health quality
and complaints
commission
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11.9.1

Ms Lindy Nelson-Carr MP
Chair
Health and Disabilities Committee
Parliament House
George Street
Brisbane QLD 4000

Via email: hdc@parliament.qld.gov.au

Dear Ms Nelson-Carr

Re: Request for additional information

Thank you for your letter dated 18 November acknowledging receipt of the Health Quality and Complaints Commission response to the Committee's request for information and requesting clarification on a number of issues.

I am pleased to provide you with a more detailed outline of our internal review, investigation criteria and Culturally and Linguistically Diverse (CALD) complaints statistics. If you have any further questions please do not hesitate to contact me on telephone 07 3120 5901 or email cheryl.herbert@hqcc.qld.gov.au.

Yours sincerely

Adjunct Professor Cheryl Herbert
Chief Executive Officer
23 November 2011

health quality and complaints commission

POSITIVE HEALTH ACTION

Response to request for information

Health and Disabilities Committee

23 November 2011

Report author	Health Quality and Complaints Commission Level 17 53 Albert Street Brisbane Qld 4000 GPO Box 3089 Brisbane Qld 4001
Date of report	23 November 2011

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Introduction

This report provides the Health Quality and Complaints Commission's response to the Health and Disabilities Committee further request for information dated 18 November 2011.

About the HQCC

The HQCC is an independent statutory body dedicated to improving the safety and quality of healthcare in Queensland.

The HQCC was established on 1 July 2006 under the *Health Quality and Complaints Commission Act 2006* (the Act) following a key recommendation of the 2005 Queensland Health Systems Review (Forster Review).

The HQCC replaced the Health Rights Commission as the health watchdog, with extended powers in independent complaint management and investigation, and a new role to improve the safety and quality of health services in Queensland.

The HQCC Act describes three key functions for the HQCC:

- monitoring and promoting quality improvement in health services
- managing complaints
- sharing information.

It also describes how the HQCC should perform these functions—acting independently, impartially and in the public interest, observing natural justice, and working as quickly and with as little formality and technicality as practicable.

Health services in Queensland function in a complex, dynamic environment with constraints such as workforce uncertainty and increasing demands and expectations. Section 20 of the Act imposes on healthcare providers a duty to have in place reasonable processes to improve the quality of their health services.

In championing quality improvement, the HQCC plays a critical role in managing risk for the Queensland health system. It aims to use complaint, investigation and health service quality monitoring data to identify emerging healthcare issues or patterns of provider practice to enable early intervention.

As Forster identified in 2005, 'Some structures and initiatives to improve the quality and safety of health services are in place but the infrastructure and an organisational culture that foster commitment to service improvement and patient safety are only in formative stages'.

It is the HQCC's role to foster this culture of continuous quality improvement within the health sector, encouraging healthcare administrators and clinicians to collect and analyse data to identify risk and then to prioritise and implement strategies to mitigate that risk, thus preventing patient harm.

An independent and impartial health watchdog is critical to the reform of the Queensland health system and enables the Queensland Government, Parliament and community to have confidence that Queensland health services are safe and of high quality.

The HQCC's goal of improving the safety and quality of healthcare in Queensland links to the *Toward Q2: Tomorrow's Queensland* ambition *Healthy - Making Queenslanders Australia's healthiest people*. The HQCC's work aligns with the *Australian Safety and Quality Framework for Health Care – consumer centred, driven by information and organised for safety*.

Response

Internal operational review

Please provide the committee with a description of the review methodology, identifying who conducted the review (such as staff, a consultant or an academic), how information was collected and how this information was analysed to identify key actions and issues.

Please advise the committee what other stages of the review have or will be undertaken, and when they will be completed.

Please provide a copy of the future service delivery model and action plan.

The committee requires details of the opportunities that have been identified for improvement, including process improvements and new processes. Please also advise the committee of your assessment of the impact of the new processes on existing operations.

