b>	<b>0.7%</b>	<b>1</b>	<b>0.1%</b>	<b>16</b>	<b>1.5%</b>
<b>Grand Total</b>	<b>6,312</b>	<b>100.0%</b>	<b>2,260</b>	<b>100.0%</b>	<b>1,761</b>	<b>100.0%</b>	<b>1,099</b>	<b>100.0%</b>

Counted by issues raised in complaint.

Outcome											
Investigation		Resolution		Refer to Another body		Resolved during assessment process		Not yet finalised		Total	
No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
6	0.8%	1	0.2%	36	6.3%	9	2.2%			260	1.9%
8	1.1%			10	1.8%	1	0.2%			69	0.5%
				1	0.2%	2	0.5%			54	0.4%
<b>14</b>	<b>2.0%</b>	<b>1</b>	<b>0.2%</b>	<b>47</b>	<b>8.3%</b>	<b>12</b>	<b>2.9%</b>			<b>383</b>	<b>2.8%</b>
17	2.4%	5	0.8%	5	0.9%	8	2.0%			160	1.2%
		1	0.2%	36	6.3%	10	2.5%			144	1.0%
						1	0.2%			12	0.1%
<b>17</b>	<b>2.4%</b>	<b>6</b>	<b>0.9%</b>	<b>41</b>	<b>7.2%</b>	<b>19</b>	<b>4.7%</b>			<b>316</b>	<b>2.3%</b>
5	0.7%	8	1.2%	1	0.2%	6	1.5%			144	1.0%
		3	0.5%			2	0.5%			94	0.7%
		2	0.3%	1	0.2%					32	0.2%
<b>5</b>	<b>0.7%</b>	<b>13</b>	<b>2.0%</b>	<b>2</b>	<b>0.4%</b>	<b>8</b>	<b>2.0%</b>			<b>270</b>	<b>2.0%</b>
		19	2.9%	1	0.2%	12	2.9%			129	0.9%
		2	0.3%			2	0.5%			17	0.1%
		1	0.2%							3	0.0%
						1	0.2%			2	0.0%
		<b>22</b>	<b>3.3%</b>	<b>1</b>	<b>0.2%</b>	<b>15</b>	<b>3.7%</b>			<b>151</b>	<b>1.1%</b>
		8	1.2%	3	0.5%	11	2.7%			89	0.6%
		1	0.2%							6	0.0%
										6	0.0%
		<b>9</b>	<b>1.4%</b>	<b>3</b>	<b>0.5%</b>	<b>11</b>	<b>2.7%</b>			<b>101</b>	<b>0.7%</b>
<b>715</b>	<b>100.0%</b>	<b>658</b>	<b>100.0%</b>	<b>569</b>	<b>100.0%</b>	<b>407</b>	<b>100.0%</b>	<b>27</b>	<b>100.0%</b>	<b>13,808</b>	<b>100.0%</b>

**TABLE A.19** | Outcome of assessment of complaints by most common service area 2021-22

Service area	Outcome							
	Discontinue		Discontinue with comments		Refer to Council		Local Resolution	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total
General practice	1,179	26.0%	584	38.0%	208	16.2%	11	1.4%
General medicine	378	8.3%	83	5.4%	98	7.6%	175	22.3%
Emergency medicine	217	4.8%	64	4.2%	19	1.5%	165	21.0%
Mental health	331	7.3%	32	2.1%	21	1.6%	116	14.8%
Pharmacy/Pharmacology	208	4.6%	79	5.1%	147	11.4%		
Dentistry	210	4.6%	45	2.9%	115	8.9%	27	3.4%
Surgery	215	4.7%	66	4.3%	44	3.4%	44	5.6%
Other	81	1.8%	22	1.4%	213	16.6%	3	0.4%
Immunology	177	3.9%	88	5.7%	29	2.3%	17	2.2%
Psychology	164	3.6%	48	3.1%	79	6.1%	1	0.1%
Psychiatry	143	3.1%	24	1.6%	8	0.6%	12	1.5%
Pathology	129	2.8%	36	2.3%	1	0.1%	15	1.9%
Aged Care	79	1.7%	18	1.2%	25	1.9%	11	1.4%
Ambulance Service	47	1.0%	14	0.9%	37	2.9%	14	1.8%
Radiology	69	1.5%	30	2.0%	8	0.6%	1	0.1%
Obstetrics	43	0.9%	19	1.2%	19	1.5%	13	1.7%
Cosmetic Services	61	1.3%	14	0.9%	11	0.9%		
Geriatrics/Gerontology	29	0.6%	9	0.6%	11	0.9%	9	1.1%
Midwifery	22	0.5%	2	0.1%	8	0.6%	9	1.1%
Paediatric Medicine	36	0.8%	16	1.0%	3	0.2%	9	1.1%
Vaccination	40	0.9%	9	0.6%			20	2.5%
Administration	34	0.7%	8	0.5%	6	0.5%	15	1.9%
Cardiology	38	0.8%	10	0.7%	3	0.2%	7	0.9%
Gynaecology	22	0.5%	18	1.2%	8	0.6%	4	0.5%
Non-health related	20	0.4%	4	0.3%	17	1.3%		
Chiropractice	16	0.4%	9	0.6%	25	1.9%		
Physiotherapy	19	0.4%	11	0.7%	18	1.4%	2	0.3%
Counselling	24	0.5%	18	1.2%	1	0.1%	1	0.1%
Dermatology	25	0.6%	14	0.9%	7	0.5%		
Drug and alcohol	26	0.6%	3	0.2%	6	0.5%	13	1.7%
Pain Management	29	0.6%	4	0.3%	1	0.1%	9	1.1%
Rehabilitation medicine	18	0.4%	2	0.1%	3	0.2%	6	0.8%
Anaesthesia	21	0.5%	11	0.7%	10	0.8%	1	0.1%
Medico-Legal	35	0.8%	2	0.1%	4	0.3%		
Unknown	19	0.4%	2	0.1%	9	0.7%		
Oncology	22	0.5%	3	0.2%	3	0.2%	4	0.5%
Gastroenterology	21	0.5%	7	0.5%			4	0.5%
Ophthalmology	28	0.6%	7	0.5%	1	0.1%	3	0.4%
Infectious diseases	14	0.3%	8	0.5%			5	0.6%
Occupational therapy	30	0.7%	2	0.1%				
Neurology	23	0.5%	5	0.3%	1	0.1%	2	0.3%

