

CORPORATE PLAN 2015-16

Contents

1. Purpose of the Corporate Business Plan	2
2. Key Challenges	3
3. Planning Assumptions	3
4. Risks	4
5. Stakeholder Expectations	4
6. Plan for Delivery	5
7. Strategic Outcomes	13
8. Resourcing the Plan - 2014 -15 budget	14
9. Conclusion	15
Appendix A – Corporate Key Performance Indicators	16

1. PURPOSE OF THE CORPORATE BUSINESS PLAN

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

Our main objective as defined in the Commission's 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 Commission's strategic planning framework endeavours to align the Commission's Corporate Strategic Objectives and targets with both the Corporate Plan and the individual Divisional Business Plans.

The Corporate Plan is derived from the Commission's Strategic Plan 2014-2017 and reflects the progressive implementation of the Commission's corporate strategies and directions in delivering our business targets and achieving agreed business outcomes.

The Commission's Strategic Plan comprises the following five key result areas that cover the outcomes and performance of all work undertaken by the Commission.

- ▶ 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:

- ▶ **Improve 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;

- ▶ **Awareness of the cultural and linguistic diversity of our clients:** We will constantly be aware of and respect the cultural and linguistic diversity of each other and all those with whom we have contact;
- ▶ **Promote and Comply with our Code of Practice:** We will continually promote and comply with our Code of Practice.

The Commission continually reviews its business performance and assesses its trends and the results of its key performance measures.

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:

- ▶ 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);
- ▶ responsive complaint handling, resolution and conciliation processes;
- ▶ continual development of employees' skills and knowledge commensurate with best practice complaint resolution, investigations and prosecutions;
- ▶ risk assessment and project management are fundamental and integral to all operations including a culture of awareness and compliance with applicable standards;
- ▶ responding to judicial decisions and changes to relevant legislation impacting the Commission's legal cases;
- ▶ assimilating advances in technology and new investigation techniques into operational and legal plans, procedures and systems; and
- ▶ 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 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., retention and attraction of skilled staff, motivated staff, etc.)

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

5. STAKEHOLDER EXPECTATIONS

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

Stakeholders	Expectations
Minister	<ul style="list-style-type: none"> ▪ Effective management of its resources to deliver performance targets. ▪ Regularly report on operations and performance results
Parliamentary Committee on the Health Care Complaints Commission	<ul style="list-style-type: none"> ▪ Responsive and open communication ▪ 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 ▪ Expect the Commission to improve the delivery of health

Stakeholders	Expectations
	services to themselves/others in the future so that other people do not face similar problems
Health Organisations & Practitioners	<ul style="list-style-type: none"> ▪ Procedural fairness in complaint handling ▪ Practical recommendations for health care service improvements
Ministry of Health	<ul style="list-style-type: none"> ▪ Referral of appropriate matters ▪ Provision of relevant data to support funding decisions ▪ Regular reporting on the implementation of recommendations for health care service improvements
Central Agencies (e.g. NSW Treasury, Department of Premier and Cabinet, 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 Commission ▪ A strong record of compliance with all regulatory and central agency reporting requirements
Professional Councils	<ul style="list-style-type: none"> ▪ Timely exchange of information and consultation ▪ Develop and improve co-operative relationships

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 the Commission 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 –2014-15 key performance indicators have been developed by divisions for their major activities. The performance of the Commission against these key performance indicators is reviewed regularly 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.

GOAL: 1. COMPREHENSIVE AND RESPONSIVE COMPLAINT HANDLING

Objective	Strategies	Performance measures and targets
1.1 Efficient and timely processing, assessment and resolution of complaints and review processes	1.1.1 Employ best practice complaint handling processes by: <ul style="list-style-type: none"> ▪ improving assessment and review processes and guidelines ▪ maximising opportunity for less serious complaints to be mutually resolved ▪ timely communication of assessment processes and outcomes 	1.1.1.1 Percentage of complaints assessed within 60 days (target 100%)
		1.1.1.2 Percentage of complaints not assessed within 60 days where extension approved (target 100%).
		1.1.1.3 Percentage of complaints assessed that are subject to a request for review (< 10%)
		1.1.1.4 Percentage of reviews completed within 4 weeks (target 90%)
		1.1.1.5 Percentage of "Reason for Decision Letters" completed within 14 days. (target 100%)
		1.1.1.6 Percentage of complaint assessment clients satisfied with service (Target 80%)
	1.1.2. Quality file management	1.1.2.1 Percentage of complaints acknowledged within 7 days of receipt (target 90%).
		1.1.2.2 Percentage of 21 day audits rated satisfactory (90%)
	1.1.3 Improve resolution/conciliation management processes & systems	1.1.3.1 Percentage of resolution processes where the Resolution Officer has contacted the parties within 14 days of them being advised that the complaint was referred to resolution (Target 90%)
		1.1.3.2 Percentage of resolutions/conciliations completed within 4 months (Target 70%)
		1.1.3.3 Percentage of complaints that proceeded to resolution/conciliation that were resolved or partially resolved (Target 80%)
		1.1.3.4 Percentage of complaint resolution/conciliation

