



HEALTH CARE COMPLAINTS COMMISSION

CORPORATE PLAN

2009-2010

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Appendix A – Corporate Key Performance Indicators

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1. PURPOSE OF THE CORPORATE BUSINESS PLAN

The Commission 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 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 2009-2012 and reflects the progressive implementation of the Commission's corporate strategies and directions in delivering our business targets and achieving agreed business outcomes.

The 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:

- **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;

- **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.

At quarterly intervals the Commission 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:

- (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 the Commission's 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
- inadequate funding to undertake our statutory requirements and day to day operations
- 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 the Commission
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
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, 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

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 2009-10 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 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.

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: - 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 Number of complaint assessments finalised
		1.1.1.2 Percentage of complaints assessed within 60 days (Target 85%)
		1.1.1.3 Percentage of reviews completed within allocated time frames (Target 100%)
		1.1.1.4 Percentage of complaints resolved during assessment process (target 8%)
		1.1.1.5 Percentage of "Reason for Decision Letters" completed within 14 days. (Target 90% or 100%)
	1.1.2. Quality file management	1.1.2.1 Percentage compliance with 21 day Audit (Target 100%)
	1.1.3 Improve resolution management processes & systems	1.1.3.1 Percentage of matters referred for assisted resolution have a resolution plan approved within 21 days (Target 75%)
		1.1.3.2 Percentage of resolutions completed within 6 months (Target 80%)
		1.1.3.3 Percentage of matters that proceeded to assisted resolution that were resolved or partially resolved (Target 75%)
		1.1.3.4 Percentage of complaint resolution clients satisfied with service (Target 80%)

GOAL: 1. COMPREHENSIVE AND RESPONSIVE COMPLAINT HANDLING		
Objective	Strategies	Performance measures and targets
	1.1.4 Increased use of Health Conciliation Registry (HCR) services	1.1.4.1 Percentage of consents to engage in the conciliation process (Target 55%)
		1.1.4.2 Percentage of matters that did proceed where agreement, part agreement or process was useful in clarifying concerns as reported to the Health Conciliation Registry (Target 80 %)
		1.1.4.3 Percentage of conciliations completed within 6 months (Target 80%)
	1.1.5 Monitor timeliness of conciliation process	1.1.5.1 Percentage of matters that have a conciliation meeting scheduled within 3 months of receipt of referral (Target 65%)
1.1.5.2 Compliance with 14 day notification of arrangements for conciliation timeline (Target 100%)		
GOAL 2. INVESTIGATE SERIOUS COMPLAINTS		
Objectives	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 85%)
		2.1.1.2 Percentage of investigations with investigation plans in place (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 satisfactory reviews during the investigation process (Target 80%)
		2.1.2.2 Number of requests for review of investigations (Target<5%)

GOAL: 1. COMPREHENSIVE AND RESPONSIVE COMPLAINT HANDLING		
Objective	Strategies	Performance measures and targets
	2.1.3 Maintain professional development program for investigators	2.1.3.1 Percentage of new investigators to undergo investigations training (target 100%)
	2.1.4 Sound brief of evidence handling processes and systems in place	2.1.4.1 Percentage of matters referred to Director of Proceedings that were returned for further information (target < 10%)
2.2 Improve health care systems through recommendations arising from investigations	2.2.1 Sound processes for the creation of recommendations	2.2.1.1 Percentage of recommendations adopted/number of recommendations implemented (Target 80%)

GOAL 3. PROSECUTE SERIOUS COMPLAINTS		
Objectives	Strategies	Performance measures and targets
3.1 Independent and timely determination to prosecute	3.1.1 Timely determinations made to prosecute	3.1.1 .1 Percentage of matters considered by Director of Proceedings within three months of referral (target 80%)
3.2 Professional and competent prosecutions of serious complaints in the public interest	3.2.1.A Provide timely and high quality legal advice throughout investigations	3.2.1.1 Percentage of legal responses provided within 21 days or agreed timeline (target 80%)
	3.2.1 Conduct professional and competent prosecutions	3.2.2.1 Success rate of disciplinary proceedings (Target 90%)

