

Committee on the Health Care Complaints Commission

Questions on Notice

In 2021-22 the percentage of investigations that took more than 12 months to complete was 14.8. That went up to 25.3 in 2022-23. What do you think the reasons are for that trend? You did refer to COVID and the effect of that. What other reasons may there be?

I think that's right, and I think we accept the nature of the stats and the lumpiness in that. The concern here is that these appear to be quite significant changes outside normal lumpiness, if you like, and normal variation. You might want to take this on notice or reflect back on it. Our concern is that this may have been a period of significant turmoil in the organisation. Whether that impacted on the results is something that's of concern to the Committee. I wonder if you might take that on notice, because you are fairly new to the role.

The most senior staff that led across the HCCC during those times are no longer with the organisation, so it has not been possible to draw on organisational memory to interpret previous years statistics.

- COVID remains the most definitive impact on timeliness of investigation completion during this entire period. Often investigations relating to care and treatment and conduct during the COVID pandemic took extended time to complete due to the unprecedented nature of the pandemic.
- Staff turnover may have been a contributor to these results. Available information suggests that staff turnover was as high as 40% for a number of those calendar years.
- There was a higher number of facility investigations during the 2021-2023 period than is currently on foot. Facility investigations are frequently more protracted and extensive in their scope due to large numbers of practitioners involved of varied disciplines, medical records across facilities and often the need to use expert witnesses to form firm investigative views on clinical care across these matters.

I'm just wondering, to pick up on that, how this system [CHAMP] will interact with that work. Again, I'm interested in your comments, as Mrs MacDonald has highlighted. Given the concerns that have been raised here about the timeliness of responding to complaints that aren't necessarily serious – whether the dashboard will flag that early on in the complaints process and how it interacts with your redesigned complaints process. You might want to take that on notice, but I think it's an interesting point.

During the HCCC system transformation project, the HCCC redefined its Standard Operating Procedures (SOPs) to improve efficiencies, ensure consistency, identify and process high-priority complaints and enquiries, and manage complaint progression with its limited resources.

The new HCCC system has been designed to augment these business SOPs and help HCCC resources improve the timely identification, management, visualisation, and



progression of all cases, particularly higher-risk complaints. Based on an improved Risk Assessment process and tool, the HCCC can analyse and assign risk types and levels to individual issues within a single complaint, with the overarching Risk Rating of the complaint automatically assigned as the highest issue risk level. This new tool is a mixture of automatic and manually assigned ratings that will also help improve consistency across HCCC staff and the complaints that are processed.

The system has also been designed to augment the risk rating tool with the Statutory Key Performance Indicators (KPIs) so that the HCCC's Intake, Triage and Assessment officers, Support officers, and Managers can understand the current and predicted prioritised workload activities sitting on individuals and within department teams. Important role-based Dashboards and, if/where needed, Case Alerts have been created to help guide HCCC staff to work on the highest priority items. This will ensure time and resources are allocated to the highest-risk items and complaints that are nearing various KPI triggers.

The above System statements continue for the life of the complaint into the HCCC's Investigations, Legal, Review, and Resolution processes.

I have a question to do with the new telehealth guidelines. With the introduction of the new national guidelines for telehealth consultations, how is the HCCC ensuring that practitioners comply with the standards, especially in rural and remote areas?

All staff members have been made aware of the guidelines, and on receipt of complaints about telehealth services our Intake, Triage and Assessment teams check particulars against the guidelines. When the Guidelines were introduced our assessment settings were brought into alignment at the same time.

The Commission holds all telehealth service providers to the standard outlined in the guidelines. When assessing complaints our staff are considering the guidelines, the business model in which the patient is meeting the practitioner, the overall nature of the therapeutic relationship and the location of the patient. In the rural and remote areas adherence to the guidelines is considered in the context of any limits in the available options for service, but only so far, and the Commission weighs most heavily the quality of treatment provided.

The National Registration Scheme remains the foundation of our regulatory activities with regard to the individual registrants involved in delivering these services. The Commission works closely with the AHPRA to manage relevant matters.

Our Investigation team is aware of the increasing reliance on telehealth and online platforms amongst the public and are committed to engaging with co-regulators, complainants and practitioners about these services, and are committed to taking regulatory action should concerns be identified.

