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**Government
of South Australia**

Health Performance Council

2021-22 Annual Report

HEALTH PERFORMANCE COUNCIL

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To:

Hon Chris Picton MP

Minister for Health and Wellbeing

This annual report will be presented to Parliament to meet the statutory reporting requirements of the *Health Care Act 2008* and the requirements of Premier and Cabinet Circular *PC013 Annual Reporting*.

This report is verified to be accurate for the purposes of annual reporting to the Parliament of South Australia.

Submitted on behalf of the Health Performance Council by:



Professor Stephen Duckett

Chair, Health Performance Council

22 August 2022

From the Chair



The Health Performance Council is the only independent health system review body for South Australia. We have an important role to play in the provision of expert advice to the Minister for Health and Wellbeing on the operation of the health system, health outcomes for South Australians and the effectiveness of methods used within the health system to engage communities and individuals.

In 2021-22 the Council, like so many other workplaces, was challenged by Covid-19. Key SA Health staff who provide project, analytical and administrative support to the Council were taken offline for much of the financial year to respond to the Covid-19 emergency in South Australia. Although this reduced the Council's capacity to contribute during much of the year, we recognise and thank all of our health services and workforce for looking after South Australians while the Covid-19 pandemic impacts our communities.

Moving forward, the Council will refocus its energy on our core responsibility of providing an independent assessment of where the South Australian health system can improve. This assessment will be informed by the best quantitative and qualitative information, evaluated with an equity lens.

Provision of the next 4-yearly report on the performance of the South Australian health system to the Minister as required under the *Health Care Act 2008* is our main priority. This will be the Council's fourth 4-yearly report. This report—covering the period 2018-19 to 2021-22—will be framed around aims of enhancing patient experience, improving population health, reducing costs, and improving workforce experience. The 4-yearly report will also include a section on South Australia's Covid-19 experiences.

Other priorities of the Council include an independent inquiry into palliative care in South Australia and independent reviews of select SA Health policies.

Our findings matter. They matter because they advise the Minister and, through public release of our work, allow the community to see where policies and models of care might be implemented and working well. Our reports enable policy makers to identify good performance and provide information to help target new work and new investment to improve effectiveness of health services and improve population health outcomes. The Health Performance Council holds the system to account.

Professor Stephen Duckett

Chair, Health Performance Council

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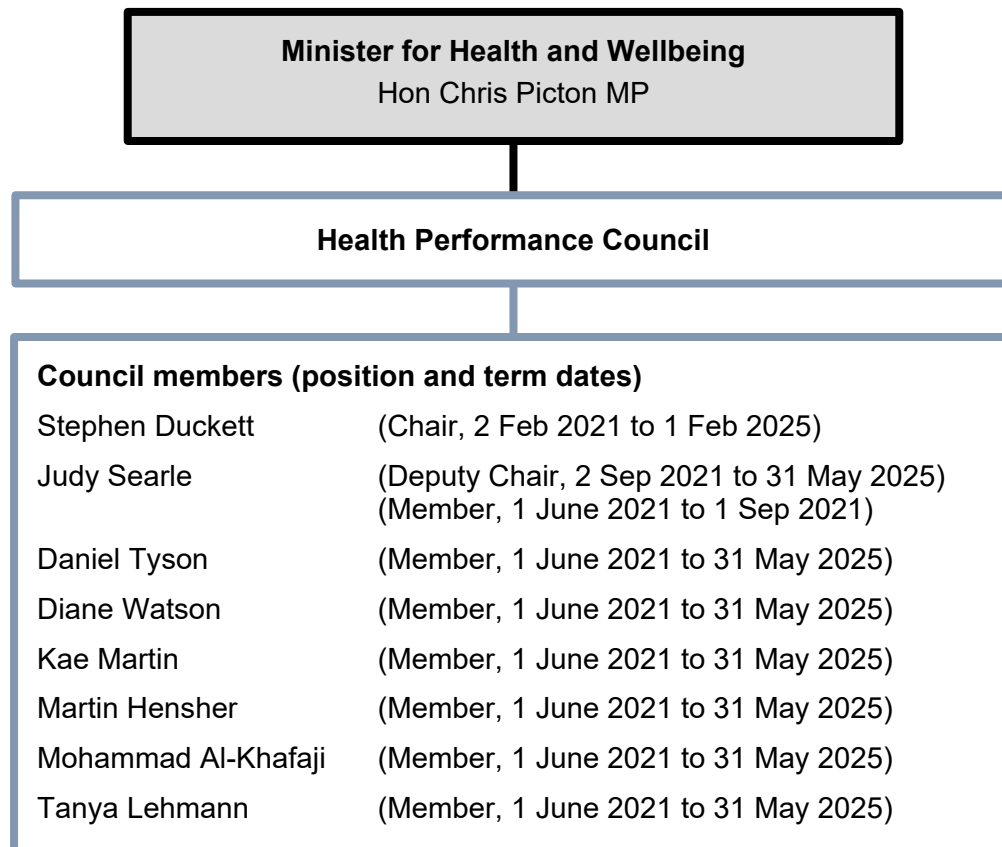
Overview: About the Health Performance Council