GOAL 3. PROSECUTE SERIOUS COMPLAINTS		
Objectives	Strategies	Performance measures and targets
	3.2.3 Ensure compliance with directions given by Professional Standard Committees, Tribunals, Boards of Inquiry and courts	3.2.3.1 Percentage of compliance with court/Tribunal deadlines (target 80%)
	3.2.4 Recover legal costs	3.2.4.1 Percentage of bill of costs prepared or sent to cost consultants for assessment within 90 days (Target 80%)
		3.2.4.2 Quarterly reporting on recovery of legal costs to Executive
GOAL 4. ACCOUNTABILITY		
Objectives	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 Percentage of reports provided to the Minister and JPC to their satisfaction 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 No adverse feedback from Joint Parliamentary Committee on the Health Care Complaints Commission
		4.1.2.2 Responses to Minister submitted within 14 days
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 tabled in Parliament by required due date
		4.2.1.2 Clean audit certificate achieved for annual financial statements
		4.2.1.3 Percentage of compliance with Annual Reports (Statutory Bodies) Act 1984 & Regulation 2005 (Target 100%).

GOAL 3. PROSECUTE SERIOUS COMPLAINTS		
Objectives	Strategies	Performance measures and targets
	<ul style="list-style-type: none"> ➤ 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 ▪ Presentations and Information Sessions 	4.3.1.1 Number of publications distributed (Target 20,000)
		4.3.1.2 Number of website visitors (Target (40,000))
		4.3.1.3 Number of Website hits (Target 600,000)
		4.3.1.4 Number of presentations (60)
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 Monitor staff performance management system, including staff learning and development plans that address technical and management skills	5.1.1.1 Staff complete performance agreements and performance reviews conducted (percentage of staff rated competent or better) (Target 90%)
	5.1.2 Develop the organisation's skills capability to meet expected performance requirements	5.1.2.1 Staff learning plans implemented (Ave number of training/ staff development session per FTE employee - >5 sessions)
	5.1.3 Develop and maintain an organisational culture which promotes equity, diversity and safety	5.1.3.1 Development and reporting of OHS, EEO, EAPS, and Disability Action Plans comply with relevant agency timeframes (Target 100%)
	5.1.4 Provide information and records systems that actively support and improve business processes	5.1.4.1 Percentage of ICT development projects implemented in accordance with timeframes (Target 100%)
	5.1.5 Maintain Records Management Program (RMP) including new electronic records management system TRIM	5.1.5.1 Percentage compliance with information security standards ISO 27001:2005 (Target 100%)
	5.1.6 Promote internal communication throughout the organisation.	5.1.6.1 Monthly general staff briefings on events, outcomes, activities, changes, significant organisational changes etc. (Target 100%)

GOAL 3. PROSECUTE SERIOUS COMPLAINTS		
Objectives	Strategies	Performance measures and targets
		5.1.6.2 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 - Executive Management Group - Investigations Review Group - ICT Steering Committee - Audit Committee - OH&S Committee - Divisional meetings, etc	5.2.1.1 Regular meetings held and performance monitored
	5.2.2 Conduct strategic planning process that integrates all planning activities, budget preparation and regular performance reporting	5.2.2.1 Compliance with Annual cycle for planning processes for corporate and divisional levels (Target 100%)
	5.2.3 Monitor and report on key performance measures	5.2.3.1 Monthly financial management and staffing reports showing performance against budget.
		5.2.3.2 Quarterly business reports to Minister for Health and Joint Parliamentary Committee on the Health Care Complaints Commission on business performance showing achievement of performance results
	5.2.4 Operate staff performance management system	5.2.4.1 Percentage of performance agreements developed and reviewed for staff (Target 100%)

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 unsatisfactory professional conduct.

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 - 2009-10 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 2009-10.

