

HEALTH CARE COMPLAINTS COMMISSION

CORPORATE PLAN

2007-2008



CONTENTS

| | | |
|----|--|----|
| 1. | Purpose of the Corporate Business Plan | 3 |
| 2. | Key Challenges | 4 |
| 3. | Planning Assumptions | 5 |
| 4. | Risks | 5 |
| 5. | Stakeholder Expectations | 6 |
| 6. | Plan for delivery | 6 |
| 7. | Strategic Outcomes | 12 |
| 8. | Resourcing the Plan - 2007-08 Budget | 12 |
| 9. | Conclusion | 14 |

Appendix A – Corporate Key Performance Indicators

Appendix B – HCCC Corporate Business Risks

Appendix C – Budget 2007-08

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.

The Corporate Plan is derived from the HCCC Strategic Plan 2007-2010 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 serious complaints,
- 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 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, resolution and conciliation 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 has 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 integral to the management culture of the organisation; and
- ongoing improvement in the way we work internally.

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 handling 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 deliver timely investigations and prosecution results (e.g. unacceptable delays in handling matters and achieving statutory timelines)
- Interruption to service capacity (e.g. failure of IT systems);
- Inadequate records management practices
- human resources (e.g. high staff turnover, retention and attraction of skilled staff, motivated staff, 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 performance targets. ▪ Regularly report on operations and performance results |
| Joint Parliamentary Committee | <ul style="list-style-type: none"> ▪ Responsive and open communication ▪ Reporting trends and practices in managing complaints and conducting investigations and prosecutions |

| Stakeholders | Expectations of HCCC |
|--|--|
| 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 |
| Health Organisations & Practitioners | <ul style="list-style-type: none"> ▪ Procedural fairness in the conduct of investigations ▪ 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 2007-08 key performance indicators have been developed by divisions for their major activities. The performance of the Commission is reviewed regularly and 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 and review processes ➤ Promote use of health complaint resolutions to people of NSW | <ul style="list-style-type: none"> ➤ Employ best practice complaint handling processes by: <ul style="list-style-type: none"> - improving assessment and review 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 ➤ Improve resolution management plan process & systems ➤ Enhance capability of Casemate as a resolution management and decision support tool ➤ 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 ➤ Resolution Officers meet with local and regional community and support groups to promote/ educate on Commission activities ➤ Promotion of services on website | <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 (Target 7%) ➤ Develop guidelines for complaints suitable for referral to Health Conciliation Registry ➤ Redesign of Review of Assessment Casemate processes (Oct 07) ➤ % of matters resolved or partially resolved by complaint resolution service (CRS) ➤ % of resolutions completed with 6 months ➤ % of complaint resolution clients satisfied with service ➤ Redesign of Resolution Processes in Casemate ➤ Develop HCR Procedures Manual (Jan 08) ➤ Number of matters referred to Health Conciliation Registry ➤ % of matters resolved or partially resolved by Health Conciliation Registry ➤ % of conciliations completed with 6 months ➤ Number of community presentations (60 target) ➤ Number of website visitors |
| INVESTIGATE 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 risk management practices for conducting investigations | <ul style="list-style-type: none"> ➤ % of investigations completed within 12 months (target 80%) |