Our strategic focus

| | |
|---------------------------|---|
| <p>Our Purpose</p> | <p>The Health Performance Council is a statutory Ministerial advisory body. We are South Australia’s only review body providing expert monitoring of population health outcomes and health system performance that supports accountability, information transparency and public trust.</p> <p>Our purpose under the <i>Health Care Act 2008</i> (the Act) is to:</p> <ol style="list-style-type: none"> 1. Provide advice to the Minister about: <ul style="list-style-type: none"> • the operation of the health system • health outcomes for South Australians and, as appropriate, for particular population groups • the effectiveness of methods used within the health system to engage communities and individuals in improving their health outcomes. 2. Provide reports to the Minister in accordance with the requirements of the Act. <p>The Health Performance Council recognises Aboriginal and Torres Strait Islander people as two separate groups. However, for the remainder of this document we refer to Aboriginal people in recognition that Aboriginal people are the original inhabitants of South Australia. We also acknowledge the complexity and diversity of the Aboriginal communities of South Australia, recognising each has its own beliefs and practices.</p> <p>The Health Performance Council acknowledges the Aboriginal peoples of South Australia and their ongoing contributions to and participation in the life of South Australia. We acknowledge and respect their spiritual relationship with their respective countries.</p> <p>We also acknowledge the diversity of Aboriginal people in South Australia. Our Australian continent is known to have been inhabited for at least 55,000 years. The first inhabitants comprised over 270 different Aboriginal language/cultural groups across Australia, with 40 independent groups living in South Australia. Each group occupied its own territory and had its own unique culture, beliefs, laws, language, stories, ceremonies and art (Reconciliation SA, 2017). Aboriginal peoples in their diversity have demonstrated resilience and have made significant contributions to South Australia despite the ongoing effects of colonisation and dispossession.</p> |
|---------------------------|---|

| | |
|--|---|
| <p>Our Vision</p> | <p>South Australia has a safe, high quality, integrated health system with appropriate community engagement that contributes to optimal health outcomes for South Australians. The Health Performance Council's vision is for South Australia to be recognised as having an independent and evidence based appraisal of its health system.</p> |
| <p>Our Values</p> | <p>The Health Performance Council provides independent expertise to and assessment of relevant performance aspects of the health system that are congruent with the strategic directions of the health portfolio.</p> <p>As distinct from an advisory council which the Act tasks with undertaking an advocacy role on behalf of the community, we value our unique role of providing advice to the Minister which focuses on the broader performance, operation and outcomes of the health system.</p> <p>We value the provision of relevant and useful input that can be effectively operationalised to achieve improvements in the provision of health services.</p> |
| <p>Our functions, objectives and deliverables</p> | <p>To provide independent advice to the Minister for Health and Wellbeing consistent with the legislated functions under the <i>Health Care Act 2008</i> (the Act) on improving the health status of South Australians and the overall performance of the health system including engagement of individuals and communities.</p> <p>On a 4-yearly basis, to furnish to the Minister a report that assesses and highlights over the reporting period:</p> <ul style="list-style-type: none"> • the health of South Australians • changes in health outcomes of the community • areas where health system improvement is possible • key dimensions of health system performance from a state-wide population perspective <p>using analysis of demographic, health services utilisation and health outcomes data in line with objectives in the Act.</p> |

Our organisational structure



Changes to the Health Performance Council

During 2021-22 there was the following change to the Council's structure:

- Judy Searle (member) was appointed to the position of Deputy Chair.

Our Minister



Hon Chris Picton MP

Minister for Health and Wellbeing

Hon Chris Picton MP is the Minister for Health and Wellbeing in South Australia.