Review methodology

The review was undertaken according to project management methodology (based on components of Prince2 and Project Management Body of Knowledge—PMBOK—methodology). Two senior Health Quality and Complaints Commission staff were seconded from their substantive positions to lead the review project:

- Project Manager Mr Peter Johnstone
  (substantive position Executive Manager, Complaint Services, SO level)
- Assistant Project Manager Ms Carli Rowlands
  (substantive position Principal Quality Officer, Quality Services, AO7 level).

The review project was sponsored by the CEO Adjunct Professor Cheryl Herbert. The Health Quality and Complaints Commission's Program Control Board (comprising the CEO and executive management team) was responsible for overseeing the project, as with all organisational projects. A Project Steering Committee provided guidance on issues and risks.

The project approach was to review and analyse state and national health reform (including the introduction of national safety and quality health service standards), research best practice in complaint handling and responsive regulation, review legislation and policy that currently impacts on the Health Quality and Complaints Commission and that is likely to impact on the organisation in the foreseeable future. Subsequently, a strategic-level service delivery model, reflecting best practice principles in complaint handling and responsive regulation, was developed. Potential impacts on organisational functional requirements were considered and documented.

How information was collected and analysed

We researched information about the national and state health reforms.

Best practice in complaint handling was defined by the extensive research conducted to develop version 2.0 of the Health Quality and Complaints Commission's *Complaints management standard*, which was launched in July 2010. In addition, the practices of other health complaint and general complaint handling entities in Australia were reviewed and compared with HQCC practices.

Best practice in responsive regulation was based on the HQCC's Response Framework and information from prior projects, such as healthcare provider risk profiling. This information was supplemented by a literature review. We identified other regulators using a responsive regulation approach and their relevant practices compared with HQCC practices.

Legislation and policy impacting the operations of the HQCC were identified and reviewed by staff with relevant functional responsibility, for example General Counsel and Manager, Business Services.

A SWOT analysis based on the results of these reviews was conducted, which identified opportunities for improvement.

The results of this initial phase were provided to the executive management team for consideration in developing the future service delivery model. All opportunities for improvement were documented in the project closure report and formed the basis of action plans the executive team is in the process of implementing.

Concurrently, existing service delivery documentation (policy, legal interpretation, processes, documentation and associated materials relating to review and management of healthcare complaints and review of, and improvement, in healthcare quality) was collected and recorded in preparation for developing a new organisational policy and procedure manual.

Also concurrent to the project, two groups which had begun operating prior to the review—a complaint Assessment Process Group and an organisation-wide Continuous Improvement Committee—continued to progress process improvements as they were identified (provided significant technology/legislation/staffing changes were not required). As an organisation focused on continuous improvement, it was agreed that continuing to progress business improvements while the review was being conducted was an expedient approach which would reduce the degree of organisational change required at the conclusion of the project.

The work described above was referred to as the initial stage of the review (conducted between April and September 2011) in our previous response of 11 November 2011. The project schedule is shown below.

Project schedule

Stage	Project tasks	Type	Time frame	Approval
Planning	Develop Work Breakdown Structure and Project Plan	Deliverable	April–May 2011	Project Sponsor
Execution Phase 1	Identify impacts of state/national health reform on HQCC	Activity	June–August 2011	Project Sponsor
	Review HQCC Act, state policy and other legislation impacting on HQCC	Activity		Project Sponsor
	Review outcomes of Response Framework	Activity		Project Sponsor
	Review outcomes of external conciliation review	Activity		Project Sponsor
	Review best practice in complaint handling and responsive regulation	Activity		Project Sponsor
	Review progress of national provider profiling research	Activity		Project Sponsor
Stage Gate 1			August 2011	Project Sponsor
Execution Phase 2	Review outcomes of phase 1 activities	Activity	August–September 2011	Project Sponsor
	Draft TO-BE process and make comment on organisation functional requirements	Deliverable	6 September 2011	Project Sponsor
Closure Phase	Conduct project team and organisation-wide debrief	Activity	30 September 2011	Project Sponsor
	Develop Closure Report	Product		Project Sponsor

Subsequent stage of review

Following the review project closure on 30 September 2011, members of the executive management team were charged with implementing an action plan to realise the new service delivery model and process improvements identified in the review. The majority of actions are due for completion by 31 December 2011; more complex recommendations will be completed throughout 2012, with a new organisational policy and procedure manual due for completion by July 2012.