| Objective | Strategies | Performance measures and targets |
|--|---|---|
| <ul style="list-style-type: none"> ➤ Improve health care systems through recommendations arising from investigations | <ul style="list-style-type: none"> ➤ Monitoring investigations to ensure statutory compliance, timeliness, reassessment of issues including status reports to Investigations Report Group ➤ Establish professional development program for investigators ➤ Develop Investigations Procedures Manual ➤ Develop sound brief handling processes and systems ➤ Develop Casemate as a tool to support and report on new investigation processes ➤ Develop sound processes for the creation of recommendations ➤ Regular review with health care providers/Health Department on implementation | <ul style="list-style-type: none"> ➤ 100% compliance with statutory requirements on investigations ➤ Investigators course developed (Dec 07) ➤ 80% of investigators complete course by June08 ➤ Investigations Manual developed by Dec 07 ➤ % of matters referred to Director of Proceedings (DP) where returned for further information (less than 15%) ➤ Development project completed by Mar 08 ➤ Develop recommendation guidelines (Dec 07) ➤ % of recommendations adopted/number of recommendations implemented? |
| PROSECUTE SERIOUS COMPLAINTS | | |
| <ul style="list-style-type: none"> ➤ Independent and timely determinations to prosecute ➤ Professional and competent prosecutions of serious complaints in the public interest | <ul style="list-style-type: none"> ➤ Timely determinations made to prosecute ➤ Provide timely and high quality legal advice provided throughout investigations ➤ Identify relevant legal and regulatory requirements and ensure compliance ➤ Further develop Casemate to cover the conduct of legal proceedings ➤ Ensure compliance with directions given by PSC's, Tribunals, Boards of Inquiry and courts ➤ List for hearing at first available opportunity ➤ Recover legal costs | <ul style="list-style-type: none"> ➤ Number of referrals for consideration of disciplinary action ➤ % of matters considered by Director of Proceedings within 3 months of referral (80%) ➤ % of legal responses provided within 21 days or agreed timeline (target 80%) ➤ Review and update Prosecutions Manual by Jun 08 ➤ Casemate system upgraded (Dec07) ➤ % of compliance with court/tribunal deadlines (target 80%) ➤ % of bill of costs prepared or sent to cost consultants for assessment within 45 days ➤ Quarterly reporting on recovery of legal costs to Executive |

| Objective | Strategies | Performance measures and targets |
|--|---|--|
| ACCOUNTABILITY | | |
| <ul style="list-style-type: none"> ➤ Provide timely, accurate and relevant reporting to the Minister & NSW Joint Parliamentary Committee. ➤ Report publicly about the work of the Commission | <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. ➤ 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"> ➤ Reports by Minister for Health /JPC satisfaction ➤ Positive feedback from JPC hearings. ➤ Responses to Minister within 14 days ➤ 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, sharing of knowledge and promotes a productive, safe and satisfying workplace | <ul style="list-style-type: none"> ➤ Monitor 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 ➤ 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 ➤ Promote internal communication throughout the organisation. | <ul style="list-style-type: none"> ➤ Staff complete performance agreement & performance reviews conducted (% of staff rated fully competent or better). ➤ Staff learning plans implemented (Ave number of training/ staff development days per FTE employee - >5 days) ➤ Investigators course developed (Dec 07) ➤ OH&S, EEO, EAPS, Aboriginal Affairs and Disability plans implemented and monitored. ➤ ICT development projects implemented ➤ RMP delivered according to planned timelines ➤ Achieve compliance with information security standards ISO 27001 ➤ Regular general staff briefings on events, outcomes, activities, changes, significant organisational changes etc. |

| Objective | Strategies | Performance measures and targets |
|--|--|--|
| <p>➤ Monitor our performance to ensure work quality, organisational development, good governance and effective resource management</p> | <p>➤ Internal management groups plan, review and monitor performance</p> <ul style="list-style-type: none"> ▪ Executive Management Group ▪ Investigations Review Group ▪ ICT Steering Committee ▪ Audit Committee ▪ OH&S Committee ▪ Divisional meetings, etc. <p>➤ Conduct strategic planning process that integrates all planning activities, budget preparation and regular performance reporting.</p> <p>➤ Monitor and report on key performance measures</p> <p>➤ Operate staff performance management system</p> | <p>➤ Copies of key corporate documents distributed to all staff and/or included on the intranet</p> <p>➤ Regular meetings held and performance monitored</p> <p>➤ Annual cycle for planning processes completed for corporate and divisional levels.</p> <p>➤ Monthly financial management and staffing reports showing performance against budget.</p> <p>➤ Quarterly business reports to Minister/JPC on business performance showing achievement of performance results</p> <p>➤ Performance agreements developed and reviewed for staff.</p> |

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.
- 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 Serious Complaints:

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

Prosecute Serious Complaints:

- Timely and efficient prosecution of unsatisfactory professional conduct.

