

# **HEALTH CARE COMPLAINTS COMMISSION**

## **CORPORATE PLAN**

**2008-2009**



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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 public health and safety of the public.

Our main objective 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 2008-2012 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 five key result areas that cover the outcomes and performance of all work undertaken by HCCC.

- Comprehensive & responsive complaint handling and analysis,
- Investigate serious complaints,
- Prosecute serious complaints,
- Accountability, and
- Organisation development and performance.

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 and case management systems 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 assessments, 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.

<b>Stakeholders</b>	<b>Expectations of HCCC</b>
Minister	<ul style="list-style-type: none"> <li>▪ Effective management of its resources to deliver performance targets.</li> <li>▪ Regularly report on operations and performance results</li> </ul>
Parliamentary Committee on the Health Care Complaints Commission	<ul style="list-style-type: none"> <li>▪ Responsive and open communication</li> <li>▪ Reporting trends and practices in managing complaints and conducting investigations and prosecutions</li> </ul>

<b>Stakeholders</b>	<b>Expectations of HCCC</b>
Complainants	<ul style="list-style-type: none"> <li>▪ Adopt a rigorous approach to assessing, investigating and resolving complaints</li> <li>▪ Provide clear and timely advice on the progress and outcomes of complaints</li> <li>▪ Transparency in the way complaints are handled</li> </ul>
Health Organisations & Practitioners	<ul style="list-style-type: none"> <li>▪ Procedural fairness in the conduct of investigations</li> <li>▪ Opportunity to respond to criticisms raised</li> <li>▪ Practical recommendations for health care service improvements</li> </ul>
Central Agencies (e.g. NSW Treasury, Department of Premier and Cabinet, etc)	<ul style="list-style-type: none"> <li>▪ Performance reporting that is comprehensive, meaningful, timely and an intrinsic aspect of day to day functioning of the HCCC</li> <li>▪ A strong record of compliance with all regulatory and central agency reporting requirements</li> </ul>

## 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 2008-09 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 Parliamentary Committee on the Health Care Complaints Commission.

The following pages set out the plan to deliver the objectives of the Commission's 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
<b>COMPREHENSIVE AND RESPONSIVE COMPLAINT HANDLING</b>		
<p>➤ Efficient and timely processing and assessment of complaints and review processes</p> <p>➤ Promote use of health complaint resolutions to people of NSW</p>	<p>➤ Employ best practice complaint handling processes by:</p> <ul style="list-style-type: none"> <li>- improving assessment and review processes and guidelines</li> <li>- maximise opportunities for less serious complaints to be mutually resolved</li> <li>- timely communication of assessment processes and outcomes</li> </ul> <p>➤ maintain &amp; improve capability of Casemate as a case management and decision support tool</p> <p>➤ Improve resolution management plan process &amp; systems</p> <p>➤ Enhance capability of Casemate as a resolution management and decision support tool</p> <p>➤ HCR registrar monitors conduct of conciliation ensuing professional behaviour and engagement of parties without undue pressure or influence</p>	<p>➤ Number of complaint assessments finalised</p> <p>➤ % of complaints assessed within 60 days</p> <p>➤ % of reviews completed within allocated timeframes</p> <p>➤ % of complaints resolved during assessment process (Target 8%)</p> <p>➤ New Audit check lists developed by December 08</p> <p>➤ % of "Reason for Decision Letters" completed within 14 days</p> <p>➤ Develop a mechanism for the capture of data about complaints that have resulted in a quality improvement</p> <p>➤ Review guidelines for complaints suitable for referral to Health Conciliation Registry</p> <p>➤ % of matters resolved or partially resolved by complaint resolution service (CRS)</p> <p>➤ % of matters referred for assisted resolution have a resolution plan approved within 21 days</p> <p>➤ % of resolutions completed within 6 months</p> <p>➤ % of complaint resolution clients satisfied with service</p> <p>➤ Redesign of Resolution Processes in Casemate completed by January 2009 and a Conciliation process by April 2009</p> <p>➤ Review Procedures Manual by April 2009</p> <p>➤ Supervisory tool for conciliators developed</p> <p>➤ % of consents to engage in the conciliation process</p>

