health quality and complaints commission

POSITIVE HEALTH ACTION

# Submission to the Health Quality and Complaints Commission Select Committee

**Prepared by the Health Quality and Complaints Commission**

**3 August 2007**

This submission has been prepared to assist the Committee in its deliberations. The information contained herein should remain confidential unless the permission of the Commission has been obtained for use in another context.

## Contents

## 1.0 Introduction

The Commission members and staff of the Health Quality and Complaints Commission (HQCC) have compiled this submission for the consideration of the Health Quality and Complaints Commission Select Committee. The HQCC celebrated its first anniversary on 1 July 2007. The Commission welcomes the opportunity of an external review to provide feedback on the performance of the organisation in its first year. Much has been achieved in the establishment of the Commission, its new processes, and policy development to support its functions in the areas of complaints, investigations, standards development and quality monitoring. The governance framework which underpins the HQCC has recently been established and internal review mechanisms are in place for the monitoring of the Commission's performance. The Commission now looks forward to the outcome of the review to inform ongoing quality improvement activities which will assist the organisation to achieve its vision of "Positive Health Action".

## 2.0 Background

Peter Forster's *Queensland Health Systems Review* (Forster Review) recommended the establishment of a new and independent "Health Commission" with the principal functions of monitoring and reporting on the quality and safety of health services and managing health service complaints. On 4 and 5 October 2005, the Premier and Treasurer and the Minister for Health announced to the Parliament that the Government would establish the new body.

The *Action Plan – Building a Better Health Service for Queensland* subsequently included the announcement that the Government would "establish a new $7.7 million Health Commission, incorporating the Health Rights Commission, to monitor Queensland Health's performance and keep the public informed. After its first full year of operation, the new Commission's performance will be reviewed by an all-party Parliamentary Committee."

Following passage of the *Health Quality and Complaints Commission Act 2006* (HQCC Act), the Commission commenced operation on 1 July 2006. The Act identifies a number of key functions for the Commission. These include:

- receiving, investigating and helping to resolve complaints about the State's public and private health facilities and health services raised by individuals, patients, clinicians and consumers of services
- endorsing quality, safety and clinical practice standards throughout the state's public and private health facilities
- making standards relating to the quality of health services and monitoring compliance with these standards
- receiving, analysing and disseminating information about the quality of health services, including the regular publication of publicly available reports

- investigating on its own initiative and where necessary reporting on systemic failures
- suggesting ways of improving health services and of preserving and promoting health rights
- providing information, education, and advice to users, providers, the public and others about health rights and responsibilities, health complaint procedures, the quality of health services, Commission standards and the Commission's functions and power
- providing information, advice and reports about health complaints to registration boards, and
- advertising, recruiting and nominating Health Community Council (formerly District Health Councils) members to the Minister for appointment.

In addition, the HQCC Act requires that the Commission develop a Code of Health Rights and Responsibilities for the Minister's consideration within two years of its commencement.

The Act also requires that, in performing its functions, the HQCC is to maintain effective links with health service providers and organisations that have a demonstrated interest in the provision of health services. The HQCC must also consult and cooperate with any public authority that has a function that is relevant to, or may impact on, a function of the Commission.

Since the commencement of the HQCC, the organisation has worked to establish a strategic direction in line with the findings and recommendations of the Forster Review and the Davies *Queensland Public Hospitals Commission of Inquiry*, especially in the following areas:

- complaints management
- coordination of the work of the HQCC, medical board and other health practitioner registration boards, Crime and Misconduct Commission, State Coroner and Queensland Ombudsman
- medical registration
- hospital-related deaths
- credentialling and privileging
- quality improvement, and
- monitoring of health service provider performance

The following submission outlines the Commission's achievements in these and other areas in 2006/07.

# 3.0 Individual Performance Areas

## 3.1 Policies, procedures and systems to resolve complaints in a timely and responsive manner

### 3.1.1 Complaints and Investigations statistics

The Commission may receive two types of complaints – "health service complaints" and "health quality complaints". The distinction enables consumers to make a complaint about the particular service they have received, while also enabling health staff and others to complain about the quality of services. Secondly, it ensures that quality complaints can be made not only in relation to a single health service, but also in relation to multiple health services and their interaction across the continuum of care. The Commission must deal with health quality complaints in a way that is consistent with protecting the public and improving the quality of health services.

In the period 1 July 2006 to 30 June 2007, the Commission dealt with a total of 5,067 inquiries and complaints. This included a total of 10 health quality complaints.

The Commission has closed a total of 4,402 of these cases, including 1,570 closed enquiries and 2,832 closed complaints. Approximately 60% of the closed complaints were in relation to treatment issues. The majority of these complaints arose in relation to public hospitals (36%) and medical practitioners (32%). The matters closed include complaints carried over from the Health Rights Commission and Bundaberg Special Process matters.

