



The Hon Brad Hazzard MP
Minister for Health
Minister for Medical Research

M18/1604

Ms Helen Minnican
Clerk of the Legislative Assembly
Office of the Legislative Assembly
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Ms Minnican

**Joint Parliamentary Committee on the Health Care Complaints Commission
Report 2/56 'Review of the 2015-2016 Annual Report of the Health Care Complaints
Commission'**

Please accept the NSW Government's response to the Joint Parliamentary Committee on the Health Care Complaints Commission Report 2/56 'Review of the 2015-2016 Annual Report of the Health Care Complaints Commission'.

A copy of the response is closed.

Yours sincerely

Brad Hazzard MP

Encl.

26 MAR 2018



REPORT 2/56 REVIEW OF THE 2015-2016 ANNUAL REPORT OF THE HEALTH CARE COMPLAINTS COMMISSION

NSW GOVERNMENT RESPONSE

Recommendation 1

That the Health Care Complaints Commission improve administrative processes and information and communication technology (ICT) systems as a way of helping to improve the timeliness of the assessment and resolution of complaints.

Response: Supported

The Commission has already commenced its transition to more flexible and modern complaints management processes, systems and partnerships, to ensure that it can adapt to the reality of increased complaints volumes and complexity and to maintain a customer focus in everything that it does.

The Commission has a well-established Business Improvement Project that commenced in September 2016. The purpose of this project is to build from detailed mapping and review of all business processes, to identify areas where changes to systems, processes or operational practices would assist to improve the efficiency and effectiveness of all aspects of our complaints handling functions.

Detailed mapping of all actions and steps involved in receiving, setting up and assessing a complaint has been completed. This has identified a program of improvements that are now being implemented.

The highest priority is being placed on the development of an e-Complaints portal, to replace the manual intakes and opening of every complaint and to provide the capability for a party to a complaint to ascertain the status of their matters in real time throughout the process. In addition, the Commission is seeking to streamline the processes by which documentation is available for review by each of the 14 professional councils with whom the Commission must consult on all complaints relating to registered practitioners.

Development of the web based e-Complaints portal is well advanced. It will mean that complaints information is automatically loaded into the case management system and that assessment of a complaint can commence much more quickly than at present. The status of the complaint will be visible online to the complainants and providers throughout the assessment process. Once the matter is due to be consulted on, the relevant professional council will have linkages to all relevant documents through the portal.

The e-Complaints portal is planned to be in operation by July 2018.

Other relevant changes to systems and processes that are being implemented include:

- Introduction of a new Voice Over Internet Protocol (VOIP) telephony solution, which will improve the customer experience of our Inquiry Service and deliver efficiencies in communication through all interactions with parties to complaints.
- Embedding the risk based triaging of complaints so that assessment actions and intensity are commensurate with the seriousness, sensitivity and complexity of the complaint.
- Increased allocation of resources and refinement of procedures to strengthen the focus on resolving lower level complaints quickly and effectively.
- Early identification of matters relating to the possible impairment of a practitioner to achieve more rapid referral of such matters to the relevant professional council for action.
- New mechanisms for accessing rapid clinical advice to inform assessments.
- Establishment of new case reporting tools to provide Managers and Assessment Officers with clear information on the status of all cases to assist in prioritising and planning assessment actions.

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The next major Business Improvement step will be development and implementation of “paper-lite” arrangements for all elements of complaints assessment and communication. This is a major initiative and will involve establishing electronic workflows and storage protocols. The time taken to achieve this will be resource dependent.

Recommendation 2

That the Health Care Complaints Commission undertake closer analysis of health complaints data to better identify the causes for and trends in complaints as a means of taking a more pre-emptive approach to complaints management.

Response: Supported

The Commission’s Strategic Plan 2017-2020 prioritises the analysis of health complaints data, to identify patterns in the issues raised in complaints and the areas of practices and practitioner types complained of. The aim is to help guide system wide improvements.

To deliver this, the Commission has established a new Senior Project Officer role, the primary focus of which is data extraction and analysis to inform regular reporting, guide operational planning and decision making, and to assist in tailoring our education and training.

The Commission also works in partnership with other key agencies and particularly the professional councils, other health regulators and other jurisdictions to share best practice and trends analysis.