Committee on the Health Care Complaints Commission

Supplementary Questions

Q1. The latest annual report highlights a 9.4% decrease in the number of complaints compared to the previous year. How do you interpret this reduction, and what are the key factors contributing to this trend?

As outlined in the Annual Report, the decrease in the number of complaints reflects the gradual return to expected complaint numbers following the end of the COVID-19 related spike in previous years.

Q2. What additional information can be provided on the stakeholder engagement framework that was commissioned and completed in 2023, and what actions have been taken in light of that?

In 2023, the Commission engaged an independent consultant to conduct a comprehensive review of its stakeholder engagement and communications functions. The review produced a set of key findings and an action plan, with recommended initiatives to be implemented over a two-year period, which were presented to the Commission in June 2023.

In response to the review, the Commission has taken steps to strengthen its engagement and communication activity. A dedicated senior Communication and Stakeholder Engagement position was established and filled to enhance capacity in this area together with an existing Stakeholder Engagement Officer position.

Additional initiatives include the development of Easy Read documents to improve accessibility, the continuation of an extensive outreach program primarily aimed at health organisations and professionals, and ongoing efforts to enhance internal communications skills and resources.

The findings and recommendations of the review will continue to inform and guide the Commission in this important area, as set out in responses to the following questions.

Q3. The report emphasises outreach to CALD and First Nations communities. What other measures are being considered to further enhance accessibility and engagement with these communities?

The Commission is committed to enhancing accessibility and engagement with Culturally and Linguistically Diverse (CALD) and First Nations communities. In addition to current outreach efforts, the Commission is exploring how to best engage with these audiences to build greater awareness, trust, and confidence in the Commission's services. This includes evaluating culturally tailored approaches to communication, developing targeted resources, and fostering partnerships with community organizations that already hold trusted positions within these communities.

Examples of engagement include:

- The Commission has continued participation in the Carers NSW Carer Rights Education Project, Phase Two. This project is funded by the NSW Department of Communities & Justice as part of the NSW Carers Strategy 2020-30. The Commission is attending Carer Rights & Complaints Network (CRCN) meetings and contributing to promoting carer rights in NSW and improving carers' knowledge of, and access to, relevant complaints pathways.
- In 2023-2024, the Commission also participated at events such as the Sydney Disability Expo, the Seniors Rights Service event, and the NSW Department of Customer Service Community Forum in Orange, NSW. These events offered the public a chance to ask questions and learn more about our services, as well as providing opportunities to distribute informational resources like brochures.
- Requests for information and queries have been addressed from staff in CALD community groups. The Commission also kept consumer, disability, and culturally and linguistically diverse (CALD) organizations informed about relevant information within the health space for their subscribers such as the NSW Health State-wide Intellectual Disability Health Services, Regional Disability Advocacy Service, People with Disability Australia, Ethnic Communities Council of NSW, Multicultural Council of Illawarra, Hunter Multicultural Council, Multicultural Health Communication Service, NSW Refugee Health Service, and the Multicultural Council of Wagga Wagga.

The Commission has progressed formal work on a Reconciliation Action Plan (RAP) to guide our engagement with First Nations communities. The RAP will be a framework to ensure our ways of working, and the Commission as an organisation, are culturally safe and meet the needs of First Nation people and communities.

Q4. The Australian Health Practitioner Regulation Agency (Ahpra) has noted that First Nations complainants would prefer to speak to a First Nations officer when lodging a complaint with the HCCC, but there is currently no service offering or resource to accommodate that request. What action is the Commission taking to address this?

The Commission recognises the importance of providing culturally respectful and responsive services for Aboriginal and Torres Strait Islander complainants.

As a small agency there are challenges in directly reflecting all communities in the NSW population, so while the HCCC currently does not have designated First Nations positions, the Commission is dedicated to ensuring that all complainants feel heard and respected. All Commission staff undergo 'Respecting the Difference' training to strengthen their understanding and sensitivity towards First Nations cultures and perspectives.

The Commission offers an Assisted Resolution Service to assist in resolving complaints. This service is of great assistance to First Nations people, as it provides a more tailored and flexible approach to resolving complaints that respects cultural needs and preferences.