In the period 1 July 2006 to 30 June 2007, the Commission commenced 38 investigations, 7 of which were finalised during this period:

**Investigations commenced by the HQCC, 2006/07**

| **Source** | **Number** |
|---|---|
| HQCC | 21 |
| State Coroner | 9 |
| Minister for Health | 2 |
| Commissioner for Children and Young People and Child Guardian | 2 |
| Crime and Misconduct Commission | 1 |
| Queensland Police Service | 1 |
| HQCC 'own motion' | 2 |
| **TOTAL** | **38** |

A range of complaints and investigations statistics have been prepared for the 2006/07 financial year. These are included at Appendix 1.

### 3.1.2 Complaints Management Policies and Procedures

A *Complaints Management Manual* is under development in conjunction with the review of business processes and the development and implementation of the new computerised complaints database. A copy of the draft manual is included at Appendix 2.

The HQCC's management of health complaints is underpinned by the following principles:

1. Commitment to consumers and quality improvement
   The HQCC promotes a consumer-focused approach to complaints as part of continuous quality improvement

2. Accessible
   The HQCC encourages consumers to provide feedback about health services, including concerns and complaints, and facilitates easy access for such feedback.

3. Responsive
   The HQCC acknowledges all complaints and concerns and acts as quickly, and with as little formality and technicality, as practicable.

4. Effective assessment
   The HQCC assesses complaints to determine appropriate responses by considering risk factors, the wishes of the complainant and the public interest.

5. Appropriate resolution
   The HQCC deals with complaints in a manner that is independent, impartial, observes natural justice and provides for fair and just outcomes.

6. Privacy and open disclosure
   The HQCC manages information in a fair manner, allowing relevant facts and decisions to be openly communicated while protecting confidentiality and personal privacy.

7. Gathering and using information
   The HQCC records all complaints to enable review of individual cases, identification of trends and risks, and review of the mechanisms through which complaints have led to improvements.

8. Making improvements

The HQCC uses complaints to recommend ways of improving the quality of health services, and help providers develop procedures to effectively resolve health complaints.

9. Consultation
The HQCC actively consults and co-operates with any public authority that has a function which is relevant to, or may impact on, health complaints.

The HQCC is responsible under the HQCC Act for protecting the public interest with:
a) oversight and review of, and improvement in, the quality of health services, and
b) independent review and management of health complaints.

To achieve this, the HQCC:
- monitors, reviews and reports on the quality of health services;
- recommends action to improve the quality of health services;
- receives and manages complaints about health services;
- helps users and providers to resolve health service complaints; and
- preserves and promotes health rights.

The HQCC is an independent review body and does not apportion fault, blame or culpability, or make conclusions or findings with regard to criminal or civil liability, or compensation.

The HQCC manages complaints until the Commission (not the complainant or the provider) can fairly say that all relevant facts have been considered and that a particular finding is appropriate.

If the HQCC finds in favour of a complainant, the Commission will press the complainant's case with the health provider. Conversely, if the HQCC finds in favour of a health provider, the Commission will press the health provider's case with the complainant. The HQCC seeks only to obtain a fair outcome which is in the public interest.

However, if the HQCC considers that a matter raised in the course of a complaint should be investigated or otherwise dealt with by another entity, the Commission may refer the matter to another entity to take appropriate action. In this context, the HQCC may give comment, opinions and recommendations for action which the Commission considers appropriate.

When the HQCC was established in July 2006, it inherited the complaints management database used by the Health Rights Commission. It was immediately recognised that the database solution was outdated and that a new information solution was required. A market research survey was completed and a product known as Resolve was identified as the most suitable option. This

system has been implemented by a number of other government agencies and could be modified for use by the HQCC. Resolve is currently being reconfigured for implementation within the HQCC in 2008.

Implementation of the new system will facilitate

- improved data capture and storage of client information
- improved work practices and work flow for the Office of the Commission to meet the key performance indicators identified by the Commission
- ensure electronic records are stored and backed up for disaster recovery purposes
- measure staff performance in relation to complaints work practices
- meet Queensland Government standards for handling records and electronic documents which require security and confidentiality, and
- integrate with the Commission's electronic document and records management solution once implemented.

### 3.1.3 Investigations Policies and Procedures

The HQCC has developed an *Investigations Manual* to inform investigators about the nature of the Commission's functions and powers, their usual exercise by the HQCC, and practices and procedures in driving an investigation. A copy of the manual is included at Appendix 3.

Amongst other things, the *Investigations Manual* explains the Commission's approach to various provisions of the HQCC Act and the HQCC's view of the application of relevant principles of law.