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.
- 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 - 2007-08 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 2007-08.

The Commission's annual recurrent expenditure budget for 2007-08 is approximately \$10.6 million of which \$9.6 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 2007-08 budget is derived from the Treasury Budget and is compared to the Commission's 2006-07 budget as follows:

| | Budget 2006-07 | Budget 2007-08 |
|---------------------------------|---------------------------|---------------------------|
| | \$ | \$ |
| Employee costs | 7,138,000 | 7,330,000 |
| Other Operating Expenses | 2,845,000 | 2,969,000 |
| Depreciation | 370,000 | 320,000 |
| Total Expenses | 10,353,000 | 10,619,000 |
| Projected income | 236,000 | 263,000 |
| Non-cash items & reimbursements | 733,000 | 762,000 |
| Recurrent Allocation | 9,384,000 | 9,594,000 |

Business Activity Budget

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

| Service Area/Activity | Employee Costs \$'000 | Operating Expenses \$'000 | Total \$'000 | Staff Numbers FTE |
|------------------------------|----------------------------------|--------------------------------------|-------------------------|------------------------------|
| Executive Services | 458 | 33 | 491 | 3.0 |
| Investigations | 1,846 | 172 | 2,018 | 19.6 |
| Legal Services | 1,391 | 785 | 2,176 | 14.0 |
| Complaint Assessment | 1,371 | 19 | 1,390 | 16.2 |
| Complaint Resolution | 1,074 | 28 | 1,102 | 12.0 |
| Conciliation Registry | 168 | 67 | 234 | 2.0 |
| Corporate Services | 777 | 414 | 1,190 | 9.7 |
| Commission-wide costs# | 245 | 1,772 | 2,017 | |
| | 7,330 | 3,289 | 10,619 | 76.5 |

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 2007-08 approximately 69% 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 \$0.7m (7%) 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 2007-08 is set out in Appendix C.

Capital Projects

The 2007-08 Capital Budget will include the completion of the development of electronic records management system \$150,000 (internal resources) and, subject to business case approval, redevelopment of the HCCC website.

8. CONCLUSION

HCCC's 2007-08 Corporate Plan:

- provides the blueprint for the Commission's operations for 2007-08 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 07-08

Comprehensive & Responsive Complaint Handling

- Number of complaints finalised (*statistical trend*) 2,650
- % of complaints assessed with 60 days 85%
- % of complaint assessment decision letters finalised within 14 days (responsiveness/communication with parties to a complaint) 90%
- % of complaint's assessed subject to a request for review <10%
- % of matters resolved or partially resolved by complaint resolution service 75%
- % of complaint resolution clients satisfied with service (new basis of measurement) 80%
- Number of community presentations 40
- % of conciliations resolved or partially resolved by HCR 80%

Investigate Serious Complaints

- Number of investigations completed (*statistical trend*) 370
- % of investigations completed within 12 months (ideal 80%) 75%
- % of recommendations to improve health care services implemented 80%
- % of matters referred to Director of Proceedings (DP) where further information is required < 15%
- % of investigations resulting in adverse findings and referred to Dir of Proceedings 30%

Prosecute Serious Complaints

- Number of prosecutions finalised 80
- % of prosecutions proved/upheld 90%
- % of legal advice provided within 21 days 80%
- % of matters considered by DP within 3 months of referral 80%

Accountability

- % of briefs/advice to Minister completed with 14 (working) days from date received 90%
- Number of website visitors (based on trend data) 38,000

Our Organisation

- % of staff performance rated *fully competent* or better 90%
- Average number of training/staff development days per FTE employee > 5 days