As noted in response to Question 3, the Commission is developing a Reconciliation Action Plan (RAP) to help to achieve two key goals: creating a culturally safe workplace

that supports and attracts First Nations staff, and enhancing the way the Commission engages with First Nations communities. This RAP reflects the HCCC commitment to fostering a more inclusive environment and continuing to improve services and responsiveness to the needs of First Nations complainants. The RAP is scheduled to be launched in February 2025.

Q5. The Commission has developed resources for the benefit of First Peoples, including mapping the complaint process in clear and accessible language (22-23, p 21). How is the HCCC distributing these resources and evaluating their effectiveness?

The Commission is dedicated to improving accessibility and engagement with First Nations and Culturally and Linguistically Diverse (CALD) communities.

The Commission has developed 12 Easy Read fact sheets on key topics, including *Assessing Complaints, Healthcare Fees, Informed Consent, Investigating Complaints*, and more, making important information accessible to those with different literacy levels.

The easy read documents were distributed to STARTTS Refugee Support Services, the Ethnic Communities Council of NSW, the Multicultural Council of Illawarra, the Hunter Multicultural Council, the Multicultural Health Communication Service, the Multicultural Council of Wagga Wagga, and the NSW Refugee Health Service. Collateral developed specifically for Aboriginal and Torres Strait Island peoples will be distributed to targeted groups, organisations and communities.

Q6. Stakeholders have suggested that the Commission report on additional performance measures, including consumer experience and satisfaction. What is the Commission currently doing to capture this information?

The Commission is committed to understanding and improving the experience of those who engage with our services. Currently, The Commission captures consumer feedback through voluntary surveys administered to both complainants and providers involved in assessment and resolution processes.

While these surveys provide valuable insights into satisfaction trends, they may not be statistically representative of all respondents.

As a result, the Commission uses this information internally to inform ongoing progress and improvements to processes. The Commission plans to explore alternative methods to capture feedback to enhance the ability to respond to stakeholder needs.

Q7. Given the challenging nature of complaints handling, what support systems are in place for the wellbeing of HCCC staff, and how do you plan to build upon them during your tenure?

The current wellbeing initiatives we have at the Commission include having an employee assistance program (EAP) which provides staff and their families with free counselling services and support on issues such as mental health and stress, financial counselling, guidance on parenting, fitness and nutrition.



We have also signed up with Headspace which is an app that provides breathing exercises, meditation practises and information on dealing with stress.

The Fitness Passport is an initiative that provides staff and their families access to many gyms and fitness facilities close to their work and home for a discounted price.

Last year we introduced a wellbeing room, which was designed as a calming safe space with dim lights, a reclining chair that staff can use after a distressing call or as a room to relax and reflect.

The Commission also has an OurPeople Committee which is a group of employees from all different departments who organise wellbeing initiatives and important events that get the commission together to raise awareness on days such as RUOK Day, International Women's Day and NAIDOC. This brings our people together and provides education that our staff can take away with them.

This year the Commission undertook a psychosocial safety audit which provided recommendations, and we are creating an action plan to address these. In addition to this we have established a reward and recognition program which recognises the amazing achievements of staff members.

Training and Development:

This year we introduced Mental Health First Aid training to staff, 19 staff members (15% of staff) undertook the training – In this training staff learn the skills to recognise and respond to someone experiencing a mental health problem or mental health crisis, until professional help is received, or the crisis resolves.

We are looking into de-escalation procedures for managers as well as trauma informed care for staff. The focus of one of our keynote speakers at our recent all-staff commission day was on trauma informed care.

Resilience training is mandatory for all new staff members, this session covers:

1. Exploring what resilience is,
2. A discussion on trauma,
3. Tips on being mindful of stress, burnout and trauma response signals, and
4. Practical strategies to care for your whole human being.

We have also engaged with NSW Ombudsman on Managing Unreasonable Conduct by Complainants training.

This workshop is designed to help staff identify and manage unreasonable conduct, deliver effective prevention and resolution policies and strategies, and support staff and others impacted by complainant behaviour.