Objective	Strategies	Performance measures and targets
	<ul style="list-style-type: none"> <li>➤ Increased use of Health Conciliation Registry (HCR) services</li> <li>➤ Resolution Officers meet with local and regional community and support groups to promote/educate on Commission activities</li> <li>➤ Promotion of services on website</li> </ul>	<ul style="list-style-type: none"> <li>➤ % of matters where agreement, part agreement or process was useful as reported to the Health Conciliation Registry</li> <li>➤ % of conciliations completed within 6 months</li> <li>➤ Number of community presentations/education sessions (60 target)</li> <li>➤ Number of website visitors</li> </ul>
<b>INVESTIGATE SERIOUS COMPLAINTS</b>		
<ul style="list-style-type: none"> <li>➤ Ensure a best practice approach for the conduct of all investigations</li> <li>➤ Improve health care systems through recommendations arising from investigations</li> </ul>	<ul style="list-style-type: none"> <li>➤ Apply a comprehensive approach to investigations using risk management practices for conducting investigations</li> <li>➤ Monitoring investigations to ensure statutory compliance, timeliness, reassessment of issues including status reports to Investigations Report Group</li> <li>➤ Maintain professional development program for investigators</li> <li>➤ Review Investigations Procedures Manual</li> <li>➤ Sound brief handling processes and systems in place</li> <li>➤ Develop Casemate as a tool to support and report on new investigation processes</li> <li>➤ Develop sound processes for the creation of recommendations</li> </ul>	<ul style="list-style-type: none"> <li>➤ % of investigations completed within 12 months (target 85%)</li> <li>➤ 100% compliance with statutory requirements on investigations</li> <li>➤ 100% of new investigators undergo investigations training</li> <li>➤ Review investigations procedures manual for the creation, management, recording and analysis of recommendations</li> <li>➤ % of matters referred to Director of Proceedings (DP) where returned for further information (less than 15%)</li> <li>➤ Development and implementation of casemate enhancements for the recording and analysis of recommendations</li> <li>➤ Number of recommendations made</li> </ul>

Objective	Strategies	Performance measures and targets
	<ul style="list-style-type: none"> <li>➤ Regular review with health care providers/Health Department on implementation</li> </ul>	<ul style="list-style-type: none"> <li>➤ % of recommendations adopted/number of recommendations implemented?</li> <li>➤ % of reviews that occur during period</li> </ul>
<b>PROSECUTE SERIOUS COMPLAINTS</b>		
<ul style="list-style-type: none"> <li>➤ Independent and timely determinations to prosecute</li> <li>➤ Professional and competent prosecutions of serious complaints in the public interest</li> </ul>	<ul style="list-style-type: none"> <li>➤ Timely determinations made to prosecute</li> <li>➤ Provide timely and high quality legal advice provided throughout investigations</li> <li>➤ Identify relevant legal and regulatory requirements and ensure compliance</li> <li>➤ Review and refine Legal processes on Casemate to ensure accurate and relevant data being maintained</li> <li>➤ Ensure compliance with directions given by PSC's, Tribunals, Boards of Inquiry and courts</li> <li>➤ List for hearing at first available opportunity</li> <li>➤ Recover legal costs</li> </ul>	<ul style="list-style-type: none"> <li>➤ Number of referrals for consideration of disciplinary action</li> <li>➤ % of matters considered by Director of Proceedings within 3 months of referral (80%)</li> <li>➤ % of legal responses provided within 21 days or agreed timeline (target 80%)</li> <li>➤ Review and update Prosecutions Manual by 30.6.09</li> <li>➤ % of results fully recorded on Casemate system within 7 days of relevant action occurring.</li> <li>➤ % of compliance with court/tribunal deadlines (target 80%)</li> <li>➤ % of bill of costs prepared or sent to cost consultants for assessment within 45 days</li> <li>➤ Quarterly reporting on recovery of legal costs to Executive</li> </ul>

Objective	Strategies	Performance measures and targets
<b>ACCOUNTABILITY</b>		
<ul style="list-style-type: none"> <li>➤ Provide timely, accurate and relevant reporting to the Minister &amp; NSW Joint Parliamentary Committee.</li>   <li>➤ Report publicly about the work of the Commission</li> </ul>	<ul style="list-style-type: none"> <li>➤ Quarterly reporting on performance to Minister and JPC</li> <li>➤ Develop and maintain open and meaningful communication with the Minister and JPC on issues as they arise.</li>   <li>➤ Annual Report of the HCCC reflects the key business and operational results for the year and fully complies with legislative requirements</li>   <li>➤ Provide various communication channels for promoting and reinforcing HCCC messages <ul style="list-style-type: none"> <li>▪ Website</li> <li>▪ Annual Report</li> <li>▪ Media liaison</li> <li>▪ Presentations</li> <li>▪ Information Sessions</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ Reports by Minister for Health /JPC satisfaction</li> <li>➤ Positive feedback from JPC hearings.</li> <li>➤ Responses to Minister within 14 days</li>   <li>➤ Annual report prepared and tabled in Parliament by required due date.</li> <li>➤ Clean audit certificate achieved for annual financial statements</li>   <li>➤ Number of publications distributed</li> <li>➤ Number of website visitors</li> <li>➤ Number of presentations</li> </ul>
<b>OUR ORGANISATION</b>		
<ul style="list-style-type: none"> <li>➤ 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</li> </ul>	<ul style="list-style-type: none"> <li>➤ Monitor staff performance management system including staff learning and development plans that address technical and management skills.</li> <li>➤ Develop the organisation's skills capability to meet expected performance requirements</li>   <li>➤ Develop and maintain an organisational culture which promotes equity, diversity and safety.</li> <li>➤ Provide information and records systems that actively support and improve business processes.</li>   <li>➤ Maintain Records Management Program (RMP) including new electronic records management system TRIM</li> <li>➤ Promote internal communication throughout the organisation.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Staff complete performance agreement &amp; performance reviews conducted (% of staff rated fully competent or better).</li> <li>➤ Staff learning plans implemented (Ave number of training/ staff development session per FTE employee - &gt;5 sessions)</li>   <li>➤ OH&amp;S, EEO, EAPS, and Disability Action plans developed, implemented and monitored.</li> <li>➤ ICT development projects implemented</li> <li>➤ RMP maintained</li> <li>➤ Achieve compliance with information security standards ISO/IEC 27001:2005</li>   <li>➤ Regular general staff briefings on events, outcomes, activities, changes, significant</li> </ul>