The Minister oversees health, wellbeing, mental health, ageing well, substance abuse and suicide prevention.

The Minister oversees the health portfolio of services and agencies that come under the *SA Health* brand. The portfolio consists of:

- Department for Health and Wellbeing
- SA Ambulance Service
- Commission on Excellence and Innovation in Health
- Wellbeing SA
- Local Health Networks. There are ten local health networks in South Australia — three in metropolitan Adelaide, six in country South Australia, and one statewide network.

Chris is passionate about improving health care outcomes in our state, and delivering improved services and opportunities for all South Australians.

Before election to Parliament he served as Adviser and Chief of Staff to the former Federal Health Minister and Attorney-General, Nicola Roxon, as Chief of Staff to former SA Health Minister John Hill and as an Associate Director at Deloitte Access Economics. His areas of policy work included tobacco plain packaging and national public hospital funding reforms.

He was educated at public schools in Adelaide and graduated from Flinders University with a Bachelor of Laws and Legal Practice and a Bachelor of Arts.

Chris has previously served as Minister for Police, Correctional Services, Emergency Services and Road Safety during the Weatherill Government. Chris is also the Member for Kaurana in State Parliament representing outer southern suburbs including Seaford, Noarlunga and Christies Beach.

Health Performance Council members

Professor Stephen Duckett, Chair

Appointment from 2 February 2021 until 1 February 2025 (Chair) and previously a Member from 2 August 2016 until 1 August 2020 pursuant to the provisions of the *Health Care Act 2008*.

Stephen has recently concluded a decade as Director of Grattan Institute's Health and Aged Care Program. He is an Honorary Enterprise Professor in the School of Population and Global Health and in the Department of General Practice at the University of Melbourne. He also chairs the Board of Eastern Melbourne Primary Health network. Stephen has held senior health care leadership positions in Australia and Canada, with a reputation for creativity, evidence-based innovation and reform in areas as diverse as hospital funding (introduction of activity-based funding for hospitals) and quality (new systems of measurement and accountability for safety of hospital care).

Stephen is an economist with a Masters and PhD in Health Administration from the University of New South Wales and a higher doctorate, the DSc, awarded on the basis of his scholarly contributions, from the Faculty of Medicine of the same University. He is a Fellow of the Academy of the Social Sciences in Australia, the Australian Academy of Health and Medical Sciences and the Institute of Company Directors.



Professor Judy Searle, Deputy Chair

Appointment from 2 September 2021 until 31 May 2025 (Deputy Chair) and 1 June 2021 until 1 September 2021 (Member), pursuant to the provisions of the *Health Care Act 2008*.

Judy's resume demonstrates a diverse range of skills and experiences, she started her career as a medical specialist before moving primarily into leadership and management positions in academe both in Australia and the UK. She then took up the opportunity to expand her experiences more broadly as she moved to senior health advisory positions within Government both Federal and Territory and then to CEO of a national and cross-Tasman professional organisation.

Currently, she provides leadership and independent expertise in the health and aged care sectors as a Non-Executive Director with particular skills in governance, risk management and safety and quality. This includes providing governance and financial oversight of a large, complex \$1.7B public hospital and health service as the Board's Deputy Chair and Chair of its Safety and Quality Committee. She also provides independent advice on health system performance and medical practitioner regulation at a state government level.



Dr Daniel Tyson

Appointment from 1 June 2021 until 31 May 2025 (Member), pursuant to the provisions of the *Health Care Act 2008*.

Dan is chief executive officer (CEO) of Desert Knowledge Australia (DKA) and Managing Director of the Desert Knowledge Research Institute (DKRI) in Alice Springs. These organisations aim to improve the wellbeing of Desert Peoples, support economic development, and work towards environmental sustainability in the desert regions of Australia.



Previously he was CEO of Aboriginal community-controlled Sunrise Health Service Aboriginal Corporation based in Katherine, which provides comprehensive primary health and related services to 4,000 Aboriginal people in a large area immediately south of Arnhem Land. Along with having been a director of the peak body Aboriginal Medical Services Alliance of the NT (AMSANT), and director and vice-chair of Katherine Regional Aboriginal Health and Related Services. Dan continues as an independent Indigenous Member of the AMSANT Research Sub-Committee. He is a member of the Central Region Executive of the Chamber of Commerce, NT, and a board director of the Commonwealth-funded 'Inspiring Australia' organisation.