Outcome												
	Investigation		Refer to Another body		Resolution		Resolved during Assessment Process		Not yet finalised		Total	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
	94	19.4%	85	19.6%	4	1.0%	57	20.4%	3	16.7%	2,225	22.8%
	44	9.1%	30	6.9%	91	23.3%	36	12.9%	3	16.7%	938	9.6%
	1	0.2%	3	0.7%	85	21.7%	36	12.9%			590	6.0%
	9	1.9%	7	1.6%	38	9.7%	11	3.9%			565	5.8%
	48	9.9%	35	8.1%			11	3.9%	1	5.6%	529	5.4%
	23	4.8%	22	5.1%	3	0.8%	11	3.9%	1	5.6%	457	4.7%
	10	2.1%	15	3.5%	35	9.0%	15	5.4%	1	5.6%	445	4.6%
	57	11.8%	19	4.4%	1	0.3%			4	22.2%	400	4.1%
	20	4.1%	33	7.6%			8	2.9%			372	3.8%
	17	3.5%	18	4.1%			7	2.5%	3	16.7%	337	3.5%
			4	0.9%	2	0.5%	4	1.4%	1	5.6%	198	2.0%
			7	1.6%	1	0.3%	6	2.1%			195	2.0%
	16	3.3%	16	3.7%	10	2.6%	1	0.4%			176	1.8%
	36	7.4%	2	0.5%	6	1.5%	6	2.1%	1	5.6%	163	1.7%
	3	0.6%	5	1.2%	5	1.3%	1	0.4%			122	1.3%
	5	1.0%	1	0.2%	13	3.3%	4	1.4%			117	1.2%
	3	0.6%	17	3.9%							106	1.1%
	5	1.0%	6	1.4%	13	3.3%	5	1.8%			87	0.9%
	6	1.2%	29	6.7%	3	0.8%	2	0.7%			81	0.8%
	1	0.2%	2	0.5%	8	2.0%	5	1.8%			80	0.8%
			6	1.4%			4	1.4%			79	0.8%
	2	0.4%	8	1.8%							73	0.7%
	1	0.2%			3	0.8%	3	1.1%			65	0.7%
	1	0.2%	1	0.2%	4	1.0%	4	1.4%			62	0.6%
	15	3.1%	4	0.9%			1	0.4%			61	0.6%
	5	1.0%	5	1.2%							60	0.6%
	7	1.4%	2	0.5%			1	0.4%			60	0.6%
	7	1.4%	3	0.7%							54	0.6%
	4	0.8%	1	0.2%			1	0.4%			52	0.5%
			1	0.2%	1	0.3%	1	0.4%			51	0.5%
			3	0.7%	3	0.8%	1	0.4%			50	0.5%
	5	1.0%	1	0.2%	9	2.3%	5	1.8%			49	0.5%
	1	0.2%	1	0.2%			2	0.7%			47	0.5%
	2	0.4%	3	0.7%							46	0.5%
	6	1.2%	7	1.6%							43	0.4%
			2	0.5%	6	1.5%	2	0.7%			42	0.4%
					4	1.0%	6	2.1%			42	0.4%
			1	0.2%							40	0.4%
	3	0.6%	6	1.4%	2	0.5%					38	0.4%
	1	0.2%	2	0.5%			2	0.7%			37	0.4%
					1	0.3%	4	1.4%			36	0.4%

TABLE A.19 | Continued

Service area	Outcome							
	Discontinue		Discontinue with comments		Refer to Council		Local Resolution	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total
Services	14	0.3%					9	1.1%
Optometry	17	0.4%	8	0.5%	6	0.5%		
Palliative care	10	0.2%	4	0.3%	4	0.3%	4	0.5%
Intensive care	14	0.3%	3	0.2%	1	0.1%	4	0.5%
Podiatry	5	0.1%	9	0.6%	13	1.0%		
Massage therapy	13	0.3%	9	0.6%				
Community Care	16	0.4%	1	0.1%	2	0.2%	3	0.4%
Reproductive medicine	11	0.2%	2	0.1%	2	0.2%	1	0.1%
Developmental disability	5	0.1%	2	0.1%	5	0.4%		
Alternative health	7	0.2%	6	0.4%	2	0.2%		
Respiratory/Thoracic medicine	10	0.2%	3	0.2%			2	0.3%
Traditional Chinese medicine	3	0.1%	1	0.1%	7	0.5%		
Personal care	5	0.1%	3	0.2%	1	0.1%	1	0.1%
Nephrology	5	0.1%	5	0.3%			2	0.3%
Renal medicine	5	0.1%	2	0.1%	1	0.1%	3	0.4%
Occupational health	9	0.2%	1	0.1%	1	0.1%		
Osteopathy	1	0.0%	5	0.3%	6	0.5%		
Endocrinology	6	0.1%	2	0.1%	1	0.1%	1	0.1%
Sleep medicine	8	0.2%	1	0.1%				
Nuclear medicine	3	0.1%	2	0.1%	1	0.1%	2	0.3%
Haematology	8	0.2%						
Rheumatology	2	0.0%	2	0.1%			1	0.1%
Psychotherapy	5	0.1%	2	0.1%				
Natural therapy	3	0.1%	1	0.1%				
Acupuncture					3	0.2%		
Nutrition and dietetics	2	0.0%	1	0.1%	1	0.1%	1	0.1%
Speech therapy	2	0.0%	3	0.2%				
Health education/information	2	0.0%	2	0.1%	1	0.1%		
Family planning	4	0.1%						
Early childhood			1	0.1%			2	0.3%
Medical Radiation Practice	1	0.0%	2	0.1%				
Educational facility	1	0.0%	1	0.1%	1	0.1%		
Hypnotherapy	1	0.0%	1	0.1%				
Sexual assault service	1	0.0%						
Sport medicine			1	0.1%				
Autopsy	1	0.0%						
Regulatory authority							1	0.1%
Prosthetics and orthotics	1	0.0%						
Psychogeriatrics					1	0.1%		
<b>Total</b>	<b>4,543</b>	<b>100.0%</b>	<b>1,536</b>	<b>100.0%</b>	<b>1,287</b>	<b>100.0%</b>	<b>785</b>	<b>100.0%</b>

Counted by provider identified in complaint.



**TABLE A.20** | Outcome of assessment of complaints by type of health service provider 2021-22

Health service provider	Outcome							
	Discontinue		Discontinue with comments		Refer to Council		Local Resolution	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Registered health provider</b>								
Medical practitioner	1,686	66.2%	711	72.4%	410	32.1%	2	100.0%
Nurse/midwife	268	10.5%	72	7.3%	334	26.2%		
Pharmacist	130	5.1%	57	5.8%	146	11.4%		
Dental practitioner	178	7.0%	38	3.9%	121	9.5%		
Psychologist	164	6.4%	46	4.7%	94	7.4%		
Paramedic	21	0.8%	7	0.7%	55	4.3%		
Physiotherapist	19	0.7%	11	1.1%	21	1.6%		
Chiropractor	14	0.5%	8	0.8%	25	2.0%		
Occupational therapist	35	1.4%	3	0.3%	3	0.2%		
Podiatrist	4	0.2%	9	0.9%	17	1.3%		
Chinese Medicine Practitioner	5	0.2%	3	0.3%	14	1.1%		
Medical Radiation Practitioner	6	0.2%	6	0.6%	8	0.6%		
Optometrist	8	0.3%	5	0.5%	6	0.5%		
Student Nurse	5	0.2%	2	0.2%	7	0.5%		
Osteopath			3	0.3%	11	0.9%		
Student Medical practitioner			1	0.1%	3	0.2%		
Student Pharmacist	3	0.1%			1	0.1%		
Student Paramedic								
Student Psychologist	1	0.0%						
Dental technician								
Student Physiotherapist					1	0.1%		
Aboriginal and Torres Strait Islander HP	1	0.0%						
<b>Total</b>	<b>2,548</b>	<b>100.0%</b>	<b>982</b>	<b>100.0%</b>	<b>1,277</b>	<b>100.0%</b>	<b>2</b>	<b>100.0%</b>
<b>Non-registered health provider</b>								
Counsellor/therapist	21	17.5%	8	15.1%	1	100.0%		
Social worker	23	19.2%	6	11.3%				
Unknown	21	17.5%	2	3.8%				
Other	9	7.5%	4	7.5%				
Massage therapist	5	4.2%	7	13.2%				
Assistant in nursing	5	4.2%	4	7.5%				
Psychotherapist	3	2.5%	5	9.4%				
Sonographer	8	6.7%						
Personal care assistant	4	3.3%	2	3.8%				
Naturopath	5	4.2%	2	3.8%				
Residential care worker	3	2.5%	4	7.5%				
Administration/clerical staff	2	1.7%						