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"> <li>▪ Executive Management Group</li> <li>▪ Investigations Review Group</li> <li>▪ ICT Steering Committee</li> <li>▪ Audit Committee</li> <li>▪ OH&amp;S Committee</li> <li>▪ Divisional meetings, etc.</li> </ul> <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>organisational changes etc.</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 management 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 - 2008-09 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 2008-09.

The Commission's annual recurrent expenditure budget for 2008-09 is approximately \$10.8 million of which \$9.7 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 2008-09 budget is derived from the Treasury Budget and is compared to the Commission's 2007-08 budget as follows:

	<b>Budget 2007-08</b>	<b>Budget 2008-09</b>
	\$	\$
Employee costs	7,330,000	7,487,000
Other Operating Expenses	2,969,000	3,038,000
Depreciation	320,000	293,000
<b>Total Expenses</b>	<b>10,619,000</b>	<b>10,818,000</b>
Projected income	263,000	372,000
Non-cash items & reimbursements	762,000	703,000
<b>Recurrent Allocation</b>	<b>9,594,000</b>	<b>9,743,000</b>

### Business Activity Budget

The 2008-09 Budget requirements presented by service area/activity is as follows:

<b>Service Area/Activity</b>	<b>Employee Costs \$'000</b>	<b>Operating Expenses \$'000</b>	<b>Total \$'000</b>	<b>Staff Numbers FTE</b>
Executive Services	580	65	645	4.0
Investigations	1,858	153	2,011	19.2
Legal Services	1,436	798	2,234	13.8
Complaint Assessment	1,160	13	1,173	14.8
Complaint Resolution	1,005	25	1,029	11.0
Conciliation Registry	170	60	229	2.0
Medical Advisers	261	0	261	1.4
Corporate Services	822	470	1,292	10.6
Commission-wide costs#	226	1,761	1,986	0
	<b>7,518</b>	<b>3,345</b>	<b>10,860</b>	<b>76.8</b>

# 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 2008-09 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 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).

### Capital Projects

The 2008-09 Capital Budget will include the redevelopment of the Commission's Intranet and Internet sites (\$100,000), implementation of document scanning (\$20,000) and the replacement of ICT equipment (\$424,000)

## **8. CONCLUSION**

HCCC's 2008-09 Corporate Plan:

- provides the blueprint for the Commission's operations for 2008-09 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 08-09

**Comprehensive & Responsive Complaint Handling**

- Number of complaints finalised (*statistical trend*) 2,989
- % of complaints assessed within 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 60
- % 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 85%) 85%
- % 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 unique visitors (based on trend data) 41,500

**Our Organisation**

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

## HEALTH CARE COMPLAINTS COMMISSION BUSINESS RISK ASSESSMENT

### Corporate Business Risk Assessment 2008-09

Risks have been assessed by way of the following categories:

- Strategic Risk (external factor driven).
- Operational Risk (day to day risks such as information management).

Existing risk management processes were also identified, and with manager input, an assessment of the remaining residual risk (current/net exposure faced by the organisation) was derived. It should be noted that this assessment process has not tested the accuracy of the residual risk rating

The business risk areas identified during the review process are shown below. A description of each risk area identified is presented in the supporting tables.