Dr Diane Watson

Appointment from 1 June 2021 until 31 May 2025 (Member), pursuant to the provisions of the *Health Care Act 2008*.

Diane is the Chief Executive of the Bureau of Health Information in NSW. She has led the establishment of three reporting agencies in Australia that use big data to drive decisions on healthcare provision nationally and locally. Dr Watson was the inaugural Chief Executive Officer of the Victorian Agency for Health Information between 2016 and 2018. She was the inaugural and only Chief Executive of the National Health Performance Authority, established by the Australian Government in 2012 to monitor, and report on, the performance of 1000+ public and private hospitals and 300+ health regions.



Dr Watson was the inaugural Chief Executive of the Bureau of Health Information from 2009 to 2012. She has held senior management positions for more than 25 years measuring, monitoring and reporting on the performance of healthcare systems to drive improvements in health, patient care and productivity.

Ms Kae Martin

Appointment from 1 June 2021 until 31 May 2025 (Member), pursuant to the provisions of the *Health Care Act 2008*.

Kae has worked over 40 years within the health and community services areas and has included roles within clinical, management, policy at health service (rural and metropolitan), regional and corporate levels. Kae's leadership and management style stems from a philosophy that views the people of the organisation as its greatest asset, tempered by the belief that business and customer services must be effective, efficient and afforded within the parameters and resources available.



Kae has had extensive experience in strategic, capital and clinical service planning for a range of health and community programs across the continuum of care for public and non-government sectors.

Professor Martin Hensher

Appointment from 1 June 2021 until 31 May 2025 (Member), pursuant to the provisions of the *Health Care Act 2008*.

Martin Hensher is the Henry Baldwin Professorial Research Fellow in Health Systems Sustainability at the Menzies Institute for Medical Research of the University of Tasmania. His research focuses on integrating the economic, environmental, and societal dimensions of improving the sustainability of health care systems.

During the COVID-19 pandemic he has led work on estimating the likely impact of Long COVID in Australia, the application of digital technologies, and the problems of privatising knowledge in a pandemic.



Professor Hensher has over thirty years' experience in health economics, planning and financing in the UK, Australia, Africa, Europe and Central Asia. He was the senior economic adviser in the South African National Department of Health and in the Department of Health England, before moving to Australia where he spent seven years as a Director in the Tasmanian Department of Health. He is a member of the South Australian Health Performance Council, a board member of Glenview Community Services, and is a search and rescue specialist with the Tasmanian State Emergency Service.

Mr Mohammad Al-Khafaji

Appointment from 1 June 2021 until 31 May 2025 (Member), pursuant to the provisions of the *Health Care Act 2008*.

Mr Mohammad Al-Khafaji is the CEO of the Federation of Ethnic Communities' Councils of Australia (FECCA), the peak national body representing Australians from culturally and linguistically diverse (CALD) backgrounds. Fluent in three languages, Mohammad's personal experiences as a former refugee from Iraq and as a migrant also mean he can uniquely relate to so many issues facing multicultural communities.



In addition to his experience working with numerous multicultural groups and on many community boards, Mohammad has a Bachelor of Software Engineering and worked for several years in the corporate sector. He has also served on the SBS Community Advisory Committee and the Advertising Standards Bureau community panel and is a member of the newly established CALD Health Advisory Group on COVID-19, advising the commonwealth government.

Ms Tanya Lehmann

Appointment from 1 June 2021 until 31 May 2025 (Member), pursuant to the provisions of the *Health Care Act 2008*.

Ms Tanya Lehmann has over 23 years' experience leading large scale organisation and systems change within the rural health and aged care sectors in Australia. Tanya is a Consultant in her own business, Aurora Meliora Pty Ltd, and as an Associate with CulturAlchemy, Pique Global, Leadership and Board Accord.

Tanya specialises in culture change, leadership development and strategic alignment. As Regional Director of health and aged care services in rural and remote South Australia, Tanya was responsible for the strategic leadership and governance of 12 hospitals (including 11 integrated residential aged care facilities); community aged care, nursing and allied health services; and 2 medical practices. Whilst Regional Director, Tanya led the development and implementation of an integral Performance Framework for all of country South Australia, which was recognised with a SA Health Award.



Legislation administered by the Health Performance Council

Health Care Act 2008.

The Health Performance Council's performance

Performance at a glance

In 2021-22 the priorities of the Council were:

- planning for its palliative care inquiry; and
- planning and oversight of its next 4-yearly report to the Minister

consistent with the legislated functions under the *Health Care Act 2008*.