The functions of the Investigations Unit are:

1. Investigating matters the Commission is authorised to investigate under s.86 of the *Health Quality and Complaints Commission Act 2006* (HQCC Act), including:
    (a) a health service complaint about a provider that the Commission decides to investigate;
    (b) a health quality complaint the Commission decides to investigate;
    (c) the quality of a health service;
    (d) systemic issues relating to the quality of health services;
    (e) the death of a person that is a reportable death under the *Coroners Act 2003* if the Commission considers the quality of a health service, or systemic issues relating to the quality of health services, are or may be relevant to the death;

(f) a health complaint or systemic issues for which the Minister has given a direction under section 164(1)(c) or (e) of the HQCC Act;

(g) the use of premises for the reception, care or treatment of:

(i) aged persons; or

(ii) persons with a mental or physical illness; or

(iii) persons with a disability; or

(iv) persons in receipt of pensions, allowances or benefits because of age, illness or disability.

2. Investigating matters related to an inquiry being conducted by the Commission under Chapter 8 of the HQCC Act.

3. Investigating compliance with section 20(1) of the HQCC Act.

The objectives of HQCC investigations are to:

1. Gather all relevant evidence and information to establish the facts of the matter under investigation.
2. Identify and analyse the cause(s) of adverse health incidents.
3. Evaluate the effectiveness of processes established by providers to monitor the quality of health services and protect the health and well-being of users.
4. Identify systemic issues that impact upon the quality of health services.
5. Recommend actions to improve the quality of health services.

The underlying principles of HQCC investigations, when conducting investigations or exercising powers authorised by the HQCC Act, are that investigators must:

(a) act independently impartially and in the public interest;

(b) observe the rules of natural justice; and

(c) act as quickly, and with as little formality and technicality, as possible.

### 3.1.4 Investigations

It is not possible to investigate every complaint made to the HQCC. A table summarising Commission investigations is attached at Appendix 4.

To manage competing demands on investigation resources, the following criteria are used to determine whether a matter is appropriate for investigation by the HQCC:

1. Jurisdiction
    - The alleged conduct is related to the quality of a health service, or systemic issues relating to the quality of a health service.
    - Where the alleged conduct relates to a substantive offence or disciplinary breach under a law, the HQCC will refer the matter to the entity that has a function or power under a State or Commonwealth Act to investigate or take other appropriate action about the matter.

      For example:
        - Criminal offences are investigated by police
        - Reportable deaths are investigated at the direction of a Coroner under the *Coroners Act 2003*.
        - Official misconduct is investigated as directed by the Crime and Misconduct Commission under the *Crime and Misconduct Act 2001*.
        - Professional misconduct is investigated by the relevant registration board under the relevant registration authority and professional standards legislation.
        - Public sector misconduct is investigated by the employing department under the *Public Service Act 1996.*
    - Where the alleged conduct relates to a health provider who is employed by a private entity, the HQCC may refer the matter to the employer to investigate or take other appropriate action about the matter.
    - The HQCC may conduct joint investigations with an appropriate State or Commonwealth entity.

2. Severity
    - The matter is of such weight, significance, or importance to warrant an investigation.
    - There are serious potential risks to vulnerable persons.
    - The conduct is systemic.
    - The conduct is deliberate and not inadvertent.
    - The conduct is apparently a blatant or flagrant breach of:
        - the *Code of Health Rights and Responsibilities;*
        - requirements specified in legislation;
        - the recognised standards, practices and procedures of the medical, nursing and allied health professions in Australia;

  - the recognised ethical standards of the medical, nursing and allied health professions in Australia; and
  - any relevant HQCC standard.
- Intervention by the HQCC will have a timely impact on the quality of health services.
- Prevalence of the alleged conduct.
- The health and safety of the community and public interest.

3. Public interest

   Factors which may arise in determining public interest considerations include:

   - the seriousness or, conversely, the triviality of the alleged conduct or that it is of a 'technical' nature only;
   - any mitigating or aggravating circumstances;
   - the youth, age, intelligence, physical health, mental health or special infirmity of the provider, user or a witness;
   - the staleness of the alleged conduct;
   - the degree of deliberate behaviour or purposeful unsafe acts;
   - whether investigation would be perceived as counter-productive;
   - the availability and efficacy of any alternatives to investigation, such as conciliation, administrative action or an apology;
   - the prevalence of the alleged conduct and the need for deterrence;
   - whether the consequences of any resulting investigation would be unduly harsh and oppressive;
   - whether the alleged conduct is of considerable public concern;
   - the attitude of the victim of the alleged conduct;
   - the necessity to maintain public confidence in health services.

4. The HQCC’s priorities

   - Systemic issues relating to the quality of health services.
   - Serious failings in the provision of healthcare that have resulted in, or have the potential for, an adverse impact on patient safety, or the quality of health service.
   - Matters referred by the police, Crime and Misconduct Commission, a Coroner and the Child Death Review Committee for investigation.

- A health complaint or systemic issue which the Minister has directed to be investigated.

### 3.1.5 Commission Inquiries

Under section 94 of the HQCC Act, the Commission can conduct an inquiry relating to any of the following matters if it considers it is in the public interest to do so: a health complaint, the quality of a health service, systemic issues relating to the quality of health services, or another matter relevant to the commission's functions. The Commission may also be directed to conduct an inquiry by the Minister for Health under section 163 of the HQCC Act. The HQCC has not conducted, nor been required to conduct, an inquiry since its establishment in July 2006.