<b>STRATEGIC RISK</b>			
■ Organisation Culture / Strategic Direction (S1)	■ Reputation / Political Environment / Organisational Creditability (S2)	■ Resource Capability (S3)	■ Stakeholder Relations / Expectations (S4)

<b>OPERATIONAL RISK</b>			
<ul style="list-style-type: none"> <li>■ Finance / Funding (O1)</li> <li>■ Information Management (O2)</li> <li>■ Human Resource Management (O3)</li> <li>■ Records Management (O4)</li> <li>■ Information Technology (O5)</li> <li>■ Information Technology – Business Continuity (O6)</li> </ul>	<ul style="list-style-type: none"> <li>■ Investigations (O7)</li> <li>■ Prosecutions (O8)</li> <li>■ Complaints Management (O9)</li> <li>■ Payroll (10)</li> <li>■ Skills (11)</li> <li>■ Service Delivery (O12)</li> </ul>	<ul style="list-style-type: none"> <li>■ Contract Management (O13)</li> <li>■ Security (14)</li> <li>■ Procurement (O15)</li> <li>■ Regulatory &amp; Legislative Compliance (O16)</li> <li>■ Resolution &amp; Conciliation Services (O17)</li> </ul>	

Strategic risk areas are considered at minimum residual risk level due to reforms introduced over recent years.

At an operational level some of the key risks identified are Human Resource Management, Records Management, Staff Skills and Service Delivery. Other operational risks include quality of the conduct of investigations and prosecutions.

## HEALTH CARE COMPLAINTS COMMISSION BUSINESS RISK ASSESSMENT

### ■ Detailed Results

#### Definitions – Report Key

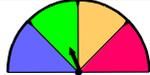
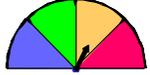
Rating	Definition
	Acceptable Risk – Review consequence and likelihood and manage through routine procedures
<b>Moderate</b> 3 – 5	Ensure management system controls risk and managerial responsibility is defined.
<b>Significant</b> 6 – 8	Ensure system and process controls are such that the risk is as low as is reasonably practicable and that due diligence systems are established so that appropriate corporate governance processes can be demonstrated to be in operation.
<b>High</b> 9 – 10	Risk must be assessed and reduced as soon as possible. If it cannot be reduced from HIGH, Management must provide continuing assurance that due diligence systems are in place so that appropriate corporate governance processes can be demonstrated to be in operation.

	Risk Category & Priority	Potential/Anticipated Risk Description	Principal Risk Management Activities	Management Responsible for Controlling Risk	Assurance Activities
	The name of the risk category.	A description of the risk category or components of the risk category where they are identified.	List of the principal activities, processes or controls employed to reduce, transfer, avoid, or otherwise manage the risk.	Identification of the Management position accountable for controlling the risk. Can include both primary and secondary accountability.	Planned assurance activities relevant to this risk category planned for the current financial year. <b>Blue represent External Audit activity.</b> <b>Green represents Internal Audit activity.</b> <b>Red represents other internal or independent assurance/review processes.</b>

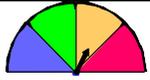
“**Inherent Risk**” is potential/anticipated risks to occur from performing the activity. It incorporates factors such as nature of the industry, previous history and anticipated change.

“**Residual Risk**” is that level measured after consideration of controls or mitigating activities and is therefore an assessment of the current/net exposure faced by the organisation. The residual risk rating was determined by the senior management team during interviews. We have used a type of Fire Warning Chart as a symbol of demonstrating the residual risk levels.

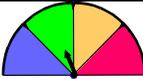
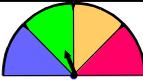
## HEALTH CARE COMPLAINTS COMMISSION BUSINESS RISK ASSESSMENT

	Risk Category & Priority	Potential/Anticipated Risk Description	Principal Risk Management Activities	Mgt Responsible for Controlling Risk	Residual Risk Rating	Assurance Activities
STRATEGIC RISKS	Organisational Culture / Strategic Direction (S1)	<ul style="list-style-type: none"> <li>■ Non-achievement of Corporate Charter and strategic objectives.</li> <li>■ Barriers to timely resolution and investigation of complaints.</li> <li>■ Inability to manage ongoing organisation development due to changes to Health Care Complaints Act 1993 and related legislation               <ul style="list-style-type: none"> <li>- Unregistered practitioners.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>■ Business Planning Process formalised at Divisional &amp; Corporate levels.</li> <li>■ Input from key stakeholders including Joint Parliamentary Committee, Health Organizations &amp; Practitioners and Government agencies such as NSW Treasury, Premiers Department etc.</li> <li>■ Promotion and education of health service improvements through analysis of Area Health Service's data on health complaint incidents (IIMS)</li> </ul>	<ul style="list-style-type: none"> <li>■ Commissioner</li> <li>■ Directors</li> <li>■ Communications &amp; Stakeholder Relations Officer</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management and Review</li> </ul>
	Reputation / Political Environment / Organisational Credibility (S2)	<ul style="list-style-type: none"> <li>■ Changing role of HCCC and interaction with stakeholders.</li> <li>■ Poor public profile and loss of reputation.</li> <li>■ Poor quality prosecutions and Ministerial advice.</li> <li>■ Unacceptable delays in handling complaints and investigations.</li> <li>■ Changing needs of Government in delivering objectives within budgeting constraints.</li> <li>■ Perception of HCCC's role and jurisdiction.</li> </ul>	<ul style="list-style-type: none"> <li>■ Commissioner and Directors communicating and liaising with Parliamentary Joint Committee, Health Organisations and Practitioners and key central agencies such as Treasury and Premier's Department.</li> <li>■ Keeping abreast of legislative changes and judicial decisions.</li> <li>■ Compliance with statutory timeframes enforced.</li> <li>■ Promotion and education of health service improvements through analysis of Area Health Service's data on health complaint incidents</li> </ul>	<ul style="list-style-type: none"> <li>■ Commissioner</li> <li>■ Directors</li> <li>■ Communications &amp; Stakeholder Relations Officer</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management and Review</li> </ul>

