

LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY**WRITTEN QUESTION**

Ms J Carney

to Minister for Family and Community Services

Health and Community Services Complaints Lodged

Minister the 2003/04 Health and Community Services Complaints Commission's Annual Report lists on page 126 a table of the number of complaints against each government agency.

Your department of Family and Community Services has seen a steady increase in the number of complaints lodged with the Commission over the past 3 reported years:

2001/2002	26
2002/2003	30
2003/2004	48

Minister the trend is obvious and the growth significant.

1. Minister what sort of things are people complaining about?
2. Why is the number of complaints going up?
3. What is being done to address this situation?

ANSWER

The Department of Health and Community Services have been unable to locate the data provided above at the source identified. Included for confirmation is a copy of the covering page of the Annual Report (Attachment A), page 126 (Attachment B) and Appendix 8 'Index of Tables' (Attachment C, D).

1. Without access to the data it is not possible to respond to this question.
2. The comprehensive analysis of complaints data required to provide an absolute response in relation to this question would be extremely costly and difficult to manage due to the diverse work areas of my portfolio and established national reporting requirements.

Without commenting on the source data, the Family and Children's Services Program are anecdotally aware of a number of factors that may be contributing to the apparent increase in complaints:

Increasing client numbers – the Family and Children's Services Program has seen a major increase in client numbers over the last three years, therefore any increase in complaints should be considered in conjunction with increasing client numbers.

Increasing transparency of government agencies – the Department of Health and Community Services has been working to provide clients with clear and transparent complaints processes, as information on how to complain becomes available, it should be expected that complaints will increase.

Improved processes for counting and responding to complaints – given the strong focus upon managing complaints, many work units have developed processes for recording complaints data more effectively and are therefore able to more accurately report on the number of complaints. In addition, the change to a Program structure assists individual Programs in measuring the number of complaints they have received.

3. The Department remains committed to working with the Ombudsman and Health and Community Services Complaints Commission to resolve complaints in a transparent and timely manner.

Many of the factors outlined above as anecdotally contributing to the apparent increase in complaints received against the Department are related to improved processes and transparency of the agency, this should be supported as it indicates adherence to the basic tenets of good governance.

In analysing complaints data, caution should be used as many of the areas covered within the Family and Community Services portfolio are contentious and emotive and are therefore more likely to attract complaints.

The Honourable Dr Peter Toyne MLA
Minister for Health
Parliament House
DARWIN NT 0801

14 December, 2004

Dear Minister

In accordance with the provisions of Section 19(1) of the *Health and Community Services Complaints Act 1998*, it gives me great pleasure to submit to you the Annual Report on the activities and operations of the Health and Community Services Complaints Commission, for the year ending 30 June 2004.

I advise in respect of my duties as an Accountable Officer, and to the best of my knowledge and belief:

- (a) proper records of all transactions affecting the Commission were kept and that employees under my control observed the provisions of the *Financial Management Act*, the *Financial Management Regulations* and *Treasurer's Directions*;
- (b) procedures within the Commission afforded proper internal control, and a current description of these procedures can be found in the *Accounting and Property Manual* which has been prepared in accordance with the *Financial Management Act*;
- (c) no indication of fraud, malpractice, major breach of legislation or delegations, major error in or omission from the accounts and records existed;
- (d) in accordance with Section 15 of the *Financial Management Act* the internal audit capacity available to the Commission is adequate and the results of internal audits were reported to me;
- (e) the financial statements included in this Annual Report have been prepared from proper accounts and records and are in accordance with Part 2, Section 5 of the *Treasurer's Directions* where appropriate;
- (f) all actions have been in compliance with all Employment Instructions issued by the Commissioner for Public Employment; and
- (g) The Commission has complied with Section 131 of the *Information Act*.

In addition, I advise that in relation to items (a) and (e) the Chief Executive Officer (CEO) of DCIS has advised that to the best of her knowledge and belief, proper records are kept of transactions undertaken by DCIS on my behalf, and the employees under her control observe the provisions of the *Financial Management Act*, the *Financial Management Regulations* and *Treasurer's Directions*.

The CEO also advises all financial reports prepared by DCIS for this Annual Report, have been prepared from proper accounts and records and are in accordance with *Treasurer's Directions* Part 2 Section 5 and Part 2 Section 6, where appropriate.

Yours sincerely

PETER BOYCE
COMMISSIONER

concerned she may not be able to continually get the medication as she had been informed by the hospital that her case would be reviewed after 12 months.

In responding to the complaint the provider stated the skin specialist had noted that the complainant was not taking the correct dosage of her medication and she had been rude to his staff and himself. The specialist therefore decided to no longer treat the complainant as he could not be sure she would be compliant. However he did offer to provide assistance to the complainant's general practitioner regarding her care. With regard to the review, the provider stated that video tele-conferencing would be made available to get the opinion of an interstate skin specialist and a local medical practitioner (with qualifications in dermatology) would be asked to assist. The provider also stated that if these options were unsuccessful they may consider patient travel to allow the complainant to attend the interstate specialist. The provider also confirmed the medication would be available for 12 months until the review.

The Commissioner acknowledged a doctor's right to choose not to treat a patient if alternatives are available and considered the provider's offer of tele-conferencing and other local expertise to be reasonable in the circumstances, given the provider was willing to consider patient travel if unsuccessful. As the provider had advised the complainant's medication was available until the date of the review, I determined to take no further action and closed the file.

14. OPEN AND HONEST DISCUSSION LEADS TO EXPEDITIOUS RESOLUTION

The complainant's wife had a history of abdominal pain and vomiting for over two years. She was treated at a local hospital during that time however no problems could be identified. She was subsequently admitted for a bowel obstruction and cancer was identified as being present. She subsequently underwent cancer treatment at the hospital but passed away some months later. The complainant felt that more intensive investigations should have been performed over the previous two years because this may have identified his wife's cancer.

The hospital provided a written response to the complainant which was forwarded to the complainant. The complainant subsequently contacted the Commission to advise that he had met with the hospital and was now satisfied with his wife's treatment and felt the matter was resolved. As a result the Commission determined to take no further action and the file was closed. The Commissioner wrote to both parties to thank them for their willingness to deal directly with each other and resolve the complaint at the point of service.

15. HOSPITAL LEARNS FROM THEIR MISTAKES AND IMPROVES PROCEDURES

The complainant had attended a hospital for a surgical procedure. During the complainant's stay in hospital her personal belongings were misplaced by staff, however they were later located. Following discharge, the complainant experienced

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