Q8. With the introduction of new national guidelines for Telehealth consultations, how is the HCCC ensuring that practitioners comply with these standards, especially in rural and remote areas?

A response has been provided in the answers to the Questions on Notice from the hearing.

Q9. Can you provide any further information, actions or recommendations after reviewing the way the 30 complainants about birth trauma at Wagga were followed up and kept informed, and any other information in relation to recommendations 40 and 43 of the Birth trauma inquiry?

Please see the responses provided in evidence at the hearing regarding how this matter was investigated and communicated, and the actions taken in response to recommendations 40 and 43 of the Parliamentary Inquiry report into ‘Birth Trauma’.

In addition, in relation to how the matter was managed by the HCCC at the time, there are clear lessons for improvements to the management of interactions with advocacy organisations, and complainants and related communications.

While there are some differences of perspective regarding how the matter was managed at the time, there are learnings for the HCCC about the need to be clear with advocacy groups and complainants regarding what is required to formally lodge a complaint, and the importance of keeping complainants regularly informed and updated of the progress of their complaint.

Regarding the Birth Trauma report recommendations 40 and 43, the initial action under recommendation 43 rests with the respective Chairs of the Parliamentary Committees. In relation to Recommendation 40, there are ongoing discussions between the HCCC and the Ministry of Health about the implementation of the Government response to the report.

Q10. Can you provide an update on the progress of the new case management system and how it is expected to improve the handling and resolution of complaints once fully implemented?

The development of updated business standard operating procedures and the new case management system (CMS) are currently in the final stages of implementation, with an expected go-live date set for late 2024. The system is designed to significantly enhance the handling and resolution of complaints within the HCCC. Once operational, it will integrate various previously managed functions across disparate, on-premise systems, allowing for a more cohesive workflow.

The improvements are anticipated in several key areas:

1. **Timeliness:** The CMS aims to reduce the time taken to inform, assess, categorise, prioritise, and resolve complaints and respond to enquiries by automating various processes.
2. **Data Management:** The system will facilitate better data tracking, process and risk management, and reporting, allowing for enhanced insights into daily operations and priorities, complainant issues, complaint patterns and outcomes.

3. **User Experience:** A streamlined interface will improve accessibility for both HCCC staff and external stakeholders, such as complainants and healthcare providers, leading to a smoother complaint resolution process.

Overall, the case management system represents a transformative step towards more efficient, transparent, and effective complaint management for the HCCC.

Q11. Efficiency Improvements: The report mentions the case management system will improve complaints handling efficiency. Can you provide examples of how the system's design specifically addresses current inefficiencies? What processes have been automated or streamlined?

The new case management system is designed to address several identified inefficiencies in our current processes. Specific examples of the improvements include:

1. **Automation of Routine Tasks:** Automated workflows with mandatory data collection, will replace flexible manual data entry tasks. This will improve the early quality of cases moving through HCCC processes, reducing human error and freeing up staff time for more strategic activities.
2. **Centralised Information Access:** By consolidating data from various departments into a single repository, the CMS will allow staff to access and manage case information in real-time, which should reduce duplicate efforts and improve response times.
3. **Enhanced Reporting Capabilities:** The introduction of customisable dashboards will enable staff to monitor key performance indicators (KPIs) related to complaints, helping identify trends and areas for improvement more quickly.

These improvements aim to create a more streamlined process such that complaints can be triaged and resolved in a timely manner, optimally benefiting both complainants and practitioners involved.

Q12. Customisation and Scalability: How customisable is the new system to accommodate different types of complaints (e.g., registered vs non-registered practitioners, organisational complaints)? Can the system easily scale with future increases in complaints or changes in legislation?

The case management system has been designed with customisation and scalability at its core. It is built on a flexible, private HCCC cloud-based platform that enables the following:

1. **Customisation for Different Case Types:** The system can be tailored to accommodate various types of complaints, including those related to registered vs. non-registered practitioners and organisational complaints, ensuring that all unique procedural requirements are met. Supporting these Case Types are templates that help automate the generation of important documentation and communications, to help improve the consistency and accuracy as well as provide the HCCC the ability to adapt these to changing requirements.