The Commission's annual recurrent expenditure budget for 2009-10 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 2009-10 budget is derived from the Treasury Budget and is compared to the Commission's 2007-08 budget as follows:

	Budget 2008-09	Budget 2009-10
	\$	\$
Employee costs	7,487,000	7,484,000
Other Operating Expenses	3,038,000	2,948,000
Depreciation	293,000	255,000
Total Expenses	10,818,000	10,687,000
Projected income	372,000	374,000
Non-cash items & reimbursements	703,000	-
Recurrent Allocation	9,743,000	10,313,000

Business Activity Budget

The 2009-10 Budget requirements presented by service area/activity is as follows:

Service Area/Activity	Total \$'000	Staff Numbers FTE
Executive Services	634	4.0
Investigations	2,116	18.8
Legal Services	2,240	12.9
Assessment & Resolution Services	2,726	28.1
Corporate Services	1,253	10.5
Commission-wide costs#	1,718	0
	10,687	74.3

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 2009-10 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, etc, leaving.

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 2009-10;
- 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 2009-10 Capital Budget will include the upgrading of Pivotal to net.com (\$115,000) and the purchase of ICT equipment (approximately \$25,000).

8. CONCLUSION

The Commission's 2009-10 Corporate Plan:

- provides the blueprint for the Commission's operations for 2009-10 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.

CORPORATE KEY PERFORMANCE INDICATORS

TARGET 09-10

Comprehensive & Responsive Complaint Handling

- Number of complaints finalised (*statistical trend*) 3,462
- % 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 matters that proceeded to assisted resolution that were resolved or partially resolved (target 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%
- % of conciliations that proceeded that resulted in a resolution or/agreement from 70%

Investigate Serious Complaints

- Number of investigations completed (*statistical trend*) 261
- % 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 < 10%
- % of investigations resulting in adverse findings and referred to Dir of Proceedings 30%

Prosecute Serious Complaints

- Number of prosecutions finalised 85
- % of prosecutions proved/upheld 90%
- % of legal advice provided within 21 days 80%
- % of matters considered by DP within 3 months of referral 80%
- Success rate of disciplinary proceedings 90%

Accountability

- % of briefs/advice to Minister completed within 14 (working) days from date received 90%
- Number of website unique visitors (based on trend data) 38,987
- Number of website hits 649,424

Our Organisation

- % of staff performance rated *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 2009-10

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.

STRATEGIC RISK

- | | | |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ■ Organisation Culture / Strategic Direction (S1) | <ul style="list-style-type: none"> ■ Reputation / Political Environment / Organisational Creditability (S2) | <ul style="list-style-type: none"> ■ Resource Capability (S3) ■ Stakeholder Relations / Expectations (S4) |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|

OPERATIONAL RISK

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

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

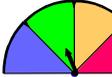
Rating	Definition
Low 1 – 2	Acceptable Risk – Review consequence and likelihood and manage through routine procedures
Moderate 3 – 5	Ensure management system controls risk and managerial responsibility is defined.
Significant 6 – 8	Ensure system and process controls are such that the risk is as low as is reasonably practicable and that due diligence systems are established so that appropriate corporate governance processes can be demonstrated to be in operation.
High 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. Blue represent External Audit activity. Green represents Internal Audit activity. Red represents other internal or independent assurance/review processes.