Meetings held

In 2021-22 the Health Performance Council convened four times. Due to Covid-19 emergency restrictions placed on travel and personal gatherings, three of the meetings were held via teleconference and one meeting was conducted in-person.

In 2021-22 Council members recorded the following attendances at meetings:

| | Stephen Duckett (Chair) | Judy Searle (Deputy Chair) | Daniel Tyson | Diane Watson | Kae Martin | Martin Hensher | Mohammad Al-Khafaji | Tanya Lehmann |
|---------------------------------------|-------------------------|----------------------------|--------------|--------------|------------|----------------|---------------------|---------------|
| Meeting 65 (R) 30 July 2021 | | | | | | | | |
| Meeting 66 (R) 10 Sep 2021 | | | | | | | | |
| Meeting 67 (R) 5 Nov 2021 | | | | | | | | |
| Meeting 68 (P) 22 June 2022 | | | | | | | | |

Legend

| | |
|---|--------------------------------|
| | In attendance |
| | Apology |
| R | Members participated remotely |
| P | Members participated In-person |

Health Performance Council's contribution to whole-of-government objectives

The Health Performance Council contributes to whole-of-government objectives by fulfilling its functions specified in the *Health Care 2008*:

The Council's contribution

Provide advice to the Minister about

- the operation of the health system
- health outcomes for South Australians and, as appropriate, for particular population groups
- the effectiveness of methods used within the health system to engage communities and individuals in improving their health outcomes.

Provide reports to the Minister in accordance with the requirements of the Act.

Provide advice to the Minister about any matter referred to it by the Minister or any matter it sees fit to advise the Minister about in connection with its responsibilities under the Act.

Such other functions assigned to the Council under this or any other Act, or assigned to the Council by the Minister.

Health Performance Council's specific objectives and performance

| Council objectives | Indicators | Performance |
|--|--|---|
| <p>Provide advice to the Minister about the operation of the health system, health outcomes for South Australians, and the effectiveness of methods used within the health system to engage communities and individuals.</p> | <p>Ongoing expert advice to the Minister informed by its independent assessment of quantitative and qualitative comparative measures benchmarking the South Australian health system against other states and territories and national averages, as well as intra-state geographical comparisons and trends over time.</p> <p>Council looks at the data with an equity lens by reporting on specific and at-risk population groups where data is available, such as: Aboriginal and Torres Strait Islander persons, persons from culturally and linguistically diverse backgrounds, aged persons, persons who reside in socioeconomically disadvantaged areas of the state, and persons who reside in rural and remote areas of the state.</p> | <p>The Minister meets with the Council on a regular basis under the requirements of the <i>Health Care Act 2008</i>.</p> |
| <p>Provide reports to the Minister in accordance with the requirements of the <i>Health Care Act 2008</i>.</p> | <p>Provision of the next 4-yearly report on the performance of the South Australian health system as required under the <i>Health Care Act 2008</i>.</p> <p>This will be the Council's fourth 4-yearly report. The period of review of this 4-yearly report will cover the years 2018-19 to 2021-22.</p> | <p>Report is due to the Minister by the end of calendar year 2022.</p> |
| <p>Provide advice to the Minister about any matter referred to it by the Minister or any matter it sees fit to advise the Minister about in connection with its responsibilities under the <i>Health Care Act 2008</i>.</p> | <p>Council's Palliative Care Inquiry.</p> <p>Council's independent review of selected SA Health policies.</p> | <p>In 2023, Council will continue with its inquiry into palliative care in South Australia.</p> <p>In 2023, Council will review select SA Health policies, plans, and frameworks.</p> |

Corporate performance summary

Secretariat (including corporate) services for the Health Performance Council are provided by the Department for Health and Wellbeing which assumes all other legislative and regulatory responsibilities related to financial performance, audit and human resources.