2. **Scalability for Future Demand:** The architecture of the CMS is robust enough to handle an increase in complaint volume, as well as to adapt to changes in legislation and organisational policies. This forward-thinking design ensures that as the healthcare landscape evolves, the HCCC can maintain competent oversight without significant overhauls of the system. The system supports role-based access, allowing for quick application and adaptation of user profiles and efficient allocation of expanded HCCC staff to provide support during critical periods.

By incorporating these features, we can assure stakeholders that the system will remain effective and relevant now and into the future.

Q13. Inter-agency Collaboration: The HCCC frequently collaborates with other regulatory bodies. How does the new system facilitate the sharing of information between agencies while ensuring compliance with data privacy laws?

To facilitate inter-agency collaboration, the new case management system includes features that enhance information sharing while ensuring compliance with data privacy laws. Specifically, the system allows for:

1. **API Integrations:** The CMS can integrate with other regulatory bodies' systems through Application Programming Interfaces (APIs), enabling seamless data transfer while maintaining strict adherence to privacy regulations.
2. **Access Controls:** Our security team is implementing strict access controls to ensure that sensitive data is only accessible to authorised personnel, preserving confidentiality and compliance with applicable data protection laws.

This capability will improve coordination with other regulatory agencies, ultimately supporting a more comprehensive approach to complaints management across the sector.

Q14. User Experience: What steps have been taken to ensure that the new system provides an intuitive and user-friendly interface for HCCC staff and external stakeholders like complainants and healthcare providers?

User experience is a top priority in the design of the new case management system. To ensure an intuitive and user-friendly interface for both HCCC staff and external stakeholders, we have undertaken several key steps:

1. **User-Centric Design:** The design process has incorporated feedback from actual users representing all relevant groups (HCCC staff, complainants, general and minority public, and healthcare providers) through questionnaires and usability testing sessions. While an initial HCCC portal has been created to improve the digital engagement with the HCCC, we intend to focus on the future through education and further usability enhancements. Over time, progressively more and more complainant and provider interactions should occur through this simplified digital engagement.

2. **Training and Support:** Comprehensive training programs will be rolled out alongside the launch of the CMS to familiarise users with its functionalities. Documentation, including interactive tutorials, will be provided to aid in this process.
3. **Continuous Feedback Mechanism:** After the system goes live, mechanisms will be in place to gather ongoing feedback from users, which will be used to inform future updates and enhancements.

By prioritising user experience, we aim to ensure that the CMS effectively meets all stakeholders' needs.

Q15. Data Security: With the increasing volume of sensitive health data, what cybersecurity measures have been built into the system to prevent data breaches? How will the system handle sensitive information, especially when collaborating with other agencies?

The HCCC recognises the critical importance of data security and significant cybersecurity measures have been integrated into the new case management system, including but not limited to:

1. **Encryption:** All sensitive data will be encrypted both at rest and in transit, ensuring that unauthorised access is prevented.
2. **Multi-Factor Authentication:** To further enhance security, multi-factor authentication protocols will be required for user access, reducing the risks associated with compromised credentials.
3. **Regular Audits and Updates:** There will be a structured plan for regular security audits, testing for potential vulnerabilities, and implementing software updates to address any identified risks.
4. **Secure Business Integration:** The platform will have capabilities designed to securely share the Commission's platform and services with external partners to enable seamless collaboration while maintaining control over sensitive data.

The system is designed to safeguard sensitive health data, especially during inter-agency collaborations.

Q16. Privacy Safeguards: What privacy controls are in place to ensure that sensitive complainant information is only accessible to authorised personnel? Is there an audit trail for every data access event within the system?

For the HCCC's business operations, privacy is paramount in the handling of sensitive complainant information. To ensure that access is strictly controlled, the new case management system will incorporate:

1. **Role-Based Access Control:** Access levels will be assigned based on user roles, ensuring that only authorised personnel can view sensitive complainant data.
2. **Audit Trails:** The system will maintain an audit trail for all data access events, enabling tracking of who accessed information and when, as well as any changes made. This will facilitate accountability and transparency in data management.

3. **Incident Response Plan:** Updating and maintaining an incident response plan to address any potential data breaches or security incidents promptly.

These measures will help ensure that complainant information remains confidential and secure.