Outcome												
Investigation		Refer to Another body		Resolution		Resolved during Assessment Process		Not yet finalised		Total		
No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	
156	35.1%	125	55.8%	8	88.9%	53	65.4%	5	29.4%	3,156	56.5%	
126	28.3%	22	9.8%	1	11.1%	6	7.4%	7	41.2%	836	15.0%	
48	10.8%	19	8.5%			6	7.4%			406	7.3%	
17	3.8%	20	8.9%			6	7.4%	1	5.9%	381	6.8%	
19	4.3%	15	6.7%			5	6.2%	3	17.6%	346	6.2%	
42	9.4%	3	1.3%			1	1.2%	1	5.9%	130	2.3%	
8	1.8%	3	1.3%			1	1.2%			63	1.1%	
5	1.1%	6	2.7%							58	1.0%	
4	0.9%	3	1.3%			1	1.2%			49	0.9%	
		1	0.4%							31	0.6%	
7	1.6%	2	0.9%							31	0.6%	
4	0.9%									24	0.4%	
						2	2.5%			21	0.4%	
3	0.7%	4	1.8%							21	0.4%	
1	0.2%									15	0.3%	
2	0.4%	1	0.4%							7	0.1%	
										4	0.1%	
2	0.4%									2	0.0%	
										1	0.0%	
1	0.2%									1	0.0%	
										1	0.0%	
										1	0.0%	
<b>445</b>	<b>100.0%</b>	<b>224</b>	<b>100.0%</b>	<b>9</b>	<b>100.0%</b>	<b>81</b>	<b>100.0%</b>	<b>17</b>	<b>100.0%</b>	<b>5,585</b>	<b>100.0%</b>	
7	25.0%	4	23.5%							41	18.6%	
		1	5.9%			1	100.0%			31	14.1%	
		3	17.6%							26	11.8%	
4	14.3%	5	29.4%							22	10.0%	
5	17.9%									17	7.7%	
5	17.9%									14	6.4%	
1	3.6%									9	4.1%	
										8	3.6%	
1	3.6%	1	5.9%							8	3.6%	
		1	5.9%							8	3.6%	
1	3.6%									8	3.6%	
1	3.6%	2	11.8%							5	2.3%	

TABLE A.20 | Continued

	Outcome							
	Discontinue		Discontinue with comments		Refer to Council		Local Resolution	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Health service provider</b>								
Alternative health provider	1	0.8%	4	7.5%				
Cosmetic therapist	3	2.5%						
Dietitian/nutritionist	2	1.7%	1	1.9%				
Hypnotherapist	1	0.8%	1	1.9%				
Speech pathologist	1	0.8%	1	1.9%				
Student Psychologist	1	0.8%						
Dental technician								
Audiologist			1	1.9%				
Natural therapist			1	1.9%				
Ambulance personnel	1	0.8%						
Disability support worker								
Optical dispenser	1	0.8%						
<b>Total</b>	<b>120</b>	<b>100.0%</b>	<b>53</b>	<b>100.0%</b>	<b>1</b>	<b>100.0%</b>		
<b>Health organisation</b>								
Unknown	1	0.1%						
Other	15	0.8%	5	1.0%				
Aboriginal health centre	10	0.5%	3	0.6%				
Aged care facility	24	1.3%	3	0.6%				
Alternative health facility	11	0.6%	4	0.8%				
Ambulance service	25	1.3%	7	1.4%			14	1.8%
Blood bank	1	0.1%						
Chiropractic facility	2	0.1%	1	0.2%				
Community health service	54	2.9%	5	1.0%			34	4.3%
Correction and detention facility	66	3.5%	7	1.4%			70	8.9%
Cosmetic health facility	13	0.7%	2	0.4%				
Day procedure centre	2	0.1%						
Dental Facility	31	1.7%	11	2.2%			20	2.6%
Domestic Residence								
Drug and Alcohol Service	4	0.2%	2	0.4%			1	0.1%
Educational facility	1	0.1%						
Government Department	44	2.3%	1	0.2%			1	0.1%
Health fund	2	0.1%						
Local Health District	10	0.5%	1	0.2%				
Medical centre	400	21.3%	180	35.9%			4	0.5%
Multi purpose service	2	0.1%	2	0.4%				
NSW Department of Health	3	0.2%						
Nursing agency	6	0.3%	2	0.4%				

Outcome												
Investigation		Refer to Another body		Resolution		Resolved during Assessment Process		Not yet finalised		Total		
No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	
										5	2.3%	
1	3.6%									4	1.8%	
										3	1.4%	
										2	0.9%	
										2	0.9%	
										1	0.5%	
1	3.6%									1	0.5%	
										1	0.5%	
										1	0.5%	
1	3.6%									1	0.5%	
										1	0.5%	
<b>28</b>	<b>100.0%</b>	<b>17</b>	<b>100.0%</b>			<b>1</b>	<b>100.0%</b>			<b>220</b>	<b>100.0%</b>	
										1	0.0%	
		6	3.1%							26	0.7%	
										13	0.3%	
		16	8.3%	5	1.3%	1	0.5%			49	1.2%	
3	27.3%	4	2.1%	1	0.3%					23	0.6%	
		1	0.5%	6	1.6%	5	2.5%			58	1.5%	
										1	0.0%	
										3	0.1%	
		3	1.6%	7	1.8%					103	2.6%	
		2	1.0%			1	0.5%			146	3.7%	
1	9.1%	2	1.0%							18	0.5%	
										2	0.1%	
		3	1.6%	2	0.5%	4	2.0%			71	1.8%	
		1	0.5%							1	0.0%	
				1	0.3%	1	0.5%			9	0.2%	
										1	0.0%	
		53	27.5%			1	0.5%			100	2.5%	
		4	2.1%			1	0.5%			7	0.2%	
		1	0.5%							12	0.3%	
5	45.5%	33	17.1%	1	0.3%	30	15.2%			653	16.5%	
		1	0.5%	1	0.3%					6	0.2%	
										3	0.1%	
										8	0.2%	