Employment opportunity programs

| Program name | Performance |
|--|---|
| Staff providing secretariat services to the Council participate in the Department for Health and Wellbeing employment opportunity programs | The Department for Health and Wellbeing annual report on the SA Health website highlights key programs available to staff. Refer to www.sahealth.sa.gov.au |

Agency performance management and development systems

| Performance management and development system | Performance |
|---|--|
| Staff providing secretariat services to the Council participate in the Department for Health and Wellbeing performance management and development systems | The Department for Health and Wellbeing annual report on the SA Health website highlights key systems available to staff. Refer to www.sahealth.sa.gov.au |

Work health, safety and return to work programs

| Program name | Performance |
|---|---|
| Staff providing secretariat services to the Council participate in the Department for Health and Wellbeing work health, safety and return to work programs. | The Department for Health and Wellbeing annual report on the SA Health website highlights key programs available to staff. Refer to www.sahealth.sa.gov.au |

| Workplace injury claims | Current year 2021-22 | Past year 2020-21 | % Change (+ / -) |
|---|-------------------------|----------------------|---------------------|
| Total new workplace injury claims | 0 | 0 | 0% |
| Fatalities | 0 | 0 | 0% |
| Seriously injured workers* | 0 | 0 | 0% |
| Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE) | 0 | 0 | 0% |

**number of claimants assessed during the reporting period as having a whole person impairment of 30% or more under the Return to Work Act 2014 (Part 2 Division 5)*

| Work health and safety regulations | Current year 2021-22 | Past year 2020-21 | % Change (+ / -) |
|--|-------------------------|----------------------|---------------------|
| Number of notifiable incidents (<i>Work Health and Safety Act 2012, Part 3</i>) | 0 | 0 | 0% |
| Number of provisional improvement, improvement and prohibition notices (<i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i>) | 0 | 0 | 0% |

| Return to work costs** | Current year 2021-22 | Past year 2020-21 | % Change (+ / -) |
|---|-------------------------|----------------------|---------------------|
| Total gross workers compensation expenditure (\$) | 0 | 0 | 0% |
| Income support payments – gross (\$) | 0 | 0 | 0% |

***before third party recovery*

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/health-performance-council-work-health-and-safety>

Executive employment in the Health Performance Council

| Executive classification | Number of executives |
|---------------------------------|-----------------------------|
| Nil to report | 0 |

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/health-performance-council-executive-employment>

The [Office of the Commissioner for Public Sector Employment](#) has a [workforce information](#) page that provides further information on the breakdown of executive gender, salary and tenure by agency.

Financial performance

Financial performance at a glance

Financial matters relating to the Health Performance Council are included in the Department for Health and Wellbeing annual report which can be found on the SA Health website. Refer to www.sahealth.sa.gov.au

| Statement of Comprehensive Income | 2021-22 Budget \$000s | 2021-22 Actual \$000s | Variation \$000s | Past year 2020-21 Actual \$000s |
|--|------------------------------|------------------------------|-------------------------|--|
| Total Income | 0 | 0 | 0 | 0 |
| Total Expenses | 0 | 0 | 0 | 0 |
| Net Result | 0 | 0 | 0 | 0 |
| Total Comprehensive Result | 0 | 0 | 0 | 0 |

| Statement of Financial Position | 2021-22 Budget \$000s | 2021-22 Actual \$000s | Variation \$000s | Past year 2020-21 Actual \$000s |
|--|------------------------------|------------------------------|-------------------------|--|
| Current assets | 0 | 0 | 0 | 0 |
| Non-current assets | 0 | 0 | 0 | 0 |
| Total assets | 0 | 0 | 0 | 0 |
| Current liabilities | 0 | 0 | 0 | 0 |
| Non-current liabilities | 0 | 0 | 0 | 0 |
| Total liabilities | 0 | 0 | 0 | 0 |
| Net assets | 0 | 0 | 0 | 0 |
| Equity | 0 | 0 | 0 | 0 |

Consultants disclosure

Data for consultancies procured for the Health Performance Council are included in the Department for Health and Wellbeing annual report, which can be accessed on the SA Health website. Refer to www.sahealth.sa.gov.au

Consultancies with a contract value below \$10,000 each

| Consultancies | Purpose | \$ Actual payment |
|--|----------------|--|
| All consultancies below \$10,000 each - combined | Various | Refer to Department for Health and Wellbeing annual report |

Consultancies with a contract value above \$10,000 each

| Consultancies | Purpose | \$ Actual payment |
|----------------------|----------------|--------------------------|
| As above | As above | As above |

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/health-performance-council-consultants>

See also the [Consolidated Financial Report of the Department of Treasury and Finance](#) for total value of consultancy contracts across the South Australian Public Sector.