“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

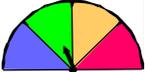
Risk Category & Priority	Potential/Anticipated Risk Description	Principal Risk Management Activities	Mgt Responsible for Controlling Risk	Residual Risk Rating 2008/09	Residual Risk Rating 2009/10	Assurance Activities
Organisational Culture / Strategic Direction (S1)	<ul style="list-style-type: none"> ■ Non-achievement of Corporate Charter and strategic objectives. ■ Barriers to timely resolution and investigation of complaints. ■ Inability to manage ongoing organisation development due to changes to Health Care Complaints Act 1993 and related legislation <ul style="list-style-type: none"> - Unregistered practitioners. 	<ul style="list-style-type: none"> ■ Business Planning Process formalised at Divisional & Corporate levels. ■ Input from key stakeholders including Joint Parliamentary Committee, Health Organizations & Practitioners and Government agencies such as NSW Treasury, Premiers Department etc. ■ Promotion and education of health service improvements through analysis of Area Health Service's data on health complaint incidents (IIMS) 	<ul style="list-style-type: none"> ■ Commissioner ■ Directors ■ Communications & Stakeholder Relations Officer 			<ul style="list-style-type: none"> ■ Ongoing Management and Review
Reputation / Political Environment / Organisational Credibility (S2)	<ul style="list-style-type: none"> ■ Changing role of the Commission and interaction with stakeholders. ■ Poor public profile and loss of reputation. ■ Poor quality prosecutions and Ministerial advice. ■ Unacceptable delays in handling complaints and investigations. ■ Changing needs of Government in delivering objectives within budgeting constraints. ■ Perception of the Commission's role and jurisdiction. 	<ul style="list-style-type: none"> ■ 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. ■ Keeping abreast of legislative changes and judicial decisions. ■ Compliance with statutory timeframes enforced. ■ Promotion and education of health service improvements through analysis of Area Health Service's data on health complaint incidents 	<ul style="list-style-type: none"> ■ Commissioner ■ Directors ■ Communications & Stakeholder Relations Officer 			<ul style="list-style-type: none"> ■ Ongoing Management and Review

STRATEGIC RISKS

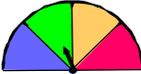
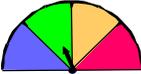
HEALTH CARE COMPLAINTS COMMISSION BUSINESS RISK ASSESSMENT

Risk Category & Priority	Potential/Anticipated Risk Description	Principal Risk Management Activities	Mgt Responsible for Controlling Risk	Residual Risk Rating 2008/09	Residual Risk Rating 2009/10	Assurance Activities	
STRATEGIC RISKS	Resource Capability (S3)	<ul style="list-style-type: none"> ■ Adequacy of funding to match complaint caseload and meet stakeholder expectations. ■ Competencies and skill sets of staff to deliver on objectives. ■ Involvement of senior management group in organisation development. ■ Transition risks in obtaining appropriate skills to meet expanded and redeveloped roles. 	<ul style="list-style-type: none"> ■ Skills required by all staff identified and development training plans. ■ Panel of professional and legal advisors. ■ Use of temporary contract staff to address periods of peak demand. ■ Establish and develop senior management group to lead organisation and cultural change 	<ul style="list-style-type: none"> ■ Commissioner ■ Directors ■ Senior Managers 			<ul style="list-style-type: none"> ■ Ongoing Management and Review
	Stakeholder Relations / Expectations (S4)	<ul style="list-style-type: none"> ■ Ineffectively managing and maintaining relations and expectations. ■ Unrealistic community perception of the Commission's role. ■ Stakeholders unaware of the Commission's powers, role and jurisdiction. 	<ul style="list-style-type: none"> ■ 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. ■ Attendance at meetings of Health Care Registration Boards. ■ Promotion of role of the Commission and information guidance on health care complaints. ■ Develop and promote the Commission's Code of Practice setting out core services and values of Commission 	<ul style="list-style-type: none"> ■ Commissioner ■ Directors ■ Communications & Stakeholder Relations Officer 			<ul style="list-style-type: none"> ■ Ongoing Management and Review ■ Education