Q17. Error Handling and Redundancy: What are the fail-safes built into the system to prevent or recover from data loss, system outages, or other technical failures? Is there a disaster recovery plan, and how often is it tested?

To mitigate risks associated with data loss and system downtime, the new case management system includes several fail-safes:

1. **Regular Backups:** Automated backups of all data will be conducted to secure against loss during technical failures.
2. **Disaster Recovery Plan:** A comprehensive disaster recovery plan is being refined, detailing procedures for restoring operations in the event of a system outage. This plan will be tested annually to ensure its effectiveness.
3. **Error Monitoring:** The system will include monitoring tools to detect and alert IT staff to potential errors or failures in real-time, allowing for proactive management.

The overall backup strategy for the HCCC's Crown Jewels is also being considered in our systems transformation including automated backups of all data to secure against loss during technical failures. These features are critical to maintaining the availability and integrity of the system.

Q18. Risk Assessment: How does the system integrate the bespoke risk assessment tool mentioned in the report? What mechanisms are in place to ensure that high-risk complaints are flagged and prioritised in real-time?

The integration of the bespoke risk assessment tool within the new case management system is designed to enhance the identification, prioritisation, and on-going management of high-risk complaints. Key mechanisms include:

1. **Real-Time Flagging:** As complaints are logged, the system will analyse them against predefined risk parameters. Those deemed high-risk will be flagged for urgent attention.
2. **Automated Workflow Adjustments:** The system will automatically adjust workflows for high-risk cases, ensuring they are promptly escalated and assigned to appropriate staff.

By embedding risk assessment into the core of the complaint-handling processes, we can ensure that our response is timely and appropriate to the risk presented.

Q19. Reporting Capabilities: What improvements in data reporting and analytics can users expect with the new system? Will the system provide real-time data visualisation or customisable reports for management and performance tracking?

Users can expect significant enhancements in data reporting and analytics capabilities with the new system. Improvements include:

1. **Real-Time Data Visualisation:** The system will provide dashboards that display real-time metrics on complaint handling, allowing HCCC staff to quickly and easily track performance against KPIs.
2. **Customisable Reports:** Users will be able to generate customisable reports that focus on specific metrics, time periods, or complaint types, facilitating better management and performance tracking.
3. **Data-Driven Insights:** Enhanced analytics tools are being considered to allow for deeper analysis of complaint trends over time, supporting continuous improvement efforts.

These capabilities will empower HCCC to make data-driven decisions and improve overall operational effectiveness.

Q20. Data Quality: How does the new system address the issue of data quality? Will there be automated data validation to prevent inaccurate or incomplete information from being entered into the system?

Data quality is a critical aspect of the new case management system, and several measures are being implemented to ensure accuracy:

1. **Automated Data Validation:** The system will feature automated validation checks to prevent the entry of incorrect or incomplete data and minimise human error.
2. **Standardised Data Entry Protocols:** To promote uniformity across the system, standardised formats and guided workflows for data entry will be established.
3. **Regular Data Audits:** Scheduled audits will be instituted to assess data integrity, track trends, and address any quality issues.

These measures will ensure high-quality data management, building trust and reliability in the system.

Q21. Implementation Timeline: The case management system is set to be fully operational by November 2024. Are there any contingency plans in place if the project experiences delays? What milestones have been met so far?

While the case management system is on schedule for a fully operational status by late 2024, we recognise the possibility of unforeseen challenges. As such, we have implemented contingency plans that include:

1. **Regular Milestone Assessments:** Progress reviews are conducted every two weeks to identify potential delays early and adjust timelines accordingly.
2. **Team Preparedness:** To ensure smooth adoption, additional training sessions and resources will be allocated to teams experiencing high demand.

Currently, major milestones have been met, including the completion of system design and the commencement of staff training. Contingency plans are being developed by the project team to mitigate any risks to the implementation timeline.

Q22. System Updates and Maintenance: How will the system handle future updates, particularly in response to regulatory or legislative changes? Is there a structured plan in place for ongoing system maintenance and user support?