GOAL: 1. COMPREHENSIVE AND RESPONSIVE COMPLAINT HANDLING		
Objective	Strategies	Performance measures and targets
		clients satisfied with service (Target 80%) copy for assessment

GOAL 2. INVESTIGATE SERIOUS COMPLAINTS		
Objective	Strategies	Performance measures and targets
2.1 Ensure a best practice approach for the conduct of all investigations	2.1.1 Ensure the expeditious and comprehensive investigation of complaints	2.1.1.1 Percentage of investigations completed within twelve months (target 90%)
		2.1.1.2 Percentage of investigations with investigation plans in place within 14 days (Target 100%)
	2.1.2 Monitor investigations to ensure statutory compliance, timeliness, and the reassessment of issues, including status reports to Investigation Reporting Group	2.1.2.1 Percentage of file reviews completed on time (target 90%)
		2.1.2.2 Percentage of satisfactory reviews during the investigation process (Target 90%)
		2.1.2.3 Number of requests for review of investigations (Target<5%)
	2.1.3 Sound brief of evidence handling processes and systems in place	2.1.3.1 Percentage of matters referred to Director of Proceedings that were not referred back for further information (Target >90 %)
2.1.3.2 Percentage of briefs of evidence due within 28 days after the conclusion of an investigation that were sent to Director of Proceedings on time (target 80%)		
2.2 Support improvements to patient care in health care delivery through recommendations arising from investigations	2.2.1 Sound processes for the creation of recommendations	2.2.1.1 Percentage of recommendations made during the previous reporting year that are implemented (Target 90%)
		2.2.1.2 Commission to conduct two audits per year on the implementation of recommendations

GOAL 3. PROSECUTE SERIOUS COMPLAINTS		
Objective	Strategies	Performance measures and targets
3.1 Independent and timely prosecutions	3.1.1 Timely determinations made to prosecute	3.1.1.1 Percentage of complaints considered by Director of Proceedings within three months of referral (Target 80%)
		3.1.1.2 Referral of matters for prosecution within 30 days of consultation with professional council (target 80%)
3.2 Professional and competent prosecutions of serious complaints in the public interest	3.2.1 Conduct professional and competent prosecutions	3.2.2.1 Success rate of disciplinary matters heard before NCAT and Professional Standards Committees (Target 90%)
	3.2.2 Ensure compliance with timeframes imposed by Professional Standard Committees, Tribunals, and courts	3.2.2.1 Percentage of compliance with timeframes imposed by Professional Standards Committees, NCAT and Courts (Target 80%)
	3.2.3 Recover legal costs	3.2.3.1 Percentage of bill of costs prepared or sent to cost consultants for assessment within 120 days (Target 75%)
		3.2.3.2 Quarterly reporting on recovery of legal costs to Executive

GOAL 4. ACCOUNTABILITY		
Objective	Strategies	Performance measures and targets
4.1 Provide timely, accurate and relevant reporting to the Minister and the Parliamentary Joint Committee	4.1.1 Quarterly reporting on performance to Minister and Parliamentary Joint Committee (JPC) on the Health Care Complaints Commission	4.1.1.1 Reports provided to the Minister and JPC on a quarterly basis (Target 100%).
	4.1.2 Develop and maintain open and meaningful communication with the Minister and JPC on issues as they arise	4.1.2.1 Responses to Ministerials submitted within 14 days (target 90%)
		4.1.2.2 Responses and submissions to JPC within requested timeframes (Target 100%)
4.2 Promote and publicly report about the work of the Commission	4.2.1 The Commission's Annual Report reflects the key business and operational results for the year and fully complies with legislative requirements	4.2.1.1 Annual Report prepared and provided to Minister and Treasurer by required due date
		4.2.1.2 Clean audit certificate for prior annual financial statements achieved for annual financial statements
		4.2.1.3 Percentage of compliance with Treasury Annual Report checklist (Target 100%).
	4.3.1 Provide various communication channels for promoting and reinforcing the Commission's messages <ul style="list-style-type: none"> ▪ Website ▪ Annual Report ▪ Media liaison and releases ▪ Presentations and Information Sessions ▪ Information material 	4.3.1.2 Number of website visitors (Target 250,000)
		4.3.1.3 Number of Website hits (Target 7,000,000)
		4.3.1.4 Number of presentations (60)
		4.3.1.5 Publicly report decisions compliant with the <i>Health Care Complaints Act</i> (Target 100%)