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OPERATIONAL RISKS	Risk Category & Priority	Potential/Anticipated Risk Description	Principal Risk Management Activities	Mgt Responsible for Controlling Risk	Residual Risk Rating 2008/09	Residual Risk Rating 2009/10	Assurance Activities
	<p>Finance / Funding (O1)</p>	<ul style="list-style-type: none"> ■ Adequacy of resources and budget constraints. ■ Breaching of existing policies and procedures. ■ Inaccurate / untimely information. ■ Unauthorised transactions. ■ Legal costs not recovered. ■ Misappropriation of assets. 	<ul style="list-style-type: none"> ■ Financial and Purchasing Delegations. ■ Documented travel policies, standard rates and forms. ■ External and internal audit. ■ Monitoring and review by managers and Directors. ■ Memorandum of Understanding with Independent Commission Against Corruption for corporate services support. ■ Follow Public Finance & Audit Act for recovery and write-off of legal costs. 	<ul style="list-style-type: none"> ■ Directors ■ Corporate Services ■ ICAC Support Staff 			<ul style="list-style-type: none"> ■ Ongoing Management Review ■ Internal Audit
<p>Information Management (O2)</p>	<ul style="list-style-type: none"> ■ The Commission 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. 	<ul style="list-style-type: none"> ■ Updated Code of Conduct and Ethics ■ Accreditation to Information Security Standard ISO 27001. ■ Staff induction training. ■ New Records Management policy and system 	<ul style="list-style-type: none"> ■ Directors ■ Corporate Services ■ Manager, ICT 			<ul style="list-style-type: none"> ■ Ongoing Management Review 	

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 2008/09	Residual Risk Rating 2009/10	Assurance Activities
Human Resource Management (O3)	<ul style="list-style-type: none"> ■ Retention and attraction of appropriately skilled staff. ■ Effective utilisation of staff resources. ■ Performance management. ■ Effective Occupational Health & Safety (OHS) management strategy. ■ Code of conduct adequacy. ■ Training of staff. ■ Succession planning. 	<ul style="list-style-type: none"> ■ Updated Code of Conduct and Ethics. ■ Workplace Agreement ■ Staff induction training. ■ Staff development and training plans. ■ Performance management system implemented. ■ OH&S Management policy and Committee. 	<ul style="list-style-type: none"> ■ Directors and Managers ■ Corporate Services 			<ul style="list-style-type: none"> ■ Ongoing Management Review
Records Management (O4)	<ul style="list-style-type: none"> ■ Information or evidence is not appropriately secured. ■ Access to information is not restricted. ■ Records are not maintained of files and location. ■ Information is tampered with or altered. 	<ul style="list-style-type: none"> ■ Records management policy and plan developed and program implemented. ■ New records management system implemented and compliant with State Records Act ■ Security access to Building. ■ CaseMate – complaints management system integrated with records system. 	<ul style="list-style-type: none"> ■ Directors and Managers ■ Manager Corporate Services ■ Manager, ICT ■ Senior Admin Office (Records) 			<ul style="list-style-type: none"> ■ Ongoing Management Review

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Information Technology (O5)	Risks arise in the following areas: <ul style="list-style-type: none"> ■ Systems access. ■ General control environment. ■ Backup procedures. ■ Remote access. 	<ul style="list-style-type: none"> ■ CaseMate, complaints management system, implemented with ongoing enhancements. ■ Access controls. ■ Regular backup and offsite repository. ■ Upgrade infrastructure and Firewalls. ■ Intranet/internet hosted by Commission. ■ Network administration ■ Accreditation to Information Security Standard ISO 27001 	<ul style="list-style-type: none"> ■ Manager Corporate Services ■ Manager, IT 			<ul style="list-style-type: none"> ■ Ongoing Management Review ■ External Service Providers
Information Technology – Business Continuity (O6)	<ul style="list-style-type: none"> ■ Inadequate availability and access to IT services resulting in: ■ Inability to continue operations and function effectively. ■ Loss of corporate information. ■ Unable to proceed with investigations or prosecutions reliant on electronic information. 	<ul style="list-style-type: none"> ■ Regular backup and offsite repository. ■ Intranet/internet hosted by Commission. ■ Business Continuity Plans and Disaster Recovery Plan completed and periodically tested 	<ul style="list-style-type: none"> ■ Manager, Corporate Services ■ ICT Manager ■ Directors 			<ul style="list-style-type: none"> ■ Ongoing management review

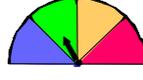
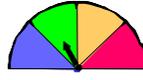
HEALTH CARE COMPLAINTS COMMISSION BUSINESS RISK ASSESSMENT

