

HEALTH CARE COMPLAINTS COMMISSION

CORPORATE PLAN

2006-2007



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Appendix A – Corporate Key Performance Indicators

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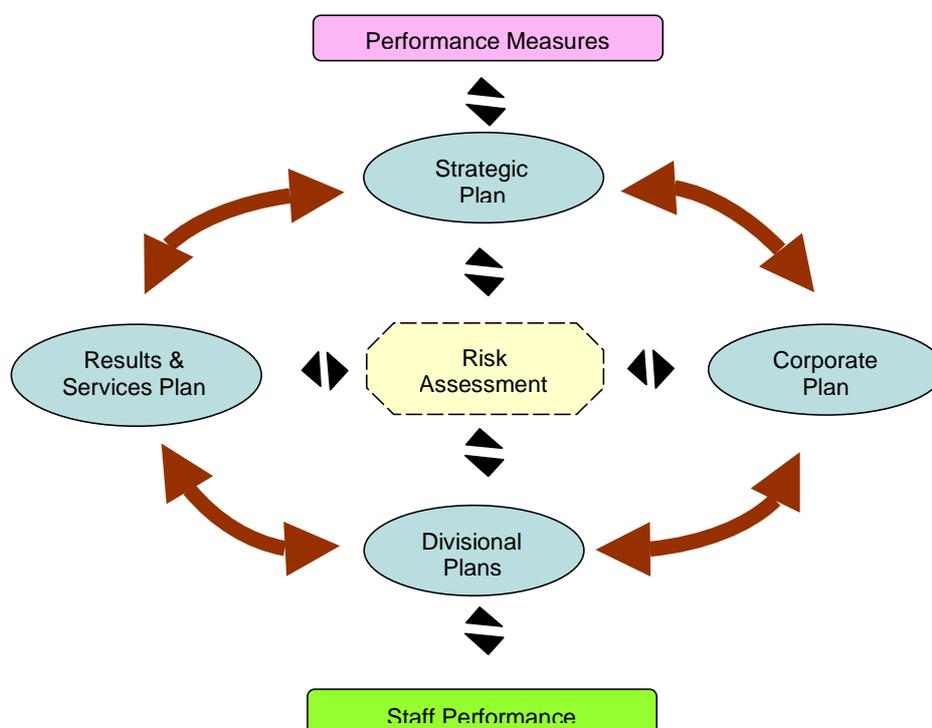
1. PURPOSE OF THE CORPORATE BUSINESS PLAN

The HCCC has been established to resolve, investigate and prosecute complaints about health care to protect the health and safety of the public.

Our mission as defined in the HCCC Strategic Plan is to:

act in the public interest by resolving, investigating and prosecuting complaints about health care to protect the health and safety of the public.

The HCCC strategic planning framework endeavours to align HCCC's Corporate Strategic Objectives and targets with both the Corporate Plan and the individual Divisional Business Plans. This framework is presented in the diagram below.



The Corporate Plan is derived from the HCCC Strategic Plan 2006-2009 and reflects the progressive implementation of the Commission's corporate strategies and directions in delivering our business targets and achieving agreed business outcomes.

The HCCC Strategic Plan comprises the following four key result areas that cover the outcomes and performance of all work undertaken by HCCC.

- Comprehensive & responsive complaint handling,
- Investigate and prosecute serious complaints,
- Accountability, and
- Our organisation.

Within each divisional business plan key result areas are linked to corporate objectives, performance measures and performance targets.

The Commission's values represent the foundation for how we will work as an organisation and with other agencies to achieve our performance targets. These values also describe the type of organisation we aspire to be:

- **Promote public health and safety:** We will seek to resolve complaints and thoroughly investigate serious complaints of poor health care
- **Be fair, impartial and accountable:** We will always deal with matters before the Commission with objectivity and impartiality and report willingly on our performance and outcomes
- **Strive for excellence:** We will constantly strive to improve, grow and work more productively;
- **Act professionally in pursuing our aims:** We will pursue our objectives to their conclusion and not be diverted;
- **Respect each other and work collaboratively:** We will treat each other with respect and all those with whom we have contact;
- **Act ethically and with integrity:** We will always act with honesty, integrity and impartiality;
- **Provide clear, consistent and timely information:** We will communicate with complainants and health care providers in a clear and open manner.