### 3.1.6 Bundaberg Special Process

On the 3 September 2005, the Queensland Government announced a strategy for the expeditious management of claims related to the work of Dr Patel, known as the Special Process. The Process was undertaken so that claimants could be provided timely, fair, and reasonable compensation for the alleged injuries they suffered as a result of treatment received from Dr Patel. The process was collaboratively established by the Department of the Premier and Cabinet, Department of Justice and Attorney General, Queensland Health, complainants and legal representatives, and the former Health Rights Commission. The process commenced in January 2006.

Currently the Special Process is steered by an Interdepartmental Committee in consultation with the Health Quality and Complaints Commission. The Commission's primary role is to undertake the provision of specialist independent reviews and to assist unrepresented claimants.

In January 2005, Queensland Health notified all known patients who had received treatment from Dr Patel at Bundaberg Base Hospital. These patients were advised to contact the former Health Rights Commission in writing, so that their application could be reviewed for eligibility to enter the process. Claimants could either seek legal representation within the process or elect to be assisted by the Commission. On receipt of the application, the Commission undertook a review of the claimant's medical records to determine their eligibility. The final date for receipt of applications was 28 April 2006. However, the Attorney General announced in June that former Patel patients would be able to apply for entry into the Special Process in instances where the patient could demonstrate that special circumstances exist. To date, two claimants are awaiting confirmation for entry into the Special Process.

There were 384 claims lodged under the Special Process. Of this figure, 233 have been settled and 58 are closed. A list of matters handled in the 2006/07

financial year is included at Appendix 5. There are currently 93 open cases awaiting mediation. The process has been a significant undertaking for the HQCC and approximately four temporary staff have been engaged to deal with the additional workload. The special process is due to be completed by December 2007.

### 3.1.7 Carry-over Health Rights Commission Complaints

Following the commencement of the HQCC in July 2006, it became apparent that there was a backlog of 370 complaints that had been made to the former Health Rights Commission. The backlog included some matters that had been open for 12 months or more. A team of temporary staff was subsequently established to manage this workload. The backlog was cleared by 30 June 2007.

### 3.1.8 Future directions

The business process improvement in the combined areas of complaints and investigations will be a major focus for the HQCC in 2007/08. Progress has included review of current processes and development of consistent processes in line with legislative requirements. The new processes form the basis of specifications for the development of the information solution that will support the work of complaints and investigations and provide staff with improved data which may be used to continuously improve internal processes. The data will also assist the Commission to identify emerging issues requiring urgent attention.

The Commission is also working with other health complaints bodies in Australia and New Zealand with the aim of developing nationally consistent data sets and processes. This will aid research and development in the area, and improve services.

## 3.2 Strategies to proactively engage providers and other entities about the quality of health services, including the making of standards and quality improvement processes

### 3.2.1 Development of the standards

One of the key functions of the Commission is to develop standards to improve the quality of health services. These standards define the Commission's expectations of health service providers in delivering quality health services. By monitoring the implementation of the standards, the Commission aims to proactively identify deficiencies in health care before patients are harmed.

Chapter 3 of the HQCC Act outlines the requirements for health service providers to improve the quality of their services. Section 20 specifies the duty of each provider:

*"A provider must establish, maintain and implement reasonable processes to improve the quality of health services provided by, or for the provider, including processes:*

- *to monitor the quality of health services*
- *to protect the health and well being of users of the health services."*

Under Section 22 of the HQCC Act, the HQCC may make standards about the reasonable processes a provider may adopt to comply with section 20(1).

