

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Supplementary Budget Estimates 2016 – 2017, 19 October 2016

Ref No: SQ16-000747

OUTCOME: 6 – Ageing and Aged Care

Topic: Aged Care Complaints Commissioner

Type of Question: Written Question on Notice

Senator: Senator Helen Polley

Question:

- a) The new Aged Care Complaints Commissioner received 2,153 formal complaints about residential, home and community care, 1 January to 30 June 2016, an increase of 11 per cent compared to the corresponding six month period in 2015 (1,938 complaints). How does this compare to the corresponding six month period in 2014, and in 2013?
- b) It has been suggested by the Commissioner, and in your Annual Report, that this increase is partly due to the transition to an independent Commissioner and the public becoming more aware of the office and the support offered. Do you have any evidence to support this claim? Do you have any analysis that shows the public are more aware of the office? What other things do you attribute for this increase?
- c) How many more complaints have you received since 1 July 2016 to the most recent data you have? How does this compare to the corresponding period in 2015?
- d) How many active complaints does the commissioner currently have on the books currently? What do you consider to be a reasonable amount of time to resolve a complaint? How many of those have been active for more than 90 days?
- e) How many staff are currently employed at the commission? On average, how many active complaints does each officer have on their caseload currently?
- f) Did you think that the commission is adequately funded to provide a high level of service to complaints and to resolve complaints in a timely manner?
- g) In your annual report you detail that you receive applications to review 28 cases, and that 13 led to new resolution processes, with an additional four cases in progress at the time of the report. Can you detail the nature of these reviews, whether they were caused by a lack of resources, poor decision-making, or failure to appropriately investigate or apply a direction?
- h) Have you provided any feedback to the government about the operations of the commission, such as whether you are adequately funded, have adequate resources and staff, whether you have adequate enforcement powers or any other advice?

Answer:

- a) The former Aged Care Complaints Scheme received:
- 1,850 complaints from 1 January to 30 June 2013, and
 - 1,909 complaints from 1 January to 30 June 2014.
- b) The transition to an independent Complaints Commissioner was announced in the 2015 Budget. Interest in the new arrangements has been consistently high since then and we have focused strongly since 1 January 2016 on raising awareness of the new arrangements and the independence of the Complaints Commissioner.

In preparation for the transition, existing promotional materials were revised, rebadged and redistributed to providers and consumer groups. Demand for these new resources has been high, and from 1 January to 30 June 2016 we dispatched more than 475,000 printed and electronic resources such as factsheets, brochures, posters and DVDs requested by service providers, consumers and others. In the same period, the Complaints Commissioner and our staff have made more than 30 presentations at major events, attended more than 40 meetings with stakeholders and displayed one booth per month on average at public events. More than 1,400 people have subscribed to our website to receive automatic updates about our work.

There was notable media interest in January and February 2016 immediately after the commencement of the new arrangements: the Complaints Commissioner gave 13 radio and television interviews and our work was featured in 10 newspaper articles. Information about our work was included in 13 newspaper articles and two television pieces between February and June 2016.

We are convinced that all of these factors have played a role in increasing the number of complaints received. We have not analysed the extent of the increase.

The other variable which influences the number of complaints being made is the number of people receiving care. This number has increased steadily over recent years and as more people receive Australian Government funded aged care, it is to be expected that more complaints will be raised.

- c) From 1 July to 30 September 2016, we received 1,177 complaints.

From 1 July to 30 September 2015, the former Aged Care Complaints Scheme received 943 complaints.

- d) As at 30 September 2016, we had 355 active complaints, of which 95 had been active for more than 90 days. This ratio has halved since 31 December 2015.

There is no simple answer to what is a reasonable amount of time in which to resolve a complaint because no two complaints are the same. Some can be resolved in a matter of hours while some take several months to resolve because there are many issues to be explored, or the issues in the complaint are complex, or information or people relevant to the complaint are unavailable.

We measure the timely resolution of our complaints according to reasonable, achievable and aspirational key performance indicators (KPIs). We know that wherever possible it is important to resolve complaints in a timely manner. We aim to resolve at least 70 per cent of complaints within 30 days and at least 90 per cent of complaints within 90 days. The quality of our complaints resolution process is always our foremost

concern and we do not compromise successful resolution of a complaint to improve a KPI.

- e) The entity is not a Commission, but a Commissioner. As at 30 September 2016, there were 155 full-time equivalent staff working for the Commissioner. The bulk of them, 112 people, were working primarily on resolving complaints, including 98 complaints officers. The staff not working primarily on resolving complaints were members of the executive, staff in the Governance, Education and Strategy stream, people who were performing other tasks on that day or people who were on leave on that day.

On that date, we had 355 active complaints. On average, each complaints officer had a caseload including 3.6 ongoing complaints with one or more issues. This figure does not accurately represent each officer's workload because it ignores the other work which was completed on that date. For example, during the July to September 2016 quarter, on average, complaints officers collectively finalised 19 complaints, 14 out-of-scope contacts and 12 enquiries every day.

Caseloads for individual officers vary depending on factors including whether they are employed full-time or part-time, whether they are also handling enquiries or performing other duties, the officer's capability and experience, office leave patterns, the complexity of each complaint and the risks and number of issues involved in each complaint.

- f) The Complaints Commissioner has discussed resourcing with the Department of Health. The Department is working closely with the Complaints Commissioner to ensure she is adequately resourced. She has advised Minister Ley that, to date, the Department has been supportive in this respect.
- g) Please note that the four reviews in progress were not in addition to the 28 reviews considered but included in that figure. It should be also noted that 18 of the 28 requests for review related to decisions made by the former Aged Care Complaints Scheme rather than the Complaints Commissioner.

Once a complaint is finalised by the Complaints Commissioner, the complainant (if any) and the service provider generally have a review right if they are not satisfied with the outcome. The Complaints Commissioner assesses each review application and decides whether or not a new resolution process will be undertaken.

In relation to the cases identified in the annual report, new complaints processes were undertaken where, following review, it was found that during the original complaint process:

- an issue raised had not been fully captured or resolved, or the reason for the decision to end the process had not been adequately explained,
 - insufficient weight had been given to information provided by the complainant or service provider,
 - not all available information had been considered, or
 - further enquiries should have been made to obtain relevant information.
- h) Under section 95A-12 of the *Aged Care Act 1997*, and the *Commissioner Principles 2015*, the Complaints Commissioner is required to submit an annual report to the Minister for Health and Aged Care. The report for 2016 was tabled on 5 October 2016. The Complaints Commissioner met with Minister Ley in October. At that meeting, the Complaints Commissioner indicated that she did not have any concerns about funding or resources.

The Complaints Commissioner has not provided any feedback to the government regarding the adequacy of her enforcement powers.

As noted on page 22 of our Annual Report, the Complaints Commissioner did not receive any requests for advice from the Minister during the financial year.