OPERATIONAL RISKS	Risk Category & Priority	Potential/Anticipated Risk Description	Principal Risk Management Activities	Mgt Responsible for Controlling Risk	Residual Risk Rating 2008/09	Residual Risk Rating 2009/10	Assurance Activities
	Investigations (O7)	<ul style="list-style-type: none"> ■ Inadequate planning of investigations. ■ Inadequate evidence or information collected. ■ Missed evidential opportunities. ■ Inappropriate skills of staff analysing the information provided, resulting in a wrong outcome. ■ Insufficient integration of the Commission's Units, planning and delivering investigations. ■ OH&S risks for investigators. 	<ul style="list-style-type: none"> ■ Investigations manual developed. ■ Professional advisors and reviewer's panel and redrafted guidelines. ■ Procedural Fairness. ■ Procedures for quality assurance. ■ Service Level Agreement between Legal & Investigations for cases referred for prosecution (08-09) 	<ul style="list-style-type: none"> ■ Director Investigations 			<ul style="list-style-type: none"> ■ Ongoing Management Review ■ Internal audit review
Prosecutions (O8)	<ul style="list-style-type: none"> ■ Decision to prosecute. ■ Poor quality of prosecutions. ■ Recovery of costs. ■ Adverse costs incurred from cases lost. ■ Outdated policies and procedures. 	<ul style="list-style-type: none"> ■ Updated Prosecution Policy and Procedures Manual. ■ Enhancements to Casement to improve management of cases ■ Cost Orders made by Tribunals ■ Independent assessment of costs and negotiated settlement. ■ Follow Public Finance & Audit Act for recovery and write-off of legal costs. ■ Treasury funds annual amount for adverse costs as protected item. ■ Closely monitor budgeted costs for prosecution and legal services. ■ Service Level Agreement between Legal & Investigations for cases referred for prosecution (08-09) ■ Use of external panel of legal advisors 	<ul style="list-style-type: none"> ■ Director Proceedings 			<ul style="list-style-type: none"> ■ Ongoing Management Review. ■ Internal audit review 	

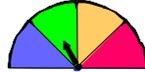
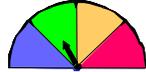
**HEALTH CARE COMPLAINTS COMMISSION
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Risk Category & Priority	Potential/Anticipated Risk Description	Principal Risk Management Activities	Mgt Responsible for Controlling Risk	Residual Risk Rating 2008/09	Residual Risk Rating 2009/10	Assurance Activities
Complaints Management (O9)	<ul style="list-style-type: none"> ■ Timely Complaint processing. ■ Failure to properly assess complaint. ■ Inappropriate action taken on the complaint / investigation. ■ Referral of complaints to incorrect agencies. 	<ul style="list-style-type: none"> ■ Complaints submitted in writing. ■ Complaint Assessment Team to management matters. ■ Advise customers of decisions and outcomes. ■ CaseMate - new complaints management system implemented. ■ Use of internal medical advisers for early review of complaints. 	<ul style="list-style-type: none"> ■ Director Assessment & Resolutions 			<ul style="list-style-type: none"> ■ Ongoing Management Review ■ Internal audit review
Payroll (O10)	<ul style="list-style-type: none"> ■ Inaccurate reporting of hours worked, overtime or leave taken. ■ Time off in Lieu not recorded and monitored. 	<ul style="list-style-type: none"> ■ Memorandum of Understanding for payroll services provided by ICAC. ■ Payroll Employee Self Service implemented 	<ul style="list-style-type: none"> ■ Manager, Corporate Services ■ ICAC Support Staff 			<ul style="list-style-type: none"> ■ Ongoing management review
Skills (11)	<ul style="list-style-type: none"> ■ Not having sufficient staff with the right skills at the right time resulting in: ■ Deficiencies in service delivery. ■ Inadequate quality of investigations and prosecutions. ■ Insufficient/inadequate information collected ■ Involvement of senior management group in organisation development 	<ul style="list-style-type: none"> ■ Skills and competencies required by all staff identified and included in position descriptions. Development training program implemented (07-08) ■ Involvement of experts in investigations increased. ■ Establish and develop senior management group to lead organisation and cultural change 	<ul style="list-style-type: none"> ■ Directors ■ Senior Managers 			<ul style="list-style-type: none"> ■ Ongoing Management Review