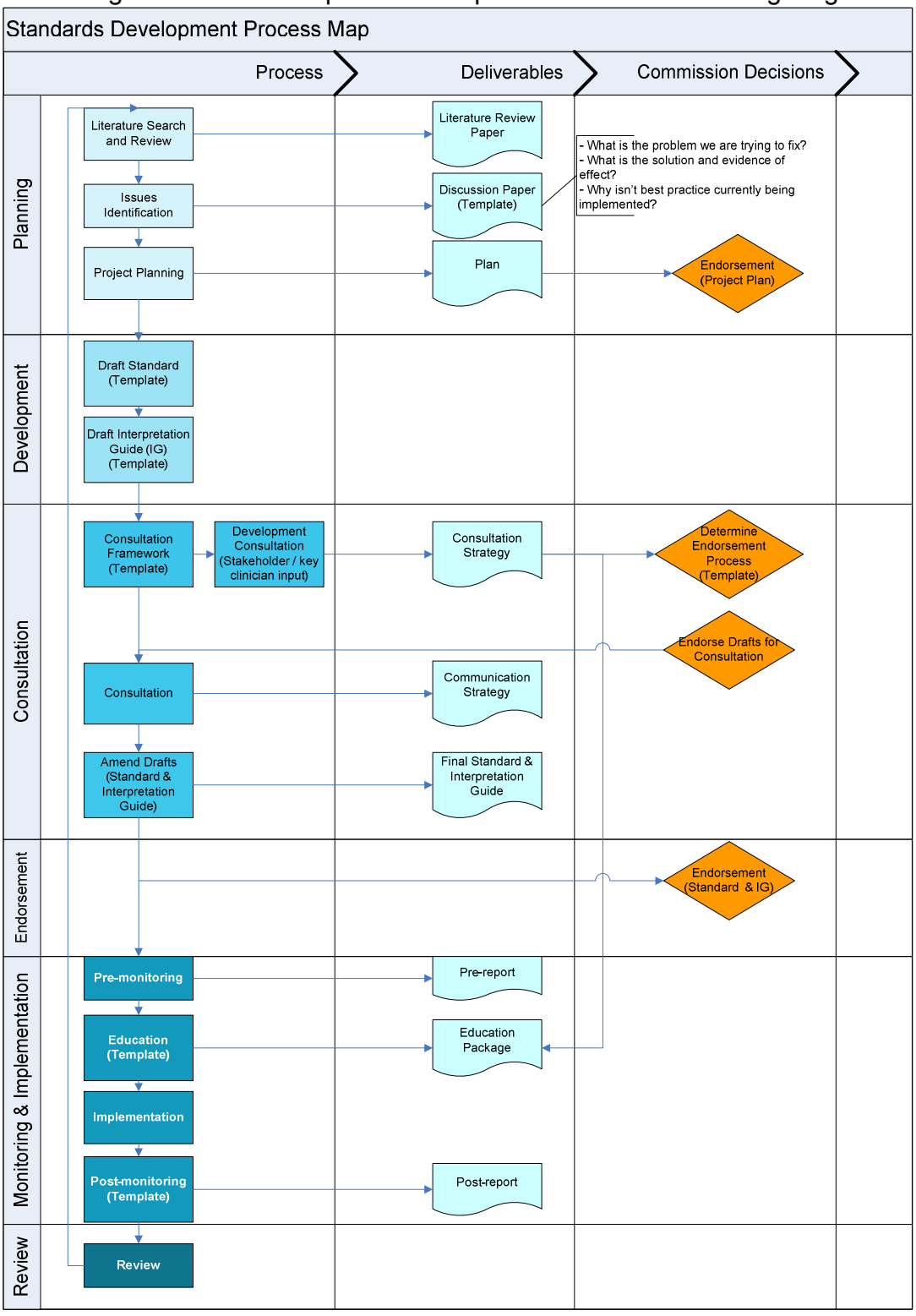
The HQCC developed a list of priorities for standards development for 2007 based on a number of factors, including risks to patient safety or client outcomes, burden of disease, gaps in service provision, and variations in the quality of service provision. The HQCC identified where evidence of an effective intervention has been shown to result in best practice and, where possible, adopted national or international best practice standards.

Each standard is comprised of a:

- Statement of Standard
- Outcome of standard
- Rationale
- Compliance mechanisms
    - Process Indicator
    - Patient / Outcome Indicator
    - Quality Improvement Indicator
- MD – monitoring data required by the HQCC

An Interpretation Guide has been prepared for each standard.

The HQCC is following a process of development, consultation, endorsement, pre-implementation evaluation, education and training, post-implementation monitoring and review. The process is represented on the following diagram:



On 1 July 2007, the HQCC released its first seven standards:

- Review of Hospital-related Deaths
- Credentialing and Scope of Clinical Practice
- Surgical Safety
- Hand Hygiene
- Complaints Management
- Management of Acute Myocardial Infarction on and following Discharge
- Providers Duty to Improve the Quality of Health Services

Two standards in particular - Review of Hospital-related Deaths, and Credentialing and Scope of Clinical Practice - address issues of significant concern to all Queenslanders, which were highlighted in the Forster Review and the Davies Public Hospitals Commission of Inquiry. A copy of the Standards Manual is included at Appendix 6.

### 3.2.2 Consultation process

In the period 5 March to 29 April 2007, the HQCC released its seven draft standards for consultation. The consultation process is summarised in the following table:

| | |
|---|---|
| Key stakeholders identified | 850 government, private, public, community, consumer and profession-based groups |
| Letter to key stakeholders | 500 distributed (with article for inclusion in newsletter) |
| Consultation Kits | over 800 distributed |
| Information Evening 29 March 07 | 380 invitations distributed<br>~80 attended |
| Newspaper articles/advertisements published | 38 newspapers [metropolitan, Quest & regional] |
| Queensland Government's e-democracy website | 25 responses (from 15 respondents) |
| Responses | 162 responses (combination of inquiries and feedback) |
| Written submissions | 18 submissions |
| Face to face meetings | 77 completed |
| Presentations | ~20 forums |

The responses received by the Commission supported the need for the standards. Greater than 90% of respondents supported the need for standards in the areas of hand hygiene and review of deaths, and 100% in the areas of

credentialing, acute myocardial infarction, surgical safety, complaints management, and quality improvement.