TABLE A.20 | Continued

	Outcome							
	Discontinue		Discontinue with comments		Refer to Council		Local Resolution	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Health service provider</b>								
Optometrist facility	10	0.5%	3	0.6%				
Pathology centres/labs	132	7.0%	39	7.8%			3	0.4%
Pharmacy	73	3.9%	24	4.8%	9	100.0%		
Physiotherapy facility	6	0.3%						
Podiatry practice								
Private Hospital	103	5.5%	17	3.4%			21	2.7%
Psychiatric hospital/unit	94	5.0%	5	1.0%			62	7.9%
Psychology facility	17	0.9%	3	0.6%			1	0.1%
Public Hospital	569	30.3%	128	25.5%			525	67.0%
Radiology facility	34	1.8%	21	4.2%			1	0.1%
Rehabilitation facility	10	0.5%	1	0.2%				
Sexual Assault Service	1	0.1%						
Specialist medical practice	58	3.1%	14	2.8%			2	0.3%
Supported accommodation services (not aged care)	2	0.1%						
Vaccination Centre	39	2.1%	10	2.0%			24	3.1%
<b>Total</b>	<b>1,875</b>	<b>100.0%</b>	<b>501</b>	<b>100.0%</b>	<b>9</b>	<b>100.0%</b>	<b>783</b>	<b>100.0%</b>
<b>Grand total</b>	<b>4,543</b>	<b>100.0%</b>	<b>1,536</b>	<b>100.0%</b>	<b>1,287</b>	<b>100.0%</b>	<b>785</b>	<b>100.0%</b>

Counted by provider identified in complaint.

Outcome												
Investigation		Refer to Another body		Resolution		Resolved during Assessment Process		Not yet finalised		Total		
No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	
		1	0.5%							14	0.4%	
		5	2.6%			5	2.5%			184	4.7%	
		16	8.3%			6	3.0%	1	100.0%	129	3.3%	
										6	0.2%	
		2	1.0%							2	0.1%	
		2	1.0%	34	8.9%	8	4.0%			185	4.7%	
				16	4.2%	4	2.0%			181	4.6%	
		4	2.1%			2	1.0%			27	0.7%	
2	18.2%	17	8.8%	305	79.8%	116	58.6%			1,662	42.0%	
		3	1.6%	2	0.5%	1	0.5%			62	1.6%	
		1	0.5%	1	0.3%					13	0.3%	
										1	0.0%	
		6	3.1%			7	3.5%			87	2.2%	
										2	0.1%	
		6	3.1%			5	2.5%			84	2.1%	
11	100.0%	193	100.0%	382	100.0%	198	100.0%	1	100.0%	3,953	100.0%	
484	100.0%	434	100.0%	391	100.0%	280	100.0%	18	100.0%	9,758	100.0%	

**TABLE A.21** | Time taken to assess complaints 2017-18 to 2021-22

	2017-18	2018-19	2019-20	2020-21	2021-22
Percentage of complaints assessed within 60 days	54.7%	79.0%	89.0%	86.6%	79.0%
Average days to assess complaints	72	48	39	40	45

Counted by provider identified in complaint.

**TABLE A.22** | Requests for review of assessment decision 2017-18 to 2021-22

	2017-18	2018-19	2019-20	2020-21	2021-22
Requests for Review of assessment decision	374	526	564	531	470
Percentage of complaints assessed	5.2%	6.8%	7.0%	6.5%	4.8%

Counted by provider identified in complaint.

**TABLE A.23** | Outcome of reviews of assessment decision 2017-18 to 2021-22

Review Result	2017-18		2019-19		2019-20		2020-21		2021-22	
	No	% of total	No	% of total	No	% of total	No	% of total	No	% of total
Original assessment confirmed	257	85.7%	439	85.7%	443	86.9%	528	89.6%	368	86.6%
Assessment decision varied	43	14.3%	73	14.3%	67	13.1%	61	10.4%	57	13.4%
<b>Total</b>	<b>300</b>	<b>100.0%</b>	<b>512</b>	<b>100.0%</b>	<b>510</b>	<b>100.0%</b>	<b>589</b>	<b>100.0%</b>	<b>425</b>	<b>100.0%</b>

Counted by provider identified in complaint, excludes withdrawn.

**TABLE A.24** | Time taken to complete reviews of assessment decisions 2017-18 to 2021-22

Duration	2017-18	2018-19	2019-20	2020-21	2021-22
	No	No	No	No	No
0-30 Days	72	100	57	146	142
31-60 Days	85	206	175	194	175
61-90 Days	55	104	161	130	87
91-120 Days	37	38	74	78	16
121-150 Days	24	28	32	28	5
151-180 Days	10	20	6	11	
181-210 Days	10	10	3		
211-240 Days	3		2	2	
241-270 Days	1	5			
301-330 Days	3	1			
<b>Total</b>	<b>300</b>	<b>512</b>	<b>510</b>	<b>589</b>	<b>425</b>

Counted by provider, excludes withdrawn.

**TABLE A.25A** | Resolutions received 2017-18 to 2021-22

Reporting Year	Resolutions received
2017-18	254
2018-19	366
2019-20	464
2020-21	416
2021-22	405

**TABLE A.25B** | Outcome of complaints finalised by the Commission's Resolution Service 2017-18 to 2021-22

Outcome	2017-18		2019-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>Resolution did proceed</b>										
Resolved	80	61.1%	155	64.0%	182	61.1%	254	69.6%	150	59.8%
Partially Resolved	30	22.9%	66	27.3%	106	35.6%	91	24.9%	72	28.7%
Not Resolved	21	16.0%	21	8.7%	10	3.4%	20	5.5%	29	11.6%
<b>Total</b>	<b>131</b>	<b>100.0%</b>	<b>242</b>	<b>100.0%</b>	<b>298</b>	<b>100.0%</b>	<b>365</b>	<b>100.0%</b>	<b>251</b>	<b>100.0%</b>
<b>Resolution did not proceed total</b>										
	<b>54</b>	<b>29.2%</b>	<b>105</b>	<b>30.3%</b>	<b>114</b>	<b>27.7%</b>	<b>96</b>	<b>20.8%</b>	<b>89</b>	<b>26.2%</b>
<b>Grand total</b>	<b>185</b>	<b>100.0%</b>	<b>347</b>	<b>100.0%</b>	<b>412</b>	<b>100.0%</b>	<b>461</b>	<b>100.0%</b>	<b>340</b>	<b>100.0%</b>

Counted by provider identified in complaint.

**TABLE A.26** | Outcome of conciliations initiated by the Commission's Resolution Service 2017-18 to 2021-22

Outcome	2017-18		2019-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>Conciliation process did proceed</b>										
<b>Resolved</b>										
Agreement reached			1	100.0%						
<b>Not resolved</b>										
Partially resolved			1	100.0%						
<b>Total</b>			<b>2</b>	<b>100.0%</b>						
<b>Conciliation process did not proceed total</b>										
	<b>1</b>	<b>100.0%</b>								
<b>Grand total</b>	<b>1</b>	<b>100.0%</b>	<b>2</b>	<b>100.0%</b>						

Counted by provider identified in complaint.