At quarterly intervals the HCCC's reviews its business performance and assesses its trends and KPI results.

The business management framework is intended to be flexible and allow the organisation to respond to changing circumstances.

2. KEY CHALLENGES

The Commission's operating environment, internal and external, raises a number of challenges for the future performance and outcomes of the organisation. These challenges include:

- (a) accountability for Commission activities through regular performance measurement and reporting on results that meet the expectations of our key stakeholders (Parliamentary Joint Committee and the Minister for Health);
- (b) responsive complaint handling and dispute resolution processes;
- (c) continual development of employees' skills and knowledge commensurate with best practice complaint resolution, investigations and prosecutions;
- (d) risk assessment and project management are fundamental and integral to all operations including a culture of awareness and compliance with applicable standards;

- (e) managing judicial decisions and changes to relevant legislation impacting HCCC legal cases;
- (f) assimilating advances in technology and new investigation techniques into operational and legal plans, procedures and systems; and
- (g) managing the volume of complaints and ensuring assessments and investigations are completed in a timely manner;

To address these challenges, considerable attention have and will continue to be given to:

- the delivery of a targeted Learning and Development Program;
- the development of leadership throughout the organisation;
- risk assessment and project management becoming strong reflections of the culture of the organisation; and
- ongoing improvement in the way we work internally and better shared service arrangements with external agencies.

3. PLANNING ASSUMPTIONS

The following key planning assumptions have shaped the Commission's planning process. It is assumed that:

- the Commission's charter will continue in its current form;
- the Commission's key stakeholders will require detailed performance and outcome information and reporting;
- the Commission will continue to invest resources in improving its skills and knowledge to meet the challenges posed by adopting best practice complaint resolution services and investigative and prosecution techniques to achieve successful dispute resolution and disciplinary outcomes;
- changes in information technology will provide increasing opportunities for the Commission to deliver improved productivity and results;
- the community will continue to value the highest standards of accountability and behaviour by health care providers;

4. RISKS

Achievement of this Plan will also depend on the management of the key sources of risk to which the Commission's operations are subject. As part of the corporate planning process, strategic and operational areas of risk were reviewed (See Appendix B)

The Commission has identified the following key sources of risk to the day-to-day operations undertaken by the organisation:

- inability to manage organisation reform and redevelopment (e.g. unacceptable delays in handling matters)
- Interruption to service capacity (e.g. failure of IT systems);
- human resources (e.g. high staff turnover, retention and attraction of skilled staff, motivated staff, adequate OH&S, etc.); and
- organisational credibility (e.g. poor public profile, poor advice, poorly handled investigations or prosecutions).

Specific controls and treatments to address business risks have been identified in Divisional Business Plans.

5. STAKEHOLDER EXPECTATIONS

The corporate plan has been developed recognizing the needs and expectations of our clients and stakeholders.

Stakeholders	Expectations of HCCC
Minister	<ul style="list-style-type: none"> ▪ effective management of its resources to deliver on agreed performance targets. ▪ Regularly report on operations and performance results
Joint Parliamentary Committee	<ul style="list-style-type: none"> ▪ Responsive and open communication on activities ▪ Reporting trends and practices in managing complaints and conducting investigations and prosecutions
Complainants	<ul style="list-style-type: none"> ▪ Adopt a rigorous approach to assessing, investigating and resolving complaints ▪ Provide clear and timely advice on the progress and outcomes of complaints ▪ Transparency in the way complaints are handled
Respondents	<ul style="list-style-type: none"> ▪ Procedural fairness in the conduct of investigations
Health Organisations & Practitioners	<ul style="list-style-type: none"> ▪ Opportunity to respond to criticisms raised ▪ Practical recommendations for health care service improvements
Central Agencies (e.g. NSW Treasury, Premiers Dept, etc)	<ul style="list-style-type: none"> ▪ Performance reporting that is comprehensive, meaningful, timely and an intrinsic aspect of day to day functioning of the HCCC ▪ A strong record of compliance with all regulatory and central agency reporting requirements

6. PLAN FOR DELIVERY

The Corporate Business Plan has been developed to meet what the Commission has assessed as the priorities for the effective delivery of its mission. The challenge for HCCC is to ensure that the strategies and their resourcing are adequate to achieve the Commission's objectives and to deliver the targeted outcomes and results.