During consultation on the standards, all issues raised were recorded in a formal issues register. 516 issues were logged from the submissions, meetings and emails. Of these, 152 issues were acted upon and changes made to the standards or addressed in the interpretation guide, measures, or noted for the future. Feedback sessions were held in the following areas with private hospitals, public hospitals and Divisions of General Practice at the end of May and early June: Hervey Bay, Royal Brisbane and Women's Hospital, Princess Alexandra Hospital, Sunshine Coast, Logan, The Prince Charles Hospital, Townsville, Toowoomba, Cairns, Bundaberg, Mackay, Rockhampton, Redlands, Ipswich, Gold Coast, Redcliffe, and Longreach. A report on the consultation phase is attached at Appendix 7.

Prior to the implementation of the standards, over 700 health service providers received training at information and education sessions convened at the end of June 2006. This was the first step in a comprehensive education strategy which targets health service providers and promotes the changes needed to improve services to health consumers. A discussion of the issues raised during the information and education sessions is included at Appendix 8. The next phase of the strategy will include regional education sessions to ensure that those involved in the day-to-day delivery of health services are aware of their responsibilities and obligations. A schedule for the forthcoming Regional Information and Awareness Program is included at Appendix 9.

### 3.2.3 Clinical Advisory Committee

Section 169 of the HQCC Act specifies that the Commission must establish a Clinical Advisory Committee. This committee was established in October 2006, following an expression of interest process and interviews with individual applicants.

The role of the Committee is to:

- Advise the Commission about clinical matters relevant to the Commission's functions referred to the committee by the Commission.
- Provide strategic advice from a clinical perspective in relation to health services.
- Facilitate communication between clinical groups and the Commission
- Participate in the monitoring and evaluation of the Commission.
- Advise on education and training needs for clinicians in relation to the Commission.

The Commission's objective was to appoint members who were active within the health community, with strong networks and a sound understanding of health issues. Another key selection criterion was for members to have the capacity to

reflect on present clinical issues, rather than focusing on personal, profession-specific concerns or individual issues. The clinical areas of representation reflect health services and providers.

| | |
|---|---|
| **Chair** | Professor Ken Donald with Dr Kim Forrester and Mr John Low assisting |
| **Members** | Dr Cameron Bardsley, Ms Elizabeth Benson-Stott, Mr Michael Bourke, Mr Ian Coombes, Ms Christine Foley, Dr Jayne Ingham, Dr Derek Lewis, Dr Jacinta Powell, Dr Stephen Rashford, Ms Elizabeth Robertson, Ms Theresa Rutherford, Dr Ian Scott, Ms Leonie Smith, Dr Jane Truscott, Dr Peter Woodruff |

Members have been appointed for a period of two years and the committee meets on a quarterly basis.

The main focus of the Committee's activities in 2006/07 has been to provide assistance and advice on the development of the HQCC's initial seven standards and its quality monitoring framework. The Committee has also been used to inform each member's stakeholder organisation of the intentions of the legislation and the development of the Commission's management systems.

### 3.2.4 Clinical Governance Reference Group

The Clinical Governance Reference Group (CGRG) was established in October 2006. The CGRG is a senior officer forum convened by the HQCC to bring together key representatives from the Commission and public and private health services within Queensland. The CGRG is the forum for:

- strategy and policy discussion on HQCC standards, including existing standards, standards under development and possible future standards
- mutual identification of emerging issues associated with quality and safety in the context of each member's work environment and experience
- discussion about quality monitoring compliance mechanisms for the HQCC standards
- developing and maintaining collaborative linkages between the HQCC and public and private health services
- identifying priority data sets to be collected by the HQCC for sentinel events and adverse outcomes
- identifying processes for data to be collected by the HQCC
- seeking input on the design of a reporting framework and tools appropriate for hospitals in both private and public health sectors, and
- reducing unnecessary duplication by acting as a conduit for information exchange on safety and quality issues.

The key role of the CGRG is to function as an early, or preliminary, consultation group before the HQCC engages in broader, formal consultation with the full range of stakeholders.

The membership is pitched at senior officer level, specifically to ensure representation from those with high level decision making ability and strategic influence across the health sectors that they represent.

Membership is on the basis of position held, not individual persons, and includes:

- Director - Standards Development, HQCC (Chairperson)
- Implementation Manager - Quality Monitoring, HQCC
- Director - Clinical Safety & Quality Unit, Mater Health Services
- Manager - Private Health Unit, Office of Chief Health Officer, Queensland Health
- Director - Clinical Support, Northern Area Health Service, Queensland Health
- Director - Patient Safety and Quality Unit, Central Area Health Service, Queensland Health
- Director - Clinical Governance Unit, Southern Area Health Service, Queensland Health
- *Executive Director, Private Hospitals Association Queensland*

The CGRG reports through the Director - Standards Development to the CEO, HQCC and to the Commission.