**TABLE A.27** | Time taken to complete resolutions that proceeded 2017-18 to 2021-22

Time taken to complete	2017-18	2018-19	2019-20	2020-21	2021-22
	No	No	No	No	No
0-1 months	7	16	25	11	11
1-2 months	16	23	65	57	41
2-3 months	27	41	57	64	29
3-4 months	39	39	56	67	40
4-5 months	13	29	42	36	17
5-6 months	13	34	19	30	29
6-7 months	9	21	9	30	18
7-8 months	4	7	7	20	19
8-9 months	2	8	13	24	4
9-10 months	6	10	7	13	9
10-11 months		10	4	8	9
11-12 months		5	2	1	14
>12 months	2	10	7	4	11
<b>Total</b>	<b>138</b>	<b>253</b>	<b>313</b>	<b>365</b>	<b>251</b>

Counted by provider identified in complaint.

**TABLE A.28** | Investigations received by health service provider 2017-18 to 2021-22

Health Service Provider	2017-18		2018-19		2019-20		2020-21		2021-22	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Registered Health Practitioner</b>										
Medical practitioner	184	49.1%	178	47.7%	119	32.2%	156	32.4%	150	33.3%
Nurse/midwife	95	25.3%	64	17.2%	86	23.2%	116	24.1%	129	28.6%
Pharmacist	48	12.8%	66	17.7%	71	19.2%	126	26.2%	50	11.1%
Paramedic					4	1.1%	12	2.5%	40	8.9%
Dental practitioner	23	6.1%	14	3.8%	48	13.0%	24	5.0%	24	5.3%
Psychologist	8	2.1%	10	2.7%	10	2.7%	11	2.3%	19	4.2%
Occupational therapist	5	1.3%			3	0.8%	5	1.0%	9	2.0%
Chinese Medicine Practitioner	1	0.3%	15	4.0%	6	1.6%	10	2.1%	8	1.8%
Chiropractor	4	1.1%	4	1.1%	2	0.5%	8	1.7%	7	1.6%
Physiotherapist			10	2.7%	8	2.2%	7	1.5%	4	0.9%
Student Nurse									4	0.9%
Student Paramedic									2	0.4%
Medical Radiation Practitioner	2	0.5%	2	0.5%					2	0.4%
Student Medical practitioner					3	0.8%	2	0.4%	2	0.4%
Osteopath	2	0.5%	3	0.8%	6	1.6%			1	0.2%
Aboriginal and Torres Strait Islander HP			2	0.5%			3	0.6%		
Acupuncturist					2	0.5%				
Optometrist			1	0.3%						
Podiatrist	3	0.8%	2	0.5%	2	0.5%				
Student Chinese medicine practitioner			2	0.5%						
Student Pharmacist							1	0.2%		
<b>Total</b>	<b>375</b>	<b>100.0%</b>	<b>373</b>	<b>100.0%</b>	<b>370</b>	<b>100.0%</b>	<b>481</b>	<b>100.0%</b>	<b>451</b>	<b>100.0%</b>
<b>Non-registered Health Practitioner</b>										
Counsellor/therapist			4	15.4%			9	18.0%	7	24.1%
Assistant in nursing	4	17.4%	5	19.2%	3	16.7%	11	22.0%	5	17.2%
Massage therapist	7	30.4%	3	11.5%	3	16.7%	8	16.0%	5	17.2%
Other					4	22.2%	2	4.0%	4	13.8%
Cosmetic therapist	6	26.1%	2	7.7%			3	6.0%	2	6.9%
Dental technician	1	4.3%			4	22.2%			2	6.9%
Disability support worker									1	3.4%
Personal care assistant			1	3.8%			2	4.0%	1	3.4%
Administration/clerical staff									1	3.4%
Residential care worker			1	3.8%			1	2.0%	1	3.4%
Acupuncture therapist					1	5.6%	2	4.0%		
Alternative health provider	1	4.3%	1	3.8%						
Ambulance personnel	2	8.7%					1	2.0%		
Hypnotherapist					1	5.6%				
Naturopath	2	8.7%	9	34.6%			4	8.0%		
Social worker					2	11.1%	3	6.0%		
Sonographer							4	8.0%		
<b>Total</b>	<b>23</b>	<b>100.0%</b>	<b>26</b>	<b>100.0%</b>	<b>18</b>	<b>100.0%</b>	<b>50</b>	<b>100.0%</b>	<b>29</b>	<b>100.0%</b>



TABLE A.28 | Continued

Health Service Provider	2017-18		2018-19		2019-20		2020-21		2021-22	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Health Organisation</b>										
Medical centre			2	25.0%			1	6.7%	5	41.7%
Alternative health facility			5	62.5%			5	33.3%	3	25.0%
Public Hospital					2	40.0%	4	26.7%	2	16.7%
Cosmetic health facility	2	66.7%			1	20.0%	1	6.7%	1	8.3%
Correction and detention facility									1	8.3%
Aged care facility							1	6.7%		
Ambulance service							1	6.7%		
Dental Facility					1	20.0%				
Local Health District	1	33.3%	1	12.5%						
Pathology centres/labs							1	6.7%		
Private Hospital					1	20.0%	1	6.7%		
<b>Total</b>	<b>3</b>	<b>100.0%</b>	<b>8</b>	<b>100.0%</b>	<b>5</b>	<b>100.0%</b>	<b>15</b>	<b>100.0%</b>	<b>12</b>	<b>100.0%</b>
<b>Grand total</b>	<b>401</b>	<b>100.0%</b>	<b>407</b>	<b>100.0%</b>	<b>393</b>	<b>100.0%</b>	<b>546</b>	<b>100.0%</b>	<b>492</b>	<b>100.0%</b>

Counter by provider.

TABLE A.29 | Investigations received by issue category 2017-18 to 2021-22

Issue Category	2017-18		2018-19		2019-20		2020-21		2021-22	
	No	% of Invest. Received	No	% of Invest. Received	No	% of Invest. Received	No	% of Invest. Received	No	% of Invest. Received
Professional conduct	285	71.1%	293	72.0%	327	83.2%	429	78.6%	419	85.2%
Medication	86	21.4%	59	14.5%	23	5.9%	50	9.2%	54	11.0%
Treatment	83	20.7%	76	18.7%	53	13.5%	73	13.4%	51	10.4%
Communication/information	13	3.2%	12	2.9%	11	2.8%	14	2.6%	38	7.7%
Medical records	15	3.7%	9	2.2%	3	0.8%	5	0.9%	14	2.8%
Fees/costs	4	1.0%	6	1.5%	5	1.3%	3	0.5%	11	2.2%
Reports/certificates	3	0.7%	1	0.2%	1	0.3%			5	1.0%
Consent	1	0.2%	1	0.2%	1	0.3%	5	0.9%	5	1.0%
Environment/management of facilities	3	0.7%	2	0.5%			4	0.7%	1	0.2%
Access									1	0.2%
Discharge/transfer arrangements	1	0.2%								
Grievance processes	3	0.7%	1	0.2%			2	0.4%		
<b>Total</b>	<b>497</b>	<b>123.9%</b>	<b>460</b>	<b>113.0%</b>	<b>424</b>	<b>107.9%</b>	<b>585</b>	<b>107.1%</b>	<b>599</b>	<b>121.7%</b>

Counted by issue raised in complaint. As one complaint may raise several issues, the proportions exceed 100%.