The action plan is detailed below, together with an overview of review impacts, the future service delivery model diagram and proposed legislative amendments.

A report on the review outcomes will be provided to the Health and Disabilities Committee in December 2011.

Review action plan

#	Action
1	Consider legislative amendments pertaining to unregistered providers.
2	Consider enhanced definition of matters which are either in or out of HQCC's jurisdiction (for inclusion in online policy and procedure manual).
3	Consider matters to be conciliated by HQCC in future, i.e. ongoing focus upon financial outcomes or otherwise.
4	Consider addition of policy/procedure pertaining to use of legislative powers by authorised persons in Quality Services, linked to organisation-wide processes.
5	Develop IT solution to manage (store, access, modify) organisation-wide policy and procedure documentation.
6	Consider opportunities for information sharing within the HQCC to enhance service delivery.
7	Continue to develop strategies for improved data integrity (including rationalising fields within CIPHA complaints and investigations case management database).
8	Review implications of process changes relating to section 75 and 76—confidentiality of material disclosed under public interest.
9	Improve storage, maintenance and access to referral information by Complaint Services staff.
10	Develop organisation-wide definitions of key terms (whole of organisation glossary).
11	Assess learning and development requirements against new service delivery model.
12	Consider amendments to the HQCC Act to provide greater powers to protect well being of healthcare consumers.
13	Consider broader circulation of the outcomes of investigations for learning.
14	Expand and consolidate 'Resolution' function within Complaint Services (including early resolution, direct resolution, conciliation, mediation).
15	Implement agreed external conciliation review recommendations.
16	Determine structure/process changes required to enact Collation function, and implement.
17	Determine structure/process changes required to enact Analysis function, and implement, e g.: • analyse and drive improvement against all relevant healthcare standards (standards transition plan) • expand the monitoring of root cause analysis (RCA) reports capability to include analysis and driving improvement against the wider topic of reportable events • expand the analysis and learning from complaints (HQCC and other) and other consumer experience data • develop formal system for reviewing all forms of feedback from clients for the purpose of service improvement—review requests, client experience surveys, complaints etc.

<table>
<tr><th>#</th><th>Action</th></tr>
<tr><td>18</td><td>Determine structure/process changes required to enact Sharing function, and implement, e.g.:
social media strategy
proactively brief the Minister for Health and Health and Disabilities Committee
share case studies and lessons learned to enable the healthcare industry to educate/foster improvement
encourage consumers to share their healthcare experiences, both good and bad, to drive improvement
target messaging to relevant healthcare providers, particularly hospitals and doctors.</td></tr>
<tr><td>19</td><td>Identify and implement process improvements to Complaint Services functions, e.g.:
develop monitoring processes (e.g. results of devolved matters and investigation recommendations)
increase scrutiny of assessment cases (e.g. review cases at 60 days and request permission to extend beyond this time frame)
use the section 20 duty to improve provision as an alternative means for addressing complaints about which the HQCC holds concerns however which are not necessarily suited to investigation, conciliation or other traditional complaint management options
identify options for the HQCC in circumstances where HQCC identifies remedial or improvement action is required and the Australian Health Practitioner Regulation Agency has decided not to take any action about a registered provider
integrate triage function and address issues such as lack of job diversity, client responsiveness given limited number of triage officers and potential for officer ‘burn-out’ given high levels of client contact, repetitive nature of role and high caseloads
increase use of devolution function to providers (as opposed to ‘referral’ to other entities) for the purposes of investigation and resolution
improve processes around the request and provision of records and other information
develop standardised approaches to in-house clinical advice and enhancements to the management of clinical advice
review the HQCC’s relationship with the Office of the State Coroner and decide to what extent and under what circumstances the HQCC assists the Coroner
define frivolous, vexatious and trivial complaints (e.g. Queensland Ombudsman defines complaints about sums of money less than $250 trivial, but this decision is applied with discretion)
give further consideration to strategies to assist parties’ early understanding of the HQCC’s role and powers
develop processes to provide regular updates to parties regarding the progress of their complaint (through a variety of methods responsive to the diversity of client needs)
develop referral criteria for all complaint management options (links with action 20 – development and implementation of HQCC decision making framework).</td></tr>
<tr><td>20</td><td>Identify and implement process improvements required to Quality Services functions, e.g.:
routine issue and hospital profiling
verification of reported compliance and/or improvement
further development and implementation of a decision making framework (and associated criteria) that better assesses and escalates the organisation’s responses to concerns and issues identified (including criteria for each complaint management option—links with action 19)
develop a framework to define the various research activities conducted across the HQCC
position Quality Services to assist in preparing products and services for sharing (refocus on routinely and systematically sharing information and lessons learned).</td></tr>
<tr><td>21</td><td>Develop matrix model of management to support collation, analysis and sharing functions.</td></tr>
<tr><td>22</td><td>Develop key performance indicators for executive members responsible for Collation, Analysis and Sharing portfolios.</td></tr>
<tr><td>23</td><td>Determine and implement information management system changes required to enact TO-BE model.</td></tr>
</table>