GOAL 5. OUR ORGANISATION			
Objective	Strategies	Performance measures and targets	
5.1 Continue to develop as a learning organisation that embraces a culture of continuous improvement, sharing of knowledge and promotes a productive, safe and satisfying workplace	5.1.1 Develop the organisation's skills capability to meet expected performance requirements	5.1.1.1 Average number of training / staff development days per FTE => 2	
	5.1.2 Develop and maintain an organisational culture which promotes equity, diversity and safety	5.1.2.1 Development and reporting of WHS, Diversity Plan, Multicultural Plan, and Disability Action Plans comply with relevant agency timeframes (Target 100%)	
	5.1.3 Promote internal communication throughout the organisation.	5.1.3.1 Monthly general staff briefings on events, outcomes, activities, changes, significant organisational changes etc. (Target 100%)	
		5.1.3.2 Percentage of key corporate documents distributed to all staff and/or included on the intranet (Target 100%)	
5.2 Monitor performance to ensure work quality, organisational development, good governance and effective resource management	5.2.1 Internal management groups plan, review and monitor performance <ul style="list-style-type: none"> ▪ Executive Management Group ▪ Investigations Review Group ▪ ICT Steering Committee ▪ Audit and Risk Committee ▪ WHS Committee ▪ Divisional meetings, etc 	5.2.1.1 Regular meetings held to monitor performance	
		5.2.2 Ensure security of IT systems	5.2.2.1 Compliance with information security standard ISO 27001 – 2013.
		5.2.3 Conduct strategic planning process that integrates all planning activities, budget preparation and regular performance reporting	5.2.3.1 Complete planning processes for corporate and divisional levels according to the Commission's Corporate Governance Framework Document
		5.2.4 Monitor and report on key performance measures	5.2.4.1 Monthly financial management and staffing reports showing performance against budget.
	5.2.4.2 Quarterly reports to Executive on complaint handling performance against KPIs		

GOAL 5. OUR ORGANISATION		
Objective	Strategies	Performance measures and targets
	5.2.5 Monitor staff performance management system, including staff learning and development plans that address technical and management skills	5.2.5.1 Percentage of performance agreements developed and reviewed for staff (Target 100%)
		5.2.5.2 Percentage of staff rated competent or better at performance review (Target 95%)

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.
- ▶ Complaints handling with a view to influence the improvements in standards of health care.

Investigate Serious Complaints:

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

Prosecute Serious Complaints:

- ▶ Timely and efficient prosecution of disciplinary matters.

Accountability:

- ▶ Responsive and open communication with the Minister and the Parliamentary Committee on the Health Care Complaints Commission.
- ▶ 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 and learning and development 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.
- ▶ Maintain high levels of ongoing communication across, and at all levels throughout, the organisation.

8. RESOURCING THE PLAN BUDGET AK TO COMPLETE

The funding of the operations of the Commission is provided through the Department of Health via a grant payment. 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 2014-15

The Commission's annual recurrent expenditure budget for 2014 -15 is approximately \$12.3 million of which \$11.4 million is directly funded by Ministry of Health 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 2014 - 15 budget compared to the 2012-13 budget as follows:

	Budget 2013-14 \$'000s	Budget 2014-15 \$'000s
Expenses		
Employee Costs	8,441	8,637
Other Operating Expenses	3,269	3,409
Depreciation	233	271
Total Expenses	11,943	12,317
Income		
Miscellaneous	440	390
DOH Grant- Recurrent	11,149	11,407
DOH Grant- Capital	278	65
Accepted by the Crown	216	260
Total Revenue	12,083	12,122
Net Result	140	195

Business Activity Budget

The 2014 -15 Expenditure Budget requirements presented by service area/activity is as follows:

Service Area/Activity	Total \$'000	Staff Numbers FTE
Executive Services	624	3.2
Assessment & Resolution Services	3,530	31.1
Investigations	2,510	19
Legal Services	2,470	11
Corporate Services	1,111	7.2
Commission-wide costs*	2,072	nil
	12,317	71.5

* 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 2014-15 approximately 70% 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.

The ongoing issues for resource funding are:

- ▶ maintaining the Commission's ongoing financial viability within the annual budget allocation process from DOH which includes efficiency and labour savings targets
- ▶ 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 approved 2014-15 Capital Budget is \$65,000.

9. CONCLUSION

The Commission's 2014-15 Corporate Plan:

- ▶ provides the blueprint for the Commission's operations for 2014-15 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 2014-15

Comprehensive & Responsive Complaint Handling

▶ % of complaints assessed within 60 days	100%
▶ % of "Reason for Decision Letters" completed within 14 days	100%
▶ % of complaints assessed subject to a request for review	<10%
▶ % of matters that proceeded to resolution/conciliation that were resolved or partially resolved	80%
▶ % of complaint resolution/conciliation clients satisfied with service	
▶ xxx assessment client satisfaction....	80%

Investigate Serious Complaints

▶ % of investigations completed within 12 months	90%
▶ % of recommendations to improve health care services implemented	90%
▶ % of matters referred to Director of Proceedings that were not referred back for further information	>90%

Prosecute Serious Complaints

▶ % of matters considered by Director of Proceedings within 3 months of referral	80%
▶ % of matters referred for prosecution within 30 days of consultation with professional council	80%
▶ Success rate of disciplinary proceedings	90%

Accountability

▶ % of Ministerials completed within 14 days from date received	90%
▶ Number of community presentations	60

Our Organisation

▶ % of staff performance rated competent or better	95%
▶ Average number of training/staff development days per FTE employee	=/ > 2