**TABLE A.30** | Investigations finalised by health service provider 2017-18 to 2021-22

Health Service Provider	2017-18		2018-19		2019-20		2020-21		2021-22	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Registered Health Practitioner</b>										
Medical practitioner	149	52.8%	179	49.9%	206	41.1%	128	31.9%	192	34.2%
Nurse/midwife	45	16.0%	72	20.1%	105	21.0%	58	14.5%	127	22.6%
Pharmacist	29	10.3%	31	8.6%	78	15.6%	114	28.4%	85	15.2%
Paramedic							1	0.2%	39	7.0%
Dental practitioner	15	5.3%	32	8.9%	24	4.8%	32	8.0%	15	2.7%
Psychologist	13	4.6%	4	1.1%	10	2.0%	18	4.5%	14	2.5%
Physiotherapist	1	0.4%	4	1.1%	10	2.0%	1	0.2%	8	1.4%
Chiropractor	3	1.1%	5	1.4%			1	0.2%	7	1.2%
Chinese Medicine Practitioner			6	1.7%	8	1.6%	9	2.2%	7	1.2%
Occupational therapist			5	1.4%					6	1.1%
Student Nurse									2	0.4%
Aboriginal and Torres Strait Islander HP							2	0.5%	1	0.2%
Osteopath	1	0.4%			8	1.6%			1	0.2%
Student Medical practitioner							4	1.0%	1	0.2%
Medical Radiation Practitioner	2	0.7%	1	0.3%	1	0.2%			1	0.2%
Student Pharmacist									1	0.2%
Optometrist					1	0.2%				
Podiatrist	3	1.1%			4	0.8%				
Student Chinese medicine practitioner					2	0.4%				
Student Chiropractor					2	0.4%				
<b>Total</b>	<b>261</b>	<b>92.6%</b>	<b>339</b>	<b>94.4%</b>	<b>459</b>	<b>91.6%</b>	<b>368</b>	<b>91.8%</b>	<b>507</b>	<b>90.4%</b>
<b>Non-registered Health Practitioner</b>										
Counsellor/therapist	1	0.4%	1	0.3%	3	0.6%	1	0.2%	11	2.0%
Cosmetic therapist							2	0.5%	8	1.4%
Naturopath			3	0.8%	9	1.8%			7	1.2%
Assistant in nursing	5	1.8%	2	0.6%	5	1.0%	8	2.0%	5	0.9%
Social worker							2	0.5%	3	0.5%
Acupuncture therapist					1	0.2%			2	0.4%
Dental technician			1	0.3%	4	0.8%			2	0.4%
Disability support worker									2	0.4%
Massage therapist	5	1.8%	4	1.1%	5	1.0%	5	1.2%	1	0.2%
Ambulance personnel			2	0.6%					1	0.2%
Other	1	0.4%	1	0.3%	3	0.6%	3	0.7%	1	0.2%
Alternative health practitioner					2	0.4%				
Dietitian/nutritionist	1	0.4%								
Hypnotherapist							1	0.2%		
Personal care assistant					1	0.2%				
Residential care worker					1	0.2%	1	0.2%		
Sonographer							2	0.5%		
<b>Total</b>	<b>13</b>	<b>4.6%</b>	<b>14</b>	<b>3.9%</b>	<b>34</b>	<b>6.8%</b>	<b>25</b>	<b>6.2%</b>	<b>43</b>	<b>7.7%</b>

TABLE A.30 | Continued

Health Service Provider	2017-18		2018-19		2019-20		2020-21		2021-22	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Health Organisation</b>										
Medical centre					2	0.4%			6	1.1%
Alternative health facility	1	0.4%	2	0.6%	3	0.6%			3	0.5%
Public Hospital	4	1.4%	4	1.1%			4	1.0%	2	0.4%
Aged care facility							1	0.2%		
Cosmetic health facility	2	0.7%			1	0.2%	1	0.2%		
Dental Facility							1	0.2%		
Local Health District					1	0.2%				
Pathology centres/labs							1	0.2%		
Private Hospital	1	0.4%			1	0.2%				
<b>Total</b>	<b>8</b>	<b>2.8%</b>	<b>6</b>	<b>1.7%</b>	<b>8</b>	<b>1.6%</b>	<b>8</b>	<b>2.0%</b>	<b>11</b>	<b>2.0%</b>
<b>Grand total</b>	<b>282</b>	<b>100.0%</b>	<b>359</b>	<b>100.0%</b>	<b>501</b>	<b>100.0%</b>	<b>401</b>	<b>100.0%</b>	<b>561</b>	<b>100.0%</b>

Counted by provider identified in complaint.

**TABLE A.31** | Outcome of investigations 2017-18 to 2021-22

Investigation outcome	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>Registered health practitioner</b>										
Referred to Director Proceedings	146	55.9%	168	49.6%	228	49.7%	179	48.6%	200	39.4%
Referred to Council under s20A	30	11.5%	35	10.3%	74	16.1%	126	34.2%	190	37.5%
No further action – National Board informed	36	13.8%	45	13.3%	41	8.9%	18	4.9%	41	8.1%
Referred to Council	16	6.1%	58	17.1%	64	13.9%	9	2.4%	23	4.5%
No further action	28	10.7%	29	8.6%	36	7.8%	18	4.9%	36	7.1%
Comments	3	1.1%	2	0.6%	14	3.1%	5	1.4%	8	1.6%
Referred to other organisation for investigation			2	0.6%	2	0.4%	12	3.3%	9	1.8%
Referred to Director of Public Prosecution	2	0.8%								
Refer to Commissioner							1	0.3%		
<b>Total</b>	<b>261</b>	<b>100.0%</b>	<b>339</b>	<b>100.0%</b>	<b>459</b>	<b>100.0%</b>	<b>368</b>	<b>100.0%</b>	<b>507</b>	<b>100.0%</b>
<b>Non-registered health practitioner</b>										
Prohibition Order	5	38.5%	5	35.7%	27	79.4%	19	76.0%	27	62.8%
Comments	4	30.8%	7	50.0%	3	8.8%	5	20.0%	4	9.3%
No further action	3	23.1%	2	14.3%	4	11.8%			9	20.9%
Public Warning under s94									2	4.7%
Referred to other organisation for investigation	1	7.7%					1	4.0%		
Referred to Director of Public Prosecution									1	2.3%
<b>Total</b>	<b>13</b>	<b>100.0%</b>	<b>14</b>	<b>100.0%</b>	<b>34</b>	<b>100.0%</b>	<b>25</b>	<b>100.0%</b>	<b>43</b>	<b>100.0%</b>
<b>Health organisation</b>										
Recommendations	4	50.0%	4	66.7%	6	75.0%	5	62.5%	2	18.2%
Comments	2	25.0%					2	25.0%	7	63.6%
No further action	2	25.0%			2	25.0%			1	9.1%
Public Warning under s94			2	33.3%			1	12.5%	1	9.1%
<b>Total</b>	<b>8</b>	<b>100.0%</b>	<b>6</b>	<b>100.0%</b>	<b>8</b>	<b>100.0%</b>	<b>8</b>	<b>100.0%</b>	<b>11</b>	<b>100.0%</b>
<b>Grand Total</b>	<b>282</b>	<b>100.0%</b>	<b>359</b>	<b>100.0%</b>	<b>501</b>	<b>100.0%</b>	<b>401</b>	<b>100.0%</b>	<b>561</b>	<b>100.0%</b>

Counted by provider.