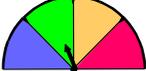
## HEALTH CARE COMPLAINTS COMMISSION BUSINESS RISK ASSESSMENT

	Risk Category & Priority	Potential/Anticipated Risk Description	Principal Risk Management Activities	Mgt Responsible for Controlling Risk	Residual Risk Rating	Assurance Activities
	Resource Capability (S3)	<ul style="list-style-type: none"> <li>■ Adequacy of funding to match complaint caseload and meet stakeholder expectations.</li> <li>■ Competencies and skill sets of staff to deliver on objectives.</li> <li>■ Involvement of senior management group in organisation development.</li> <li>■ Transition risks in obtaining appropriate skills to meet expanded and redeveloped roles.</li> </ul>	<ul style="list-style-type: none"> <li>■ Skills required by all staff identified and development training plans.</li> <li>■ Panel of professional and legal advisors.</li> <li>■ Use of temporary contract staff to address periods of peak demand.</li> <li>■ Establish and develop senior management group to lead organisation and cultural change</li> </ul>	<ul style="list-style-type: none"> <li>■ Commissioner</li> <li>■ Directors</li> <li>■ Senior Managers</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management and Review</li> </ul>
STRATEGIC RISKS	Stakeholder Relations / Expectations (S4)	<ul style="list-style-type: none"> <li>■ Ineffectively managing and maintaining relations and expectations.</li> <li>■ Unrealistic community perception of HCCC's role.</li> <li>■ Stakeholders unaware of HCCC's powers, role and jurisdiction.</li> </ul>	<ul style="list-style-type: none"> <li>■ Commissioner and Directors communicating and liaising with Parliamentary Joint Committee, Health Organisations and Practitioners and key central agencies such as Treasury and Premier's Department.</li> <li>■ Attendance at meetings of Health Care Registration Boards.</li> <li>■ Promotion of role of HCCC and information guidance on health care complaints.</li> <li>■ Develop and promote HCCC's Code of Practice setting out core services and values of Commission</li> </ul>	<ul style="list-style-type: none"> <li>■ Commissioner</li> <li>■ Directors</li> <li>■ Communications &amp; Stakeholder Relations Officer</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management and Review</li> <li>■ Education</li> </ul>

## HEALTH CARE COMPLAINTS COMMISSION BUSINESS RISK ASSESSMENT

	Risk Category & Priority	Potential/Anticipated Risk Description	Principal Risk Management Activities	Mgt Responsible for Controlling Risk	Residual Risk Rating	Assurance Activities
OPERATIONAL RISKS	Finance / Funding (O1)	<ul style="list-style-type: none"> <li>■ Adequacy of resources and budget constraints.</li> <li>■ Breaching of existing policies and procedures.</li> <li>■ Inaccurate / untimely information.</li> <li>■ Unauthorised transactions.</li> <li>■ Legal costs not recovered.</li> <li>■ Misappropriation of assets.</li> </ul>	<ul style="list-style-type: none"> <li>■ Financial and Purchasing Delegations.</li> <li>■ Documented travel policies, standard rates and forms.</li> <li>■ External and internal audit.</li> <li>■ Monitoring and review by managers and Directors.</li> <li>■ Memorandum of Understanding with Independent Commission Against Corruption for corporate services support.</li> <li>■ Follow Public Finance &amp; Audit Act for recovery and write-off of legal costs.</li> </ul>	<ul style="list-style-type: none"> <li>■ Directors</li> <li>■ Corporate Services</li> <li>■ ICAC Support Staff</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management Review</li> <li>■ External Audit</li> <li>■ Internal Audit</li> </ul>
	Information Management (O2)	<ul style="list-style-type: none"> <li>■ HCCC is responsible for maintaining sensitive/confidential data. Risks arise as to whether such data is: appropriately secured, access is restricted, and the data is retrievable. Also, risk arises regarding the inappropriate use of information obtained and maintaining confidentiality.</li> </ul>	<ul style="list-style-type: none"> <li>■ Updated Code of Conduct and Ethics</li> <li>■ Accreditation to Information Security Standard ISO 27001.</li> <li>■ Staff induction training.</li> <li>■ New Records Management policy and system</li> </ul>	<ul style="list-style-type: none"> <li>■ Directors</li> <li>■ Corporate Services</li> <li>■ Manager, ICT</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management Review</li> <li>■ External Audit</li> </ul>
	Human Resource Management (O3)	<ul style="list-style-type: none"> <li>■ Retention and attraction of appropriately skilled staff.</li> <li>■ Effective utilisation of staff resources.</li> <li>■ Performance management.</li> <li>■ Effective Occupational Health &amp; Safety (OHS) management strategy.</li> <li>■ Code of conduct adequacy.</li> <li>■ Training of staff.</li> <li>■ Succession planning.</li> </ul>	<ul style="list-style-type: none"> <li>■ Updated Code of Conduct and Ethics.</li> <li>■ Workplace Agreement</li> <li>■ Staff induction training.</li> <li>■ Staff development and training plans.</li> <li>■ Performance management system implemented.</li> <li>■ OH&amp;S Management policy and Committee.</li> </ul>	<ul style="list-style-type: none"> <li>■ Directors and Managers</li> <li>■ Corporate Services</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management Review</li> <li>■ External Audit</li> </ul>