The Commission's Business Structure is designed around the delivery of the services and activities that support the corporate objectives and key result areas. This planning approach flows down through divisional business plans to individual staff performance agreements ensuring appropriate levels of accountability and ownership of the Commission's objectives and targets.

For 2006-07 key performance indicators have been developed by divisions for their major activities. The performance of the Commission is reviewed regularly and more comprehensively, on a quarterly basis by the Executive Group on the achievement of business targets and initiatives and KPI results. A quarterly performance report is provided to the Minister for Health and the Joint Parliamentary Committee.

The following pages set out the plan to deliver the objectives of the HCCC Strategic Plan. For each of these objectives, a range of strategies and performance targets/measures have been developed and are listed.

A summary of the corporate key performance indicators is set out in Appendix A.

Objective	Strategies	Performance measures and targets
COMPREHENSIVE AND RESPONSIVE COMPLAINT HANDLING		
<ul style="list-style-type: none"> ➤ Efficient and timely processing and assessment of complaints 	<ul style="list-style-type: none"> ➤ Employ best practice complaint handling processes by: <ul style="list-style-type: none"> - improving assessment processes and guidelines - maximise opportunities for less serious complaints to be mutually resolved - timely communication of assessment processes and outcomes ➤ maintain & improve capability of Casemate as a case management and decision support tool 	<ul style="list-style-type: none"> ➤ Number of complaint assessments finalised ➤ % of complaints assessed with 60 days ➤ % of complaint's assessed subject to a request for review ➤ % of complaints resolved during assessment process ➤ Assessment Manual updated by Mar 07 ➤ Ongoing improvements in performance reporting within Casemate system for performance & trend analysis ➤ redesign and streamline complaint assessment and Casemate processes (Dec 06)
<ul style="list-style-type: none"> ➤ Promote greater use and increased confidence in formal and informal complaint resolution 	<ul style="list-style-type: none"> ➤ Improve resolution management plan process & systems ➤ Develop Resolution Manual ➤ HCR registrar monitors conduct of conciliation ensuing professional behaviour and engagement of parties without undue pressure or influence ➤ Increased use of Health Conciliation Registry (HCR) services 	<ul style="list-style-type: none"> ➤ % of matters resolved or partially resolved by complaint resolution service (CRS) ➤ % of complaint resolution clients satisfied with service ➤ Resolution Manual developed by Mar 07 ➤ % of matters referred to Health Conciliation Registry ➤ % of matters resolved or partially resolved by Health Conciliation Registry
<ul style="list-style-type: none"> ➤ Promote health complaint resolution services provided to people across NSW 	<ul style="list-style-type: none"> ➤ CRS officers meet with local and regional community and support groups to promote Commission activities ➤ Ensure conciliation resources available in rural NSW ➤ Promotion of services on website 	<ul style="list-style-type: none"> ➤ Number of community presentations (40 target) ➤ % of complaints resolved by regional CRS officers ➤ % of conciliation conferences outside Sydney metropolitan area