**TABLE A.32** | Outcome of investigations finalised by health service provider type 2021-22

Health service provider	Referred to Director Proceedings		Referred to Council under s20A		No further action		No further action – National Board informed		Prohibition Order	
	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
<b>Registered health practitioner</b>										
Medical practitioner	69	34.5%	66	34.7%	7	19.4%	25	61.0%		
Nurse/midwife	56	28.0%	38	20.0%	17	47.2%	12	29.3%		
Pharmacist	24	12.0%	46	24.2%	8	22.2%	2	4.9%		
Paramedic	21	10.5%	18	9.5%						
Dental practitioner	5	2.5%	9	4.7%	1	2.8%				
Psychologist	5	2.5%	5	2.6%	1	2.8%	1	2.4%		
Physiotherapist	7	3.5%								
Chinese Medicine Practitioner	2	1.0%	3	1.6%	2	5.6%				
Chiropractor	7	3.5%								
Occupational therapist	3	1.5%								
Student Nurse			2	1.1%						
Student Pharmacist							1	2.4%		
Medical Radiation Practitioner	1	0.5%								
Student Medical practitioner			1	0.5%						
Osteopath			1	0.5%						
Aboriginal and Torres Strait Islander HP			1	0.5%						
<b>Total</b>	<b>200</b>	<b>100.0%</b>	<b>190</b>	<b>100.0%</b>	<b>36</b>	<b>100.0%</b>	<b>41</b>	<b>100.0%</b>		
<b>Non-registered health practitioner</b>										
Counsellor/therapist					6	66.7%			5	18.5%
Cosmetic therapist									8	29.6%
Naturopath									5	18.5%
Assistant in nursing									3	11.1%
Social worker					1	11.1%			1	3.7%
Acupuncture therapist									2	7.4%
Disability support worker					1	11.1%			1	3.7%
Dental technician									1	3.7%
Ambulance personnel									1	3.7%
Other					1	11.1%				
Massage therapist										
<b>Total</b>					<b>9</b>	<b>100.0%</b>			<b>27</b>	<b>100.0%</b>
<b>Health organisation</b>										
Medical centre					1	100.0%				
Alternative health facility										
Public Hospital										
<b>Total</b>					<b>1</b>	<b>100.0%</b>				
<b>Grand total</b>	<b>200</b>	<b>100.0%</b>	<b>190</b>	<b>100.0%</b>	<b>46</b>	<b>100.0%</b>	<b>41</b>	<b>100.0%</b>	<b>27</b>	<b>100.0%</b>

Counted by provider identified in complaint.

Comments		Referred to Council		Referred to other organisation for investigation (s26)		Recommendations		Public Warning under s94		Referred to Director of Public Prosecution		Total	
No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total	No	% of Total
6	75.0%	14	60.9%	5	55.6%							192	37.9%
1	12.5%	3	13.0%									127	25.0%
1	12.5%	2	8.7%	2	22.2%							85	16.8%
												39	7.7%
												15	3.0%
				2	22.2%							14	2.8%
		1	4.3%									8	1.6%
												7	1.4%
												7	1.4%
		3	13.0%									6	1.2%
												2	0.4%
												1	0.2%
												1	0.2%
												1	0.2%
												1	0.2%
8	100.0%	23	100.0%	9	100.0%							507	100.0%
												11	25.6%
												8	18.6%
								1	50.0%	1	100.0%	7	16.3%
2	50.0%											5	11.6%
1	25.0%											3	7.0%
												2	4.7%
												2	4.7%
								1	50.0%			2	4.7%
												1	2.3%
												1	2.3%
1	25.0%											1	2.3%
4	100.0%							2	100.0%	1	100.0%	43	100.0%
												6	54.5%
5	71.4%							1	100.0%			3	27.3%
2	28.6%											2	18.2%
						2	100.0%					2	18.2%
7	100.0%					2	100.0%	1	100.0%			11	100.0%
19	100.0%	23	100.0%	9	100.0%	2	100.0%	3	100.0%	1	100.0%	561	100.0%

**TABLE A.33** | Request for review of investigation decision 2017-18 to 2021-22

	2017-18	2018-19	2019-20	2020-21	2021-22
Request for review of investigation decision	1	-	1	-	1
Percentage of all investigations finalised	0.4%	-	0.2%	-	0.2%

Counted by provider identified in complaint.

**TABLE A.34** | Outcome of reviews of investigation decision 2017-18 to 2021-22

Outcome	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Original investigation decision confirmed	1	100.0%	-	-	-	-	-	-	1	100.0%
Decision varied	-	-	-	-	1	100.0%	-	-	-	-
<b>Total</b>	<b>1</b>	<b>100.0%</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>100.0%</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>100.0%</b>

Counted by provider identified in complaint.

**TABLE A.35** | Time taken to complete reviews of investigation decisions 2017-18 to 2021-22

Duration	2017-18	2018-19	2019-20	2020-21	2021-22
61-90 Days	1	-	-	-	1
91-120 Days	-	-	1	-	-
<b>Total</b>	<b>1</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>1</b>

Counted by provider identified in complaint.



**TABLE A.36** | Time taken to complete investigations 2017-18 to 2021-22

Time taken	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
0- 1 Month	9	3.2%	8	2.2%	10	2.0%	23	5.7%	24	4.3%
1- 2 Months	11	3.9%	11	3.1%	19	3.8%	26	6.5%	32	5.7%
2- 3 Months	22	7.8%	21	5.9%	36	7.2%	31	7.7%	57	10.2%
3- 4 Months	21	7.4%	12	3.4%	35	7.0%	52	13.0%	43	7.7%
4- 5 Months	17	6.0%	43	12.0%	35	7.0%	28	7.0%	31	5.5%
5- 6 Months	8	2.8%	12	3.4%	34	6.8%	38	9.5%	42	7.5%
6- 7 Months	22	7.8%	22	6.1%	36	7.2%	29	7.2%	70	12.5%
7- 8 Months	12	4.3%	22	6.1%	31	6.2%	17	4.2%	36	6.4%
8- 9 Months	27	9.6%	14	3.9%	26	5.2%	38	9.5%	39	7.0%
9-10 Months	16	5.7%	9	2.5%	37	7.4%	21	5.2%	27	4.8%
10-11 Months	10	3.5%	12	3.4%	19	3.8%	11	2.7%	39	7.0%
11-12 months	10	3.5%	25	7.0%	23	4.6%	8	2.0%	38	6.8%
12-18 months	62	22.0%	91	25.4%	69	13.8%	47	11.7%	57	10.2%
18-24 months	27	9.6%	43	12.0%	67	13.4%	18	4.5%	22	3.9%
24-30 months	7	2.5%	12	3.4%	23	4.6%	8	2.0%	4	0.7%
30-36 months	1	0.4%			1	0.2%	6	1.5%		
36+ months			1	0.3%						
<b>Total</b>	<b>282</b>	<b>100.0%</b>	<b>358</b>	<b>100.0%</b>	<b>501</b>	<b>100.0%</b>	<b>401</b>	<b>100.0%</b>	<b>561</b>	<b>100.0%</b>

Counted by provider identified in complaint.