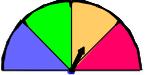
**HEALTH CARE COMPLAINTS COMMISSION  
BUSINESS RISK ASSESSMENT**

	Risk Category & Priority	Potential/Anticipated Risk Description	Principal Risk Management Activities	Mgt Responsible for Controlling Risk	Residual Risk Rating	Assurance Activities
	Records Management (O4)	<ul style="list-style-type: none"> <li>■ Information or evidence is not appropriately secured.</li> <li>■ Access to information is not restricted.</li> <li>■ Records are not maintained of files and location.</li> <li>■ Information is tampered with or altered.</li> </ul>	<ul style="list-style-type: none"> <li>■ Records management policy and plan developed and program implemented.</li> <li>■ New records management system implemented and compliant with State Records Act</li> <li>■ Security access to Building.</li> <li>■ CaseMate – complaints management system integrated with records system.</li> </ul>	<ul style="list-style-type: none"> <li>■ Directors and Managers</li> <li>■ Manager Corporate Services</li> <li>■ Manager, ICT</li> <li>■ Senior Admin Office (Records)</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management Review</li> </ul>
	Information Technology (O5)	<p>Risks arise in the following areas:</p> <ul style="list-style-type: none"> <li>■ Systems access.</li> <li>■ General control environment.</li> <li>■ Backup procedures.</li> <li>■ Remote access.</li> </ul>	<ul style="list-style-type: none"> <li>■ CaseMate, complaints management system, implemented with ongoing enhancements.</li> <li>■ Access controls.</li> <li>■ Regular backup and offsite repository.</li> <li>■ Upgrade infrastructure and Firewalls.</li> <li>■ Intranet/internet hosted by Commission.</li> <li>■ Network administration</li> <li>■ Accreditation to Information Security Standard ISO 27001</li> </ul>	<ul style="list-style-type: none"> <li>■ Manager Corporate Services</li> <li>■ Manager, IT</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management Review</li> <li>■ External Service Providers</li> </ul>
	Information Technology – Business Continuity (O6)	<ul style="list-style-type: none"> <li>■ Inadequate availability and access to IT services resulting in:</li> <li>■ Inability to continue operations and function effectively.</li> <li>■ Loss of corporate information.</li> <li>■ Unable to proceed with investigations or prosecutions reliant on electronic information.</li> </ul>	<ul style="list-style-type: none"> <li>■ Regular backup and offsite repository.</li> <li>■ Intranet/internet hosted by Commission.</li> <li>■ Business Continuity Plans and Disaster Recovery Plan completed and periodically tested</li> </ul>	<ul style="list-style-type: none"> <li>■ Manager, Corporate Services</li> <li>■ ICT Manager</li> <li>■ Directors</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing management review</li> </ul>