Objective	Strategies	Performance measures and targets
INVESTIGATE AND PROSECUTE SERIOUS COMPLAINTS		
<ul style="list-style-type: none"> ➤ Ensure a best practice approach for the conduct of all investigations 	<ul style="list-style-type: none"> ➤ Apply a comprehensive approach to investigations using a range of appropriate investigative techniques including development and approval of investigation plans and implementation of risk management practices for conducting investigations ➤ Review compliance of guidelines on the application of expert medical advice for uniformity of approach ➤ Monitoring investigations to ensure statutory compliance, timeliness, reassessment of issues including status reports to Investigations Report Group ➤ Establish training program for investigators ➤ Develop Investigations Procedures Manual ➤ improve procedures/protocol for the hand over of cases for prosecution to Legal Division 	<ul style="list-style-type: none"> ➤ % of investigations completed within 12 months (target 80%) ➤ % of investigation plans completed and approved with two weeks of receipt from assessments ➤ Complete guidelines review (Mar 07) ➤ 100% compliance with statutory requirements on investigations ➤ Training program developed (Jan07) and implemented (Mar 07) ➤ Investigations Manual developed by Mar 07 ➤ % of matters referred to Director of Proceedings (DP) where further information is required (less than 15%)
<ul style="list-style-type: none"> ➤ Improve health care systems through recommendations from investigations. 	<ul style="list-style-type: none"> ➤ Ensure practical recommendations are made to improve health care systems ➤ Regular review with health care providers on implementation 	<ul style="list-style-type: none"> ➤ % of recommendations adopted
<ul style="list-style-type: none"> ➤ Successful prosecution of serious cases of unsatisfactory health care in a fair and timely manner 	<ul style="list-style-type: none"> ➤ timely and high quality legal advice provided throughout investigations ➤ Implement a quality review program with investigations and Legal to ensure best practice approach ➤ Timely determinations made to prosecute ➤ Compliance with HCCC Act & other legal requirements for determination of prosecution action ➤ Further develop Casemate to cover the conduct of legal proceedings 	<ul style="list-style-type: none"> ➤ Number of referrals for consideration of disciplinary action ➤ % of legal responses provided within 21 days ➤ Recommendations to improve investigation/ legal processes implemented & procedures updated ➤ % of matters considered by Director of Proceedings within 3 months of referral (80%) ➤ Number of criticisms of HCCC legal practices ➤ Business analysis completed and system specifications prepared (Mar07) & system upgrade (Jun07)

Objective	Strategies	Performance measures and targets
	<ul style="list-style-type: none"> ➤ Ensure compliance with directions given by PSC's, Tribunals, Boards of Inquiry and courts ➤ Timely listing of matters for hearing 	<ul style="list-style-type: none"> ➤ % of compliance with court/tribunal deadlines (90%)
ACCOUNTABILITY		
<ul style="list-style-type: none"> ➤ Provide timely, accurate and relevant reporting to the Minister & NSW Joint Parliamentary Committee. 	<ul style="list-style-type: none"> ➤ Quarterly reporting on performance to Minister and JPC ➤ Develop and maintain open and meaningful communication with the Minister and JPC on issues as they arise. 	<ul style="list-style-type: none"> ➤ Positive response to reports by Minister/JPC ➤ Positive feedback from JPC hearings. ➤ Responses to Minister within 14 days
<ul style="list-style-type: none"> ➤ Ensure all business activity complies with all regulatory requirements and standards requirements. 	<ul style="list-style-type: none"> ➤ Ensure appropriate compliance strategies for all aspects of the Commission's operations. ➤ All regulatory requirements (for HCCC and agencies with which we work) included in business plans 	<ul style="list-style-type: none"> ➤ Policies upgraded and procedures for the management of records in line State Records requirements completed ➤ 100% compliance with central agency and legislative requirements
<ul style="list-style-type: none"> ➤ Report publicly about the work of the Commission 	<ul style="list-style-type: none"> ➤ Annual Report of the HCCC reflects the key business and operational results for the year and fully complies with legislative requirements ➤ Provide various communication channels for promoting and reinforcing HCCC messages <ul style="list-style-type: none"> ▪ Website ▪ Annual Report ▪ Media liaison 	<ul style="list-style-type: none"> ➤ Annual report prepared and tabled in Parliament by 31 October. ➤ Clean audit certificate achieved for annual financial statements ➤ Number of publications distributed ➤ Number of website visitors
OUR ORGANISATION		
<ul style="list-style-type: none"> ➤ Continue to develop as a learning organisation that embraces as a culture of continuous improvement, excellence and sharing of knowledge. 	<ul style="list-style-type: none"> ➤ Implement staff performance management system including staff learning and development plans that address technical and management skills. ➤ Develop the organisation's skills capability to meet expected performance requirements. ➤ Upgrade induction program to provide greater coverage of business systems and processes 	<ul style="list-style-type: none"> ➤ All staff complete performance agreement & performance reviews conducted (% of staff rated fully competent or better). ➤ Comprehensive learning plans implemented that include training in core competencies & leadership skills (Ave number of training/ staff development days per employee - 5 days) ➤ Upgrade induction program completed by Feb07