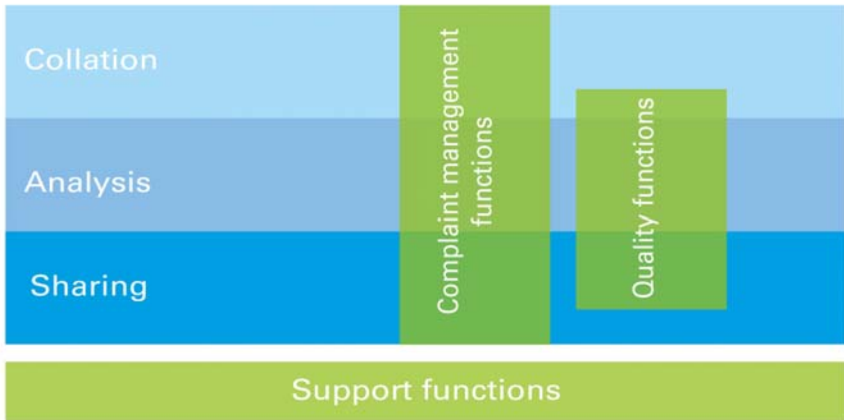
#	Action
24	Determine and implement legislative and policy changes required to enact TO-BE model, e.g.: • amend Section 82 Conciliation Privileged to align with HQCC policy that the conciliation privilege does not pertain to public interest issues as per section 75 and the use of these issues pursuant to section 76 (policy implemented following external legal advice). • consider developing a process and policy/guidelines regarding the circumstances where prosecution for breach of section 123 is appropriate.
25	Reallocate human and financial resources to support proposed activities.
26	Review cooperative and deterrent approaches to identify whether there are opportunities for HQCC to further assist provider compliance (with section 20) and improvement.
27	Review the *Complaint service charter* in line with new processes; consider whether other client service charters are required.
28	Consider developing a process and policy/guidelines on exercising inquiry powers.
29	Consider opportunities for distribution of Health Consumer Queensland's advocacy toolkit.
30	Review and improve access to HQCC services in terms of identified special needs groups, e.g. prisoners, culturally and linguistically diverse people, people in rural and regional areas, e.g.: • alignment with whole of government language services policy • develop needs assessment process (including gender and ethnicity preferences) • consider expansion of online services to include capability to email complaint form, e-submit complaint form and link/refer to other agencies through website.
31	CEO and Commissioner to continue monitoring information about state/national roles and responsibilities for healthcare performance monitoring and improvement.
32	HQCC to enhance relationship with Australian Health Practitioner Regulation Agency.
33	HQCC to enhance relationship with Centre for Healthcare Improvement, Queensland Health.
34	Implement a working party to support the HQCC in research, analysis and academic liaison, comprised of Assistant Commissioners and other relevant industry experts.