A structured plan for system updates and ongoing maintenance is being developed and negotiated with a Managed Service Provider (MSP) to ensure the new case management system adapts to regulatory changes and user needs. Key features of the plan include:

1. **Scheduled Updates:** Regular software updates will be facilitated to incorporate new features, improve security, and adapt to legislative changes.
2. **User Feedback Integration:** A continuous feedback loop will be established for users to report issues or suggest improvements, ensuring the system evolves based on user experience.
3. **Dedicated Support Team:** A dedicated support team and escalation paths will be available for ongoing user assistance, troubleshooting, and maintenance.
4. The HCCC also intends to have a Senior Business leader who will be tasked as the single Product Owner across the ecosystem and will represent all HCCC business leaders in the prioritisation of bug fix/feature/function/integration enhancements.

This proactive maintenance approach will ensure the system remains effective and relevant well into the future.

Q23. Success Criteria: How will the success of the new system be measured? Are there specific performance metrics (e.g., reduced complaint resolution times, increased staff productivity) that you aim to meet within the first year of operation?

The success of the new case management system will be measured against several specific performance metrics in the first year of operation, such as:

1. **Reduced Complaint Resolution Times:** A target for reducing the average time taken to resolve complaints and improve timeliness metrics. This is particularly important for high-risk cases.
2. **Increased Staff Productivity:** Assessments will be conducted to determine improvements in staff productivity, including a reduction in time spent managing data entry.
3. **Stakeholder Feedback:** Soliciting feedback from staff and external stakeholders to gauge usability and overall satisfaction with the system.

By focusing on these metrics, we can effectively evaluate the impact and success of the new system.

Q24. Staff Feedback: What plans are in place to gather feedback from HCCC staff once the system is operational? How will this feedback be used to refine the system's functionality?

We place significant importance on gathering feedback from HCCC staff post-implementation to refine the system's functionality. Our plans include:

1. **Post-Launch Surveys:** Comprehensive surveys will be distributed shortly after the system goes live to capture user experiences and gather suggestions for improvements.
2. **Feedback Sessions:** Focus groups and feedback sessions will be convened regularly to facilitate open discussions regarding user experiences and desired enhancements.
3. **Ongoing Engagement:** A dedicated team will monitor feedback continuously to ensure timely adaptations and adjustments based on user input.

By implementing these engaging methods, we will ensure that the system remains responsive to the needs of our staff.

Q25. What action is the HCCC taking to update consumers about new national reforms in the cosmetic services industry?

In evidence to the Inquiry reference was made to recent national legislation and policy reforms made to address concerns related to the practices of some in the cosmetic services industry.

The national reforms referred to include:

- legislative change to protect the right to use the term 'surgeon' to those registered and qualified in recognised specialties.
- Changes made by the Medical Board of Australia (MBA) to the Area of Practice Endorsement to set out the minimum training considered necessary by the MBA to safely perform complex cosmetic procedures.
- the MBA has also implemented revised cosmetic surgery advertising guidelines for medical practitioners who perform cosmetic procedures that strengthen protections for patients.
- Health Ministers approved the Australian Commission on Safety and Quality in Health Care (ACSQHC) review of standards for cosmetic procedures and a new licencing framework for facilities where cosmetic procedures are performed, to be implemented by States and territories.

Together these reforms will strengthen the regulatory framework for cosmetic services and help patients know who is trained and qualified to perform cosmetic surgery safely, and at suitable facilities.

The HCCC has and will collaborate with other co-regulators to share the information about these changes with consumers.

Q26. What are the current mechanisms to monitor and support the well-being of practitioners about whom complaints are raised?

Please see the responses provided in evidence at the hearing regarding steps taken to mitigate and manage practitioner distress when they are the subject of a complaint.

The Commission endeavours to ensure that both complainants and practitioners the subject of complaints are updated regarding the progress of matters with the intent that this helps to reduce avoidable distress.

The Commission offers a Safe Practice Presentation to clinicians. The purpose of this presentation is to support clinicians by providing insight in how to avoid complaints and how to respond to a complaint if one is received. It is a 90-minute presentation which explains what regulators expect of clinicians; outlines how clinicians should approach the receipt of a regulatory complaint; identifies the key elements of safe clinical practice that regulators consider when assessing complaints against clinicians and suggests practical and actionable steps that the ensure at can be taken continuous improvement of patient safety outcomes.