Objective	Strategies	Performance measures and targets
<ul style="list-style-type: none"> ➤ Provide a safe, equitable, productive and satisfying workplace. 	<ul style="list-style-type: none"> ➤ Develop and maintain an organisational culture which promotes equity, diversity and safety. ➤ Provide information and records systems that actively support and improve business processes. ➤ Develop and roll out Records Management Program (RMP) including new electronic records management system ➤ Improve levels and timeliness of internal communication throughout the organisation. 	<ul style="list-style-type: none"> ➤ OH&S, EEO, EAPS, Aboriginal Affairs and Disability plans developed and monitored. ➤ Review/update of the ICT Strategic Plan (Sep06) ➤ % of ICT projects implemented on time ➤ RMP delivered according to planned timelines ➤ Achieve compliance with information security standards (Jun07) ➤ Develop business continuity plans (Mar 07) ➤ Regular general staff briefings on events, outcomes, activities, changes, significant organisational changes etc. ➤ Regular briefings by Directors to direct reports who conduct subsequent team briefings. ➤ Copies of key corporate documents distributed to all staff and/or included on the intranet
<ul style="list-style-type: none"> ➤ Be a lead agency in our governance and corporate infrastructure 	<ul style="list-style-type: none"> ➤ Establish internal management groups to plan, review and monitor performance <ul style="list-style-type: none"> ▪ Executive Management Group ▪ Investigations Review Group ▪ ICT Steering Committee ▪ Audit Committee ▪ OH&S Committee ▪ Divisional meetings, etc. ➤ Implement a strategic planning process that integrates all planning activities, budget preparation and regular performance reporting. 	<ul style="list-style-type: none"> ➤ Regular meetings held, performance monitored and recommended business improvements implemented ➤ Develop and implement internal audit program ➤ Annual cycle for strategic planning process completed for corporate and divisional levels. ➤ Quarterly Business reports to Executive on business performance showing achievement of business plan targets & performance results.

7. STRATEGIC OUTCOMES

The Strategic and Corporate Plans are working towards achieving the following outcomes:

Comprehensive & Responsive Complaint Handling:

- Complaint resolution capacity delivering effective and fair resolution of less serious complaints between the parties.
- Data holdings on complaints capable of providing sophisticated levels of analysis.
- Best practice in complaint assessment, resolution and conciliation processes.
- An organisation with strong and respected external working relationships able to influence improvements in the standard of health care.

Investigate and Prosecute Serious Complaints:

- Best practice investigations, case management and prosecution processes
- An organisation with a strong and credible public profile of investigating and prosecuting unsatisfactory professional conduct.
- Improved health services systems through the implementation of recommendations arising from investigations

Accountability:

- Responsive and open communication with the Minister and Joint Parliamentary Committee.
- Performance reporting that is comprehensive, meaningful, regular and an intrinsic aspect of the day-to-day functioning of the organisation.
- A strong record of compliance with all regulatory requirements for all operations and functions undertaken by the Commission.

Our organisation:

- A governance structure that supports the planning and achievement of quality operational outcomes.
- An easily understood and accepted system of performance appraisal for all staff.
- A safe and productive work environment with no serious accidents or injuries and supported by a culture of fairness, equity and diversity.
- Improvements to business processes through better application and utilisation of information systems.
- Greater levels of ongoing communication across, and at all levels throughout, the organisation.
- Greater matching of available skills with those required by the organisation through learning and development.

8. RESOURCING THE PLAN - 2006-07 BUDGET

The funding of the operations of the Commission is provided through the NSW Treasury forward estimates process. The internal allocation of these funds to business activities

was determined following a thorough strategic corporate planning assessment and the detailed business plans prepared by Divisions of the key initiatives and activities proposed for 2006-07.

The Commission's annual recurrent expenditure budget for 2006-2007 is approximately \$10.4 million of which \$9.4 million is directly funded from the NSW Budget and the balance being met from other income and non-cash items such as depreciation and those items directly contributed by the NSW Government such as long service leave, superannuation, etc.