**HEALTH CARE COMPLAINTS COMMISSION  
BUSINESS RISK ASSESSMENT**

	<b>Risk Category &amp; Priority</b>	<b>Potential/Anticipated Risk Description</b>	<b>Principal Risk Management Activities</b>	<b>Mgt Responsible for Controlling Risk</b>	<b>Residual Risk Rating</b>	<b>Assurance Activities</b>
<b>OPERATIONAL RISKS</b>	Investigations (O7)	<ul style="list-style-type: none"> <li>■ Inadequate planning of investigations.</li> <li>■ Inadequate evidence or information collected.</li> <li>■ Missed evidential opportunities.</li> <li>■ Inappropriate skills of staff analysing the information provided, resulting in a wrong outcome.</li> <li>■ Insufficient integration of HCCC units, planning and delivering investigations.</li> <li>■ OH&amp;S risks for investigators.</li> </ul>	<ul style="list-style-type: none"> <li>■ Investigations manual developed.</li> <li>■ Professional advisors and reviewers panel and redrafted guidelines.</li> <li>■ Procedural Fairness.</li> <li>■ Procedures for quality assurance.</li> <li>■ Service Level Agreement between Legal &amp; Investigations for cases referred for prosecution (08-09)</li> </ul>	<ul style="list-style-type: none"> <li>■ Director Investigations</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management Review</li> <li>■ Internal audit review</li> </ul>
	Prosecutions (O8)	<ul style="list-style-type: none"> <li>■ Decision to prosecute.</li> <li>■ Poor quality of prosecutions.</li> <li>■ Recovery of costs.</li> <li>■ Adverse costs incurred from cases lost.</li> <li>■ Outdated policies and procedures.</li> </ul>	<ul style="list-style-type: none"> <li>■ Updated Prosecution Policy and Procedures Manual.</li> <li>■ Enhancements to Casement to improve management of cases</li> <li>■ Cost Orders made by Tribunals</li> <li>■ Independent assessment of costs and negotiated settlement.</li> <li>■ Follow Public Finance &amp; Audit Act for recovery and write-off of legal costs.</li> <li>■ Treasury funds annual amount for adverse costs as protected item.</li> <li>■ Closely monitor budgeted costs for prosecution and legal services.</li> <li>■ Service Level Agreement between Legal &amp; Investigations for cases referred for prosecution (08-09)</li> <li>■ Use of external panel of legal advisors</li> </ul>	<ul style="list-style-type: none"> <li>■ Director Proceedings</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management Review.</li> <li>■ Internal audit review</li> </ul>

## HEALTH CARE COMPLAINTS COMMISSION BUSINESS RISK ASSESSMENT

	Risk Category & Priority	Potential/Anticipated Risk Description	Principal Risk Management Activities	Mgt Responsible for Controlling Risk	Residual Risk Rating	Assurance Activities
	Complaints Management (O9)	<ul style="list-style-type: none"> <li>■ Timely Complaint processing.</li> <li>■ Failure to properly assess complaint.</li> <li>■ Inappropriate action taken on the complaint / investigation.</li> <li>■ Referral of complaints to incorrect agencies.</li> </ul>	<ul style="list-style-type: none"> <li>■ Complaints submitted in writing.</li> <li>■ Complaint Assessment Team to management matters.</li> <li>■ Advise customers of decisions and outcomes.</li> <li>■ CaseMate - new complaints management system implemented.</li> <li>■ Use of internal medical advisers for early review of complaints.</li> </ul>	<ul style="list-style-type: none"> <li>■ Director Assessment &amp; Resolutions</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management Review</li> <li>■ Internal audit review</li> </ul>
	Payroll (O10)	<ul style="list-style-type: none"> <li>■ Inaccurate reporting of hours worked, overtime or leave taken.</li> <li>■ Time off in Lieu not recorded and monitored.</li> </ul>	<ul style="list-style-type: none"> <li>■ Memorandum of Understanding for payroll services provided by ICAC.</li> <li>■ Payroll Employee Self Service implemented</li> </ul>	<ul style="list-style-type: none"> <li>■ Manager, Corporate Services</li> <li>■ ICAC Support Staff</li> </ul>		<ul style="list-style-type: none"> <li>■ External audit</li> <li>■ Ongoing management review</li> </ul>
	Skills (11)	<ul style="list-style-type: none"> <li>■ Not having sufficient staff with the right skills at the right time resulting in:</li> <li>■ Deficiencies in service delivery.</li> <li>■ Inadequate quality of investigations and prosecutions.</li> <li>■ Insufficient/inadequate information collected</li> <li>■ Involvement of senior management group in organisation development</li> </ul>	<ul style="list-style-type: none"> <li>■ Skills and competencies required by all staff identified and included in position descriptions. Development training program implemented (07-08)</li> <li>■ Involvement of experts in investigations increased.</li> <li>■ Establish and develop senior management group to lead organisation and cultural change</li> </ul>	<ul style="list-style-type: none"> <li>■ Directors</li> <li>■ Senior Managers</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management Review</li> </ul>
	Service Delivery (O12)	<ul style="list-style-type: none"> <li>■ Management of files/workload is not monitored.</li> <li>■ Files are not closed, the investigation is not finalised.</li> <li>■ Timeliness of processing and poor customer feedback</li> </ul>	<ul style="list-style-type: none"> <li>■ Statutory timeframes enforced.</li> <li>■ Ongoing management review including implementation of performance management system.</li> <li>■ Upgrades to Casemate and operation manuals</li> </ul>	<ul style="list-style-type: none"> <li>■ Directors and Managers.</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management Review</li> </ul>