Overview of review impacts

Impact	Detail
Revised operational processes	Modifications to policies and operating procedures to reflect changes to business practices brought about by new TO-BE organisational model.
Managerial structures	Modifications to existing managerial structures to reflect matrix approach to organisational priorities, including oversight of Collation, Analysis and Sharing activities (refer to future service delivery model diagram below).
Organisational structure and resourcing	Modifications to the organisation's structure are likely to be required, pending full consideration of the TO-BE model by executive managers. A modification to the HQCC's resolution functions has already been identified as requiring resourcing adjustments.
Information technology	Modifications to the organisation's IT systems are likely to be required pending full consideration of the TO-BE model. These changes may include modifications to the CIPHA complaints and investigations case management system (to align with procedural changes) and ongoing modifications to other systems to facilitate an enhanced analysis function.
Legislative change	A number of proposed legislative amendments have been identified during the review. These will require further consideration. Additional changes may be identified as executive managers further consider and apply the TO-BE model (refer to the draft proposed legislative amendments below).
External relationships	The HQCC's relationships with a number of external agencies (including the Australian Health Practitioner Regulation Agency, the Office of the State Coroner) are likely to be impacted by the issues identified through the review.

Impact	Detail
Strategy shifts	The HQCC's approach to a number of high level issues is likely to be impacted as a result of review outcomes.

Future service delivery model



Proposed legislative amendments

Proposed amendments to *Health Quality and Complaints Commission Act 2006*
• Section 82 amendment required to give effect to HQCC ability to deal with public interest matters raised during conciliation and reflect HQCC position that privilege and confidentiality do not pertain to public interest matters identified during conciliation.
• Limited powers to take action on non-compliance, e.g. investigation recommendations, section 20 recommendations.
• Limited powers to act in relation to the Medical Board of Australia's immediate action powers
• Regulation of unregistered healthcare providers – Australian Health Ministers' Advisory Council consultation and initiatives are likely to impact on HQCC powers if a statutory code of conduct is introduced for unregistered healthcare providers.
• Amendments resulting from identified gaps in the HQCC Act as a result of notifying and consulting with the Australian Health Practitioner Regulation Agency about nationally registered providers have created anomalies when dealing with state registered providers, e.g. preliminary assessment process of state registered providers should align with nationally registered providers.
• External conciliation review recommended process changes—implementation may require amendment to Chapter 6.
• Internal process review recommended process changes—implementation may require amendment to HQCC Act.

Investigation criteria and review impact

Please advise the committee whether the criteria for commencing an investigation have changed, or are proposed to change, as a result of the review and provide any documents or additional information about the relevant review findings and planned actions. In addition, please advise the committee of any other changes to the commission's approach to investigations that have been planned or implemented following the commission's review.

We investigate and oversee serious, systemic and pervasive healthcare quality issues to determine what occurred and why, and to recommend safety and quality improvement to minimise the risk of the same or similar issues recurring.

The internal operational review has considered the investigation process, including the criteria for commencing an investigation.

There are two main sources of investigations:

1. Referrals from:
    a. the Premier
    b. Minister for Health
    c. Director-General, Queensland Health
    d. Office of the State Coroner
    e. other government agencies, including the Australian Health Practitioner Regulation Agency
    f. the Commission (through the Commissioner and Chief Executive Officer)
    g. legal entities.

2. Complaint cases referred for investigation following complaint assessment. Assessment is a process in which we gather and review all relevant information about a complaint and make a determination about future action. Following assessment, we may do any or all of the following:
    a. take no further action (close the complaint)
    b. refer the matter to another agency
    c. refer the matter to a registration board (through the Australian Health Practitioner Regulation Agency)
    d. conciliate the complaint
    e. investigate the complaint. This may include devolution of the complaint to the healthcare provider to which the complaint relates (as long as the public interest is safeguarded) using section 20 of the *Health Quality and Complaints Commission Act 2006* to require the healthcare provider to respond to the issue(s) of complaint and the provider's legislated duty to improve their services.