**TABLE A.37** | Legal matters finalised 2017-18 to 2021-22

Forum	2016-17	2017-18	2018-19	2019-20	2020-21
	No.	No.	No.	No.	No.
<b>1. Appeals/Applications</b>	<b>15</b>	<b>10</b>	<b>18</b>	<b>16</b>	<b>15</b>
<b>2. Professional Standards Committee</b>					
Proven	10	6	8	2	4
Not Proven	2	1			
Withdrawn	1				
<b>Total</b>	<b>13</b>	<b>7</b>	<b>8</b>	<b>2</b>	<b>4</b>
<b>3. Tribunal</b>					
Proven	51	51	60	50	71
Not Proven	2		1	1	1
Withdrawn	2	1	4		1
<b>Total</b>	<b>55</b>	<b>52</b>	<b>65</b>	<b>51</b>	<b>73</b>
<b>4. Reinstatements</b>	<b>9</b>	<b>13</b>	<b>8</b>	<b>7</b>	<b>3</b>
<b>Grand total</b>	<b>92</b>	<b>82</b>	<b>99</b>	<b>76</b>	<b>95</b>

Counted by matter.

**TABLE A.38** | Open complaints as at 30 June 2022

Open Process	2017-18		2018-19		2019-20		2020-21		2021-22	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Assessment	2,379	73.0%	1,249	57.7%	1,108	54.5%	1,736	63.8%	1,954	67.4%
Investigation process	445	13.6%	489	22.6%	384	18.9%	527	19.4%	462	15.9%
Legal processes	196	6.0%	151	7.0%	234	11.5%	286	10.5%	199	6.9%
Resolution process	118	3.6%	121	5.6%	162	8.0%	121	4.4%	195	6.7%
Review of assessment	78	2.4%	79	3.6%	114	5.6%	46	1.7%	79	2.7%
Brief preparation	43	1.3%	76	3.5%	30	1.5%	5	0.2%	8	0.3%
Conciliation	2	0.1%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Review of investigation	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
<b>Total</b>	<b>3,261</b>	<b>100.0%</b>	<b>2,165</b>	<b>100.0%</b>	<b>2,032</b>	<b>100.0%</b>	<b>2,721</b>	<b>100.0%</b>	<b>2,897</b>	<b>100.0%</b>

Counted by provider identified in complaint.

**TABLE A.39** | Number of complaints finalised by process from 2017-18 to 2021-22

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	5,915	90.9%	7,917	90.2%	8,054	88.1%	7,129	87.1%	9,017	89.0%
Investigation Process	282	4.3%	359	4.1%	501	5.5%	401	4.9%	561	5.5%
Resolution Process	185	2.8%	347	4.0%	412	4.5%	461	5.6%	340	3.4%
Legal Process	124	1.9%	153	1.7%	170	1.9%	196	2.4%	208	2.1%
Conciliation Process	1	0.0%	2	0.0%	-	-	-	-	-	-
<b>Total</b>	<b>6,507</b>	<b>100.0%</b>	<b>8,778</b>	<b>100.0%</b>	<b>9,137</b>	<b>100.0%</b>	<b>8,187</b>	<b>100.0%</b>	<b>10,126</b>	<b>100.0%</b>

Counted by provider identified in complaint.

Complaints Finalised tracks a complaint until the end of the sequence of processes.

## B Access applications received under the Government Information (Public Access) Act

**TABLE A.40** | Number of valid applications by type of applicant and outcome

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Media	-	-	-	-	-	-	-	-
Members of Parliament	-	-	-	-	-	-	-	-
Private sector business	-	-	-	-	-	-	-	-
Not for profit organisations or community groups	-	-	-	-	-	-	-	-
Members of the public (application by legal representative)	-	-	-	1	-	-	-	-
Members of the public (other)	-	-	-	1	-	-	-	-

**TABLE A.41** | Number of valid applications by type of application and outcome

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Personal information applications	-	-	-	-	-	-	-	-
Access applications (other than personal information applications)	-	-	-	1	-	-	-	1
Access applications that are partly personal information applications and partly other	-	-	-	-	-	-	-	-

**TABLE A.42** | 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)	9
Application contravenes restraint order (section 110 of the Act)	–
Total number of invalid applications received	9
Invalid applications that subsequently became valid applications	–

**TABLE A.43** | 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	9
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.44** | 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.45** | Timeliness

	<b>Number of applications</b>
Decided within the statutory timeframe (20 days plus any extensions)	10
Decided after 35 days (by agreement with applicant)	–
Not decided within time (deemed refusal)	1
<b>Total</b>	<b>11</b>

**TABLE A.46** | Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	<b>Decision varied</b>	<b>Decision upheld</b>	<b>Total</b>
Internal review	–	1	1
Review by Information Commissioner*	–	2	2
Internal review following recommendation under section 93 of Act	–	–	–
Review by Administrative Decision Tribunal	–	–	–
<b>Total</b>	<b>–</b>	<b>3</b>	<b>3</b>

\* The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

**TABLE A.47** | Applications for review under Part 5 of the Act (by type of applicant)

	<b>Number of applications or review</b>
Applications by access applicants	3
Applications by persons to whom information the subject of access application relates	–

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Funds granted to non-government community organisations	The Commission does not allocate funds
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Management and activities	04-06, 12-13, 26-67, 71-73, 75-79
Research and development	The Commission did not undertake any external research projects in 2021-22
Human resources	68-79
Consultants	In 2021-22 the Commission engaged consultants to primarily provide ICT and strategic management services (total of \$469,208). The engagements were less than \$50,000 with the exception of engagements being greater than \$50,000 relating to the Digital Transformation Project by GTP (\$250,000), onsite support for ICT services by Virtuelle group (\$88,360), and a review by EY to assist with internal audit action items (\$63,398).
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 2021-22
Consumer response	54-67
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Time for payment of accounts	80-81
Risk management and insurance activities	75
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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
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Annual report external production costs	\$20,500 (ex GST)

	<b>Page number</b>
Annual report availability	Electronic copies of this report are available on the Commission's website <a href="http://www.hccc.nsw.gov.au">www.hccc.nsw.gov.au</a>
Investment performance	The Commission does not have surplus funds to invest
Liability management performance	The Commission does not have debts greater than \$20m
Exemptions from Reporting Provisions	The Commission reports on a triannual basis about Workforce Diversity, Work Health and Safety, Multicultural Policies and Services Program, and Disability Plans, with reports next due in 2022-23.
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<b><i>Disability Inclusion Act 2014</i></b>	
Disability Inclusion Action Plans	The Commission reports triannually with the next report due 2022-23
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The number and details of complaints not finally dealt with at the end of the year	176
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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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