Recommendation 3

That the Health Care Complaints Commission increase consultation and cooperation with private hospitals and health providers.

Response: Supported

The Commission is committed to engaging with the full spectrum of providers and practitioners across the health system, including those in the public, private and community based health services.

Our current consultation and co-operation pathways are as follows:

- Private health providers are asked for, and routinely provide, copies of medical records, responses outlining the care and treatment provided, and other relevant documents such as investigation reports, that are used by the Commission in assessing and responding to complaints.
- If a matter is earmarked for early resolution, the Commission will typically talk to the provider and seek consideration of actions that may assist to address a complainant’s concerns quickly. This may involve provision of records, apologies for problems caused or commitment to addressing fee issues directly with the complainant.
- The Commission may also seek agreement of the provider to participate in an assisted resolution through the Commission’s Resolution Service. This Service offers an opportunity for the parties to a complaint to come together to understand and resolve outstanding questions and issues about clinical care and treatment.
- Any individual registered or unregistered provider that is the subject of a Commission investigation, is obliged to cooperate with that investigation, and the Commission has strong powers to ensure this occurs if there is not cooperation.

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- Where an investigation is undertaken into a private health facility, the Commission may make recommendations about aspects of policies, procedures or processes that require improvement and it will monitor implementation. The Commission may also audit the facility in situations where it required increased certainty regarding implementation.
- The Commission also offers education and training programs to private organisations and providers, in which we explain the scope and nature of the Commission's work and also guidance on best practice complaints management and resolution at the front line.

The Commission also has identified increased engagement with private hospitals and health organisation as a priority in its 2017-2020 strategic plan as resourcing permits. This proposed engagement will be a further extension of sharing knowledge and experience in complaints management, as well as advising them of systemic or operational issues that have arisen elsewhere which may have applicability

Options for fostering local resolution in the same way as occurs with complaints relating to public health organisations under section 26(1)(a) the *Health Care Complaints Act 1993* can be discussed through this process. The Commission strongly supports referral to the local setting for those complaints that are best suited for frontline resolution, which are primarily ones that do not raise serious and/or complex clinical care and treatment issues (eg. complaints about communication, waiting lists, quality of amenities, etc). This approach provided the opportunity for more direct and speedy attention to address the issues.

Recommendation 4

That the Health Care Complaints Commission consider ways to measure the effectiveness of public warnings and publish this information in its annual report.

Response: Supported

The Commission will consider whether there are mechanisms that can be used to evaluate the effectiveness of public warnings. Under s94A of the *Health Care Complaints Act*, the Commission has powers to issue public warnings about a particular treatment or service during or at the end of an investigation, if it forms the view that this is necessary to protect the public health or safety. Over the past 18 months, the Commission has issued three public warnings.

Measuring the impact of such warnings is challenging. For instance, it is hard to know who accesses or passes on the warning and what a person who reads the warning would otherwise have done in the absence of the warning, if anything. Measures such as how many people access a posted warning and whether there is any discernible change in complaints over time may be considered as proxy measures, but are far from perfect, not the least because it is likely that complaints initially spike on the back of such a warning.

The Commission will be seeking advice on whether there are mechanisms that could be used to evaluate its warnings from areas that also issue health warnings across the Ministry of Health.

A tailored evaluation project could be one option, but the ability to implement this would need to be subject to methodology and resource considerations.

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Recommendation 5

That the Health Care Complaints Commission maintain a strong commitment to community outreach activities, particularly to vulnerable community groups.

Response: **Supported**

The Commission has an ongoing commitment to maintaining and expanding its outreach activities, with a focus on vulnerable groups of health consumers, as resources permit.

To enhance our broad capability and focus in this area the Commission has recently established a dedicated Customer Engagement and Resolution Division, headed by a Director, Customer Engagement and Resolution. The occupant of this position will be required to have core expertise in examining communication and processes from the perspective of the customer and design these in a manner that enhances access and outcomes for them. Hearing the voice and experience of vulnerable groups as part of that work will make a difference to how complaints are managed across the system for those groups.

Each year, the outreach focus has evolved and will continue to do so, depending on interest and demand, as well as resourcing. For example, in 2015-16 there was a continued focus on delivery of outreach in indigenous communities and since 2016 there has also been an increased focus on mental health consumers.