## HEALTH CARE COMPLAINTS COMMISSION BUSINESS RISK ASSESSMENT

	Risk Category & Priority	Potential/Anticipated Risk Description	Principal Risk Management Activities	Mgt Responsible for Controlling Risk	Residual Risk Rating	Assurance Activities
	Contract Management (O13)	<ul style="list-style-type: none"> <li>■ HCCC sources a number Professional services, eg Legal, Conciliation expert advisors .Key risk areas include:</li> <li>■ Review of contractor performance.</li> <li>■ Monitoring of requirements against delivery.</li> <li>■ Process for engagement of contractors.</li> <li>■ Conflict of contractor with other employment.</li> </ul>	<ul style="list-style-type: none"> <li>■ Panel of legal advisors and conciliators</li> <li>■ Updated Code of Conduct and Ethics.</li> <li>■ Service Agreements for key contracts</li> </ul>	<ul style="list-style-type: none"> <li>■ Manager Corporate Services</li> <li>■ Executive Management Team</li> <li>■ Health Conciliation Registry</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management Review</li> <li>■ External Audit</li> </ul>
	Security (O14)	<ul style="list-style-type: none"> <li>■ Unauthorised access to sensitive information, records and property resulting in:</li> <li>■ Compromise of operations.</li> <li>■ Loss of confidence and reputation of HCCC.</li> <li>■ Physical danger to staff.</li> </ul>	<ul style="list-style-type: none"> <li>■ Building Security – enhanced security at Reception</li> <li>■ Approval process for working after hours</li> <li>■ Updated Code of Conduct and Ethics</li> </ul>	<ul style="list-style-type: none"> <li>■ Executive Directors</li> <li>■ Manager Corporate Services</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management Review</li> </ul>
OPERATIONAL RISKS	Procurement (O15)	<ul style="list-style-type: none"> <li>■ Procurement not conducted in accordance with policies and procedures.</li> <li>■ Inappropriate procurement.</li> <li>■ Unauthorised procurement.</li> </ul>	<ul style="list-style-type: none"> <li>■ Financial and Purchasing Delegations.</li> <li>■ Ongoing application of delegations.</li> <li>■ Pro forma procurement request forms.</li> <li>■ Regular review of budget vs. actual.</li> </ul>	<ul style="list-style-type: none"> <li>■ Commissioner</li> <li>■ Executive Team</li> <li>■ Manager Corporate Services</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management Review</li> <li>■ External Audit</li> </ul>
	Regulatory & Legislative Compliance (O16)	<ul style="list-style-type: none"> <li>■ Lack of compliance with regulatory / statutory obligations:</li> <li>■ Payroll tax.</li> <li>■ Business activity statement.</li> <li>■ Treasury forward estimates.</li> <li>■ Public Audit and Finance Act.</li> </ul>	<ul style="list-style-type: none"> <li>■ Regular monitoring and review</li> <li>■ Delegations.</li> <li>■ MOU with ICAC</li> </ul>	<ul style="list-style-type: none"> <li>■ Manager Corporate Services</li> <li>■ ICAC Support Staff</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management Review</li> <li>■ External Audit</li> </ul>

**HEALTH CARE COMPLAINTS COMMISSION  
BUSINESS RISK ASSESSMENT**

	<b>Risk Category &amp; Priority</b>	<b>Potential/Anticipated Risk Description</b>	<b>Principal Risk Management Activities</b>	<b>Mgt Responsible for Controlling Risk</b>	<b>Residual Risk Rating</b>	<b>Assurance Activities</b>
	Resolution and Conciliation Services (O17)	<ul style="list-style-type: none"> <li>■ Timeliness of resolution and conciliation services</li> <li>■ Quality of outcomes from resolutions and conciliations</li> <li>■ Adequate case management systems and practices</li> <li>■ Skill level of service providers</li> </ul>	<ul style="list-style-type: none"> <li>■ Enhancements to Casemate to improve management and service delivery for resolution and conciliation services</li> <li>■ Debriefs of outcomes achieved from each case</li> <li>■ Survey of client satisfaction of service delivery</li> <li>■ List of approved Conciliators</li> </ul>	<ul style="list-style-type: none"> <li>■ Director Assessment &amp; Resolutions</li> <li>■ Manager Resolution Service</li> <li>■ Manager, HCR</li> </ul>		<ul style="list-style-type: none"> <li>■ Ongoing Management Review</li> <li>■ Internal audit review</li> </ul>

## HEALTH CARE COMPLAINTS COMMISSION BUSINESS RISK ASSESSMENT

### HCCC Risk Map