### 3.2.5 Future directions

The HQCC will begin to collect valuable quality monitoring data which will be cross referenced with complaints and investigations data and media monitoring to alert the Commission to emerging issues. This will improve the capacity of the Commission to identify issues which may pose a threat to the well-being of health consumers, and to identify the need for the development of new standards or improve existing standards. The HQCC will also focus on knowledge management with a view to improving health care services.

## 3.3 Systems to monitor and report on the quality of health services

### 3.3.1 Quality Monitoring Framework

Elements of the Framework

The quality monitoring framework comprises a suite of compliance mechanisms designed to measure compliance of health service providers (HSPs) with the seven HQCC standards and various other mechanisms intended to assess other indicators of quality.

In terms of compliance mechanisms, these include:

- **Self assessment** by HSPs of their compliance with the seven HQCC standards
- **Self measurement** by HSPs to determine how they perform against the seven HQCC standards
- **Mandatory data reporting** by HSPs to quantify their performance against the seven HQCC standards
- **Qualitative quality improvement reporting** by HSPs to demonstrate their commitment to continually improving the quality of care they provide

Other mechanisms included in the framework are:

- Consideration of internal HQCC information regarding complaints and investigations
- Comparisons and reporting based on information obtained from HSP data repositories for incidents, complaints, sentinel events, root cause analysis report recommendations, pathology reports and others.
- Review and analysis of other quality improvement information about HSPs such as Coroner's Recommendations, Accreditation reports, Continuing Professional Development Registers held by Registration Boards, Colleges and Professional Organisations
- Consideration of information and discussion arising from HQCC Consumer and Clinical Advisory Committees
- Monitoring of media reports

Principles underpinning the quality monitoring framework

Given that the primary focus of the HQCC is to foster a culture of quality improvement by HSPs, the quality monitoring framework has been designed to encourage HSPs to collect, monitor and review their own data for the purpose of quality improvement. The framework recognises that measurement, monitoring and changes in practice that subsequently arise from these activities will be individual and local. Therefore the emphasis of quality monitoring is on activity and action by HSPs themselves and, in due course, by the HQCC

contextualising and sharing with HSPs information about quality and performance across the broader health sector.

Due to the above intents, the HQCC considers it most appropriate to identify trends, themes and patterns that emerge from the various data sources available, rather than absolute measures. Therefore the quality monitoring framework places similar value on qualitative and quantitative data.

Timeframes for implementation of the quality monitoring framework

Implementation of the quality monitoring framework will be staged. The first stage targets public and private hospitals. Initially they will be required to demonstrate their compliance with the HQCC standards through the monitoring tool described in Section 2.3.2. Medical practitioners will be the next group of HSPs enrolled in the monitoring framework. The first round of reports from hospitals will be due in October 2007.

In addition to compliance monitoring against the seven standards, the HQCC will also consider other information related to quality of performance as outlined above. This will require cross-referencing of data and will depend on developing a comprehensive monitoring tool as described in Section 2.3.2 below. The timeframe for initial reporting in the broader context of quality monitoring is mid 2008, assuming electronic information management systems to support the capture, management and comparison of data are available.

Given the number and diversity of HSPs and the complexity of data linking that is required, the timeframe to fully implement the quality monitoring framework is expected to be approximately five to ten years.

### 3.3.2 Development of Monitoring Tool

The HQCC has developed a monitoring tool, to be used by HSPs, to monitor and report their compliance with the seven standards. At present the tool comprises:

- 54 self assessment questions
- 14 questions about quality improvement
- 68 mandatory data items
- 12 opportunities to provide qualitative information about quality improvements

The tool is currently being developed to a web-enabled format so that HSPs will be able to submit their responses on-line via the HQCC website. The HQCC will then analyse and report on the data electronically.

A key principle underpinning both the quality monitoring framework and the monitoring tool is to minimise the impact of the HQCC's quality monitoring requirements on the operational aspects HSPs' business. In particular the HQCC intends to leverage from existing data collection and reporting processes

undertaken by HSPs. Therefore the HQCC has commenced a “mapping” exercise to identify questions and data items that HSPs already collect and report the purposes of quality monitoring. This body of work will endeavour to link items in the HQCC monitoring tool with questions in accreditation surveys and in reports required by agencies such as Queensland Health, Department of Veterans Affairs, private health insurers and other groups involved in quality monitoring of HSPs.

The HQCC is also planning a knowledge management architecture for information management that will facilitate interoperability among the range of databases, spreadsheets and other information management systems that it maintains. The objective of this comprehensive approach to data management is to allow cross referencing among the range systems so that in effect the quality monitoring tool will eventually encompass the full suite of HQCC information systems.