Corporate Level Recurrent Budget

The Commission's 2006-07 budget is derived from the Treasury Budget and is compared to the Commission's 2005-06 budget as follows:

	Budget 2005-06	Budget 2006-07
	\$	\$
Employee costs	7,084,000	7,138,000
Other Operating Expenses	3,047,000	2,845,000
Depreciation	339,000	370,000
Total Expenses	10,470,000	10,353,000
Projected income	337,000	236,000
Non-cash items & reimbursements	710,000	733,000
Recurrent Allocation	9,423,000	9,384,000

Business Activity Budget

The 2006-07 Budget requirements presented by service area/activity is as follows:

Service Area/Activity	Employee Costs	Operating Expenses	Total	Staff Numbers
	\$'000	\$'000	\$'000	FTE
Executive Services	425	36	461	3.0
Investigations	2,130	163	2,293	21.6
Legal Services	1,329	769	2,098	14.0
Complaint Assessment	1,082	23	1,105	15.6
Complaint Resolution	1,047	29	1,076	11.6
Conciliation Registry	150	58	208	2.0
Corporate Services	719	435	1,154	9.4
Commission-wide costs#	256	1,702	1,958	
	7,138	3,215	10,353	77.2

Commission-wide costs include workers compensation, long service leave, rental, audit fees, leases, insurance, training, office supplies, communications, etc.

Resource requirements for each area have been identified by taking into account the demands placed on the Commission to deliver this Plan and the intended results.

For 2006-07 approximately 68% of recurrent expenditure is devoted to salaries and associated on-costs. Of the remaining amount, much is committed expenditure such as property and equipment rental, maintenance, insurance, audit, electricity, telephones, fees for medical and legal expert services, etc, leaving approximately \$0.5 (5%) discretionary funding that can be reallocated between priority activities.

The ongoing issues for resource funding are:

- maintaining the Commission's ongoing financial viability within the annual budget allocation process from NSW Treasury that includes efficiency targets of 1% for 2007-08 and 2008-09;
- the need to develop information systems, networks and technology to improve access to stored information; and
- funds available to meet the cost of ongoing upgrading of staff skills (technical training, risk assessment, project management, management training, etc).

An outline budget of financial performance and financial position for 2006-07 is set out in Appendix C.

Capital Projects

The 2006-07 Capital Budget of \$222,000 provides for the replacement of previously leased computer equipment \$12,000 (Treasury funded), acquisition of an electronic records management system \$150,000 (internal resources) and completion of the computer room upgrade \$60,000 (internal resources).

8. CONCLUSION

HCCC's 2006-07 Corporate Plan:

- provides the blueprint for the Commission's operations for 2006-07 based on a range of strategies which will continue to build the organisation's immediate and long term capability to deliver its statutory charter;
- will deliver improved quality of outcomes in terms of timeliness, cost and quality; and
- will result in an organisation focused on improving all levels of performance.

APPENDIX A

CORPORATE KEY PERFORMANCE INDICATORS

TARGET 06-07

Comprehensive & Responsive Complaint Handling

- | | |
|---|-------|
| • Number of complaints finalised (<i>statistical trend</i>) | 3,250 |
| • Number of complaint resolution service clients (<i>statistical trend</i>) | 590 |
| • % of complaints assessed with 60 days | 80% |
| • % of complaint's assessed subject to a request for review (decrease by 5%) | 7% |
| • % of matters resolved or partially resolved by complaint resolution service | 80% |
| • % of complaint resolution clients satisfied with service | 80% |
| • Number of community presentations | 40 |
| • % of matters resolved or partially resolved by HCR | 87% |

Investigate & Prosecute Serious Complaints

- | | |
|---|-------|
| • Number of investigations completed (<i>statistical trend</i>) | 410 |
| • % of investigations completed within 12 months (ideal 80%) | 75% |
| • % of matters referred to Director of Proceedings (DP) where further information is required | < 15% |
| • % of referrals for consideration of disciplinary action (<i>statistical trend</i>) | 29% |
| • Number of prosecutions finalised | 100 |
| • % of prosecutions proved/upheld | 90% |
| • % of legal advice provided within 21 days | 80% |
| • % of matters considered by DP within 3 months of referral | 80% |
| • Number of criticisms of HCCC legal practices | Nil |
| • % of recommendations to improve health care services implemented | 80% |

Accountability

- | | |
|---|--------|
| • Compliance with central agency and legislative requirements | 100% |
| • Number of website visitors (based on trend data) | 32,000 |

Our Organisation

- | | |
|--|----------|
| • % of staff performance rated <i>fully competent</i> or better | 90% |
| • Average number of training/staff development days per employee | > 5 days |
| • Number of community presentations (professional recognition) | 40 |