An Assessment Recommendation Meeting (ARM) is held to make decisions about assessment case files that require further action and, in particular, to discuss those complex cases that have not been adequately resolved in assessment due to the 90-day legislated timeframe and process, and require further consideration.

The following draft criteria have been developed during the review to guide the ARM decision-making process:

1. Were there significant gaps in the health service that resulted in serious harm or the potential for serious harm, or death?
2. If yes, did the healthcare provider(s) response fail to adequately address the complaint issues.
3. Are there potential or identified systemic issues that may result in multiple health service or state-wide recommendations?
4. Does the complexity of the case require further investigation?
5. Were there multiple healthcare providers or facilities involved in the care or treatment which is in dispute?
6. Are there patient/public safety issues of public interest that require the healthcare provider to make a significant response and take action?
7. Has a sufficient response been received from the healthcare provider(s) during the assessment process?
8. Do the scope and parameters of the investigation fall within the requirements of section 86 of the *Health Quality and Complaints Commission Act 2006*?
9. Is an investigation the most appropriate way to achieve safety and quality improvement?

The draft criteria are largely based on current business practice but further focus our limited resources on investigating the most serious complaints that are likely to result in safety and quality improvement recommendations which impact on multiple healthcare providers. The criteria will be finalised in December 2011 and formally implemented from January 2012.

The review also recommended we review our relationship with the Office of the State Coroner and decide to what extent and under what circumstances we will assist the Coroner with investigations. The Health Quality and Complaints Commission has reaffirmed its commitment to investigating reportable deaths where we consider the quality of a health service, or systemic issues relating to the quality of health services, are relevant to the death, as required under section 86(e) of the Health Quality and Complaints Commission Act 2006.

The review also identified the need to establish a new role within the Investigations team to manage the oversight of complaints that are devolved to healthcare providers. This devolution approach will be employed when issues remain outstanding following assessment which the Health Quality and Complaints Commission believes are best managed by the healthcare provider. We will make greater use of section 20 of the Health Quality and Complaints Commission Act 2006, the duty of a provider to establish, maintain and implement reasonable processes to improve the quality of health services, to oversight local investigation of outstanding complaint issues and monitor action plan implementation. This devolution position will be reallocated from our assessment team.

An assessment of the demand on our investigative resources and investigator caseloads has identified the need for an additional three senior investigator positions. The Health Quality and Complaints Commission has reviewed its staffing establishment and determined that these positions can be funded temporarily by reallocating existing roles. Permanent funding will be sought through the Cabinet Budget Review Committee process.

Culturally and linguistically diverse community complaint data

Please provide a breakdown of the nature of complaints received from each of the different CALD communities.

Further to our response of 11 November 2011, breakdown data for 2010-11 and 2009-10 is provided overleaf.

Table 1: Complaint issues by complainant's country of origin (excluding Australia) 2010-11

Issue of complaint	Angola	Bosnia and Herzegovina	Burma	Canada	Central African Republic	China	Columbia	Croatia	Denmark	Egypt	Estonia	Finland	France	Germany	Greece	Hungary	India	Indonesia	Iraq	Ireland	Italy	Japan	Jordan	Korea, Republic of	Malaysia	Netherlands	New Zealand	Papua New Guinea	Philippines	Poland	Portugal	Russian Federation	Saudi Arabia	Seychelles	Singapore	South Africa	Spain	Sri Lanka	Sudan	Sweden	Taiwan	Trinidad and Tobago	Ukraine	United Kingdom	United States	Viet Nam	Former Yugoslavia	TOTAL
Treatment		2	1	1	1	2	1	2			1	1	1	9	2	2	3	1		4	1		1	1		2	21	2	2	2	1	1	1	1	1	2	2	1	1	1		1	3	49	4	4	1	**140**
Communication and information	1			1					2				2	3		1				1		2				1	6	2	1			1				1					1			11	1	1	1	**40**
Medication		1						1									2		3								2																	5				**14**
Fees and costs																	1	1									2														1			5				**10**
Access													1																							1								1				**3**
Consent																																												3				**3**
Discharge and transfer arrangements																											1																	2				**3**
Professional Conduct														1																														2				**3**
Environment/ management of facilities																	1										1																					**2**
Medical records														1													1																					**2**
Reports/ certificates																									1		1																					**2**
Enquiry service only										1																																						**1**
Grievance processes																																																**0**
TOTAL	**1**	**3**	**1**	**2**	**1**	**2**	**1**	**3**	**2**	**1**	**1**	**1**	**4**	**14**	**2**	**3**	**7**	**2**	**3**	**5**	**1**	**2**	**1**	**1**	**1**	**3**	**35**	**4**	**3**	**2**	**1**	**2**	**1**	**1**	**1**	**4**	**2**	**1**	**1**	**1**	**2**	**1**	**3**	**78**	**5**	**5**	**2**	**223**