Contractors disclosure

Data for contractors procured for the Health Performance Council are included in the Department for Health and Wellbeing annual report, which can be accessed on the SA Health website. Refer to www.sahealth.sa.gov.au

Contractors with a contract value below \$10,000

| Contractors | Purpose | \$ Actual payment |
|--|----------------|--|
| All contractors below \$10,000 each - combined | Various | Refer to Department for Health and Wellbeing annual report |

Contractors with a contract value above \$10,000 each

| Contractors | Purpose | \$ Actual payment |
|--------------------|----------------|--------------------------|
| As above | As above | As above |

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/health-performance-council-contractors>

The details of South Australian Government-awarded contracts for goods, services, and works are displayed on the SA Tenders and Contracts website. [View the agency list of contracts.](#)

The website also provides details of [across government contracts.](#)

Risk management

Risk and audit at a glance

Not applicable.

Fraud detected in the Health Performance Council

| Category/nature of fraud | Number of instances |
|--------------------------|---------------------|
| Nil to report | 0 |

NB: Fraud reported includes actual and reasonably suspected incidents of fraud.

Strategies implemented to control and prevent fraud

The Health Performance Council members are provided with a copy of the Code of Conduct and complete a Conflict of Interest declaration at onboarding. An agenda item at each meeting also asks members to declare any conflicts of interest.

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/health-performance-council-fraud>

Public interest disclosure

Number of occasions on which public interest information has been disclosed to a responsible officer of the agency under the *Public Interest Disclosure Act 2018*:

Nil.

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/health-performance-council-whistleblowers-disclosure>

Note: Disclosure of public interest information was previously reported under the *Whistleblowers Protection Act 1993* and repealed by the *Public Interest Disclosure Act 2018* on 1/7/2019.

Reporting required under any other act or regulation

| Act or Regulation | Requirement |
|-------------------|-------------|
| Not applicable | Nil |

Public complaints

Number of public complaints reported

| Complaint categories | Sub-categories | Example | Number of complaints 2021-22 |
|-----------------------------|-----------------------|--|---|
| Professional behaviour | Staff attitude | Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency | 0 |
| Professional behaviour | Staff competency | Failure to action service request; poorly informed decisions; incorrect or incomplete service provided | 0 |
| Professional behaviour | Staff knowledge | Lack of service specific knowledge; incomplete or out-of-date knowledge | 0 |
| Communication | Communication quality | Inadequate, delayed or absent communication with customer | 0 |
| Communication | Confidentiality | Customer's confidentiality or privacy not respected; information shared incorrectly | 0 |
| Service delivery | Systems/technology | System offline; inaccessible to customer; incorrect result/information provided; poor system design | 0 |
| Service delivery | Access to services | Service difficult to find; location poor; facilities/ environment poor standard; not accessible to customers with disabilities | 0 |
| Service delivery | Process | Processing error; incorrect process used; delay in processing application; process not customer responsive | 0 |
| Policy | Policy application | Incorrect policy interpretation; incorrect policy applied; conflicting policy advice given | 0 |
| Policy | Policy content | Policy content difficult to understand; policy unreasonable or disadvantages customer | 0 |

| Complaint categories | Sub-categories | Example | Number of complaints 2021-22 |
|-----------------------------|------------------------|---|---|
| Service quality | Information | Incorrect, incomplete, out dated or inadequate information; not fit for purpose | 0 |
| Service quality | Access to information | Information difficult to understand, hard to find or difficult to use; not plain English | 0 |
| Service quality | Timeliness | Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met | 0 |
| Service quality | Safety | Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness | 0 |
| Service quality | Service responsiveness | Service design doesn't meet customer needs; poor service fit with customer expectations | 0 |
| No case to answer | No case to answer | Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate | 0 |
| | | Total | 0 |

| Additional metrics | Total |
|--|----------------|
| Number of positive feedback comments | 0 |
| Number of negative feedback comments | 0 |
| Total number of feedback comments | 0 |
| % complaints resolved within policy timeframes | Not applicable |

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/health-performance-council-public-complaints>

Service improvements

| |
|-----|
| Nil |
|-----|

Compliance statement

| | |
|--|----|
| Health Performance Council is compliant with Premier and Cabinet Circular 039 – complaint management in the South Australian public sector | Y* |
| Health Performance Council has communicated the content of PC 039 and the agency’s related complaints policies and procedures to employees | Y* |

* Provided by the Department for Health and Wellbeing

Appendix: Audited financial statements 2021-22

Not applicable.

Financial matters relating to the Health Performance Council are included in the Department for Health and Wellbeing annual report which can be found on the SA Health website. Refer to www.sahealth.sa.gov.au