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 2008/09	Residual Risk Rating 2009/10	Assurance Activities	
OPERATIONAL RISKS	Service Delivery (O12)	<ul style="list-style-type: none"> ■ Management of files/workload is not monitored. ■ Files are not closed, the investigation is not finalised. ■ Timeliness of processing and poor customer feedback 	<ul style="list-style-type: none"> ■ Statutory timeframes enforced. ■ Ongoing management review including implementation of performance management system. ■ Upgrades to Casemate and operation manuals 	<ul style="list-style-type: none"> ■ Directors and Managers. 		<ul style="list-style-type: none"> ■ Ongoing Management Review 	
	Contract Management (O13)	<ul style="list-style-type: none"> ■ The Commission sources a number Professional services, eg Legal, Conciliation expert advisors .Key risk areas include: ■ Review of contractor performance. ■ Monitoring of requirements against delivery. ■ Process for engagement of contractors. ■ Conflict of contractor with other employment. 	<ul style="list-style-type: none"> ■ Panel of legal advisors and conciliators ■ Updated Code of Conduct and Ethics. ■ Service Agreements for key contracts 	<ul style="list-style-type: none"> ■ Manager Corporate Services ■ Executive Management Team ■ Health Conciliation Registry 			<ul style="list-style-type: none"> ■ Ongoing Management Review
	Security (O14)	<ul style="list-style-type: none"> ■ Unauthorised access to sensitive information, records and property resulting in: ■ Compromise of operations. ■ Loss of confidence and reputation of the Commission. ■ Physical danger to staff. 	<ul style="list-style-type: none"> ■ Building Security – enhanced security at Reception ■ Approval process for working after hours ■ Updated Code of Conduct and Ethics 	<ul style="list-style-type: none"> ■ Executive Directors ■ Manager Corporate Services 			<ul style="list-style-type: none"> ■ Ongoing Management Review
	Procurement (O15)	<ul style="list-style-type: none"> ■ Procurement not conducted in accordance with policies and procedures. ■ Inappropriate procurement. ■ Unauthorised procurement. 	<ul style="list-style-type: none"> ■ Financial and Purchasing Delegations. ■ Ongoing application of delegations. ■ Pro forma procurement request forms. ■ Regular review of budget vs. actual. 	<ul style="list-style-type: none"> ■ Commissioner ■ Executive Team ■ Manager Corporate Services 			<ul style="list-style-type: none"> ■ Ongoing Management Review

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Regulatory & Legislative Compliance (O16)	<ul style="list-style-type: none"> ■ Lack of compliance with regulatory / statutory obligations: ■ Payroll tax. ■ Business activity statement. ■ Treasury forward estimates. ■ Public Audit and Finance Act. 	<ul style="list-style-type: none"> ■ Regular monitoring and review ■ Delegations. ■ MOU with ICAC 	<ul style="list-style-type: none"> ■ Manager Corporate Services ■ ICAC Support Staff 			<ul style="list-style-type: none"> ■ Ongoing Management Review
Resolution and Conciliation Services (O17)	<ul style="list-style-type: none"> ■ Timeliness of resolution and conciliation services ■ Quality of outcomes from resolutions and conciliations ■ Adequate case management systems and practices ■ Skill level of service providers 	<ul style="list-style-type: none"> ■ Enhancements to Casemate to improve management and service delivery for resolution and conciliation services ■ Debriefs of outcomes achieved from each case ■ Survey of client satisfaction of service delivery ■ List of approved Conciliators 	<ul style="list-style-type: none"> ■ Director Assessment & Resolutions ■ Manager Resolution Service ■ Manager, HCR 			<ul style="list-style-type: none"> ■ Ongoing Management Review ■ Internal audit review

HEALTH CARE COMPLAINTS COMMISSION BUSINESS RISK ASSESSMENT

The Commission's Risk Map