This presentation has been provided to a number of organisations including the RACGP, the Royal Australian and New Zealand College of Psychiatrists, Australasian College of Health Administration, and various Sydney and regional hospitals.

Q27. The 21-22 Annual Report (p 65) notes that the Commission seeks feedback from health providers to understand their experience of the complaints process. It does this via surveys sent at the end of assessment and resolution processes. Is this process still in place?

a. What insights did the Commission gain from health providers about their experience of the complaints process in the 22-23 reporting period, and how are these being addressed?

The Commission is committed to understanding and improving the experience of those who engage with our services. Currently, we capture consumer feedback through voluntary surveys administered to both complainants and providers involved in our assessment and resolution processes.

While these surveys provide valuable insights into satisfaction trends, they are not voluntary and, therefore, may not be statistically representative of all respondents.

As a result, we report this information internally rather than publicly, using it to inform our ongoing progress and improvements to our processes. We are also actively exploring more comprehensive and accurate methods to capture feedback that will further enhance our ability to respond to stakeholder needs.

Q28. How frequently does the HCCC provide updates to practitioners who are the subject of an investigation?

a. Does the HCCC have targets around the regularity of communication with practitioners who are the subject of an investigation?

Please see the responses provided in evidence at the hearing regarding steps taken to mitigate and manage practitioner distress when they are the subject of a complaint.

As noted in response to Q26, the Commission endeavours to ensure that both complainants and practitioners the subject of complaints are updated regarding the progress of matters with the intent that this helps to reduce avoidable distress.

Q29. What demographic data does the Commission collect about its Enquiry Service users?

The HCCC is committed to providing easy access to the enquiry service for anyone seeking information. The Commission is mindful not to create barriers, perceived or otherwise to those wishing to access the service.

For that reason, the Commission does not collect data on people making enquiries. The enquirer's name and location may be recorded but this is not required, and the Commission does not verify demographic information supplied to us by enquirers.

Q30. There were 22 prohibition orders issued and 16 public warnings in place during 2022-23. What steps is the HCCC taking to ensure these warnings and orders are effectively communicated to the public and health professionals?

The Commission publishes all Prohibition Orders and Public Warnings on its website, making this information readily available to the public and health professionals.

Simultaneously, these updates are shared with the Commission's media distribution list, which includes over 800 subscribers from various media outlets. Media releases can often lead to media inquiries, amplifying public awareness.

The HCCC distributes its prohibition orders to other stakeholder agencies including AHPRA and the HPCA. A copy of each prohibition order is also served to the Secretary of each of the 15 professional councils.

It is common practice as of 2024 to also inform relevant local agencies like NSW Health, NSW Police and other entities where their awareness would assist the protection of public health and safety.

To further enhance the reach of the HCCC, consideration is being given to using appropriate social media platforms as a tool to ensure that critical information about health risks is communicated as widely as possible. The Commission is committed to using these channels strategically to protect the public and keep health professionals informed.

Q31. With the increase in digital health services, cybersecurity is more important than ever. Can you share more details on the HCCC's cybersecurity initiatives and how they will protect sensitive health data?

Privacy and Cybersecurity are a critical focus for the HCCC, especially given the sensitive nature of the health data we handle. For all our new software developments, we are incorporating industry-recognised "secure development lifecycle" approaches



and in evaluating cloud applications to support our operations we are performing detailed Threat/Risk reviews. To strengthen data protection, we have initiated several cybersecurity initiatives:

1. **Enhanced Security Protocols:** Advanced security protocols, including end-to-end encryption and multi-factor authentication, are being deployed to safeguard data integrity.
2. **Employee Training:** Regular privacy and cybersecurity training for all staff to ensure awareness of best practices for data protection and safe data handling procedures.
3. **Incident Response Plan:** A comprehensive incident response plan has been established to address potential data breaches quickly and effectively, along with scheduled reviews and updates to this plan.
4. We are also performing regular internal and external audits for our cybersecurity posture so that we can continuously adapt and improve our position.

Through these initiatives, we will enhance our ability to protect sensitive health data effectively while continuing to uphold the trust of our stakeholders.