Table 2: Complaint issues by complainant's country of origin (excluding Australia) 2009-10

Issue of complaint	Austria	Bosnia and Herzegovina	Burma	Canada	China	Czechoslovakia	Ecuador	Ethiopia	Fiji	Finland	France	Germany	Greece	Hungary	India	Iran	Ireland	Israel	Italy	Japan	Jordan	Kenya	Latvia	Malta	Mauritius	Mexico	Netherlands	New Zealand	Papua New Guinea	Philippines	Russian Federation	Samoa	Seychelles	Sudan	Switzerland	United Kingdom	United States	Zimbabwe	TOTAL
Treatment	2	1	1	1	1	1		1	5		5	10	2	2	3	2	2	1	2		3	1	2	1	1		5	15	5	2	4	2		5	2	21	2	1	**114**
Communication and information		1										2		1							1					1		4	1	1			1			3			**16**
Professional conduct							1					1																								3			**5**
Fees and costs										1										1																2			**4**
Access																																				2			**2**
Reports / certificates											1																	1											**2**
Discharge and transfer arrangements																												1											**1**
Consent																																							**0**
Environment/ management of facilities																																							**0**
Grievance processes																																							**0**
Enquiry service only																																							**0**
Medical records																																							**0**
Medication																																							**0**
TOTAL	**2**	**2**	**1**	**1**	**1**	**1**	**1**	**1**	**5**	**1**	**6**	**13**	**2**	**3**	**3**	**2**	**2**	**1**	**2**	**1**	**4**	**1**	**2**	**1**	**1**	**1**	**5**	**21**	**6**	**3**	**4**	**2**	**1**	**5**	**2**	**31**	**2**	**1**	**144**

Table 3: Complaint issues by complainant's preferred language (excluding English) 2010-11

Issue of complaint	Arabic	Chinese (Cantonese and Mandarin)	Croatian	French	German	Greek	Hindi	Other	Spanish	Swedish	Vietnamese	TOTAL
Treatment	1	3	1	2	1	1		4	1	1	2	**17**
Communication and information			1	1	1			2	1			**6**
Medication	3		1									**4**
Fees and costs			1						1			**2**
Professional conduct					1							**1**
Reports/certificates					1							**1**
Discharge and transfer arrangements							1					**1**
Access												**0**
Consent												**0**
Environment/management of facilities												**0**
Grievance processes												**0**
Enquiry service only												**0**
Medical records												**0**
TOTAL	**4**	**3**	**4**	**3**	**4**	**1**	**1**	**6**	**3**	**1**	**2**	**32**

Table 4: Complaint issues by complainant's preferred language (excluding English) 2009-10

Issue of complaint	Arabic	Croatian	Dutch	French	German	Greek	Other	Spanish	Swedish	Turkish	TOTAL
Treatment	4	1	1	2		1	4	1		1	**15**
Communication and information	1				1						**2**
Fees and costs									1		**1**
Professional conduct					1						**1**
Access											**0**
Consent											**0**
Discharge and transfer arrangements											**0**
Environment/management of facilities											**0**
Grievance processes											**0**
Enquiry service only											**0**
Medical records											**0**
Medication											**0**
Reports/certificates											**0**
TOTAL	**5**	**1**	**1**	**2**	**2**	**1**	**4**	**1**	**1**	**1**	**19**

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