### 3.3.3 Future directions

As mentioned in the standards development section of the submission, the HQCC will begin to collect valuable quality monitoring data which will be cross referenced with complaints and investigations data and media monitoring to alert the Commission to emerging issues.

The future direction of the HQCC will incorporate smart tools for data collection and monitoring. To assist HSPs, the Commission will work in partnership with owners of current data collection systems to avoid unnecessary duplication of data collection effort and to add value by analysing and providing feedback to HSPs for timely quality improvement opportunities. The Commission has not underestimated the barriers that the current data collection systems pose and has incorporated the challenges into its planning for information and communication technology systems and smart data environments.

## 3.4 Consumer engagement strategies about consumer rights and quality improvement in health services

Apart from the extensive consultation process employed in developing the standards, the HQCC has also implemented a number of other strategies aimed at engaging consumers.

### 3.4.1 Complaints Service Charter

The Complaints Service Charter outlines the HQCC's commitment to providing quality health complaint services to all of our clients. It sets out our service standards that complainants and respondent providers can expect to receive, and outlines how they can help the HQCC to meet their expectations in the management of complaints.

The Charter will include:

- an outline of what the HQCC does (and what it cannot do) to ensure that clients, stakeholders and staff have a common understanding and recognition of the HQCC's statutory role and functions and relationships with other jurisdictions (registration boards, police, coroners, Commonwealth agencies, other statutory authorities, and Queensland Health)
- how to contact and communicate with the agency
- the complaint management service standards that clients can expect
- clients' basic rights and responsibilities, and
- how to provide feedback or make a complaint about the HQCC's actions, decisions and service delivery.

### 3.4.2 Consumer Advisory Committee

Section 169 of the HQCC Act specifies that the Commission must establish a Consumer Advisory Committee. This committee was established in October 2006, following an expression of interest process and interviews with individual applicants.

The role of the Committee is to:

- Advise the Commission on consumer concerns about health services and other matters referred by the Commission.
- Provide strategic advice from a consumer, carer and community perspective, in relation to health services.
- Advise on broader community issues impacting on the Commission.
- Advocate on behalf of the community, including the needs of disadvantaged, marginalised, isolated and rural consumers and communities.
- Facilitate communication between consumer, carer and community groups and the Commission.
- Participate in the monitoring and evaluation of the Commission.

- Advise on education and training needs for consumers, carers and community in relation to the Commission.

The chair of the committee is the Assistant Commissioner appointed to the Commission on the basis of their experience in dealing with consumer issues. The Commission's objective was to appoint members who were active in the community, with strong community networks and a sound understanding of local or regional issues. Members were also selected on the basis of their capacity to reflect on and present community issues, rather than focus on personal concerns or individual issues.

The current membership of the Committee is:

| | |
|---|---|
| **Chair** | Professor Margaret Steinberg with Mr John Low assisting assisting |
| **Members** | Ms Michele Barry, Mr Jeff Cheverton, Mr Allan Coker, Ms Beryl Crosby, Ms Margaret Deane, Ms Kathryn Faulkner, Ms Melissa Fox, Ms Myrtle Green, Ms Kathryn Kendell, Ms Mary Martin, Ms Myra Pincott, Ms Coral Rizzalli, Ms Helen Whitehead |

Members have been appointed for a period of two years and the committee meets on a quarterly basis.

The main focus of the Committee's activities in 2006/07 has been to establish its work program and to provide assistance and advice on the development of the HQCC's initial seven standards and its quality monitoring framework. The Committee has also provided significant input into the Commission's communication strategy.

### 3.4.3 Code of Health Rights and Responsibilities

Under section 31 of the HQCC Act, the Commission is required to develop a Code of Health Rights and Responsibilities (the Code) within two years of its establishment. An initial draft of the Code has been prepared and, once refined, will be provided to the Consumer Advisory Committee and the Clinical Advisory Committee for consideration. Appropriate consultation will also be undertaken with key stakeholders.

### 3.4.4 Health Community Councils

Health Community Councils (HCCs) are new advisory bodies which have been established across Queensland to play a key role in the governance of public health services. The new Councils have been established under the *Health Services Act 1991*. The HCCs play an important role in fostering community engagement, monitoring the quality and safety of public health services, and educating community members about the health system.

The specific functions of the Councils are to

- undertake community engagement activities, such as obtaining information and feedback from users of public sector health services, considering planning proposals in relation to the delivery of public sector health services, and facilitating community debate and feedback on the proposals, and advocating for users of public sector health services
- monitor the quality, safety and effectiveness of public sector health services
- consider and evaluate reports about the delivery of public sector health services
- enhance community education about the delivery of public sector health services
- advise, and make recommendations to, the relevant District Manager, and
- report to the Minister for Health on an annual basis.

Under section 170 of the HQCC Act, the Commission is responsible for making recommendations to the Minister for Health for appointments to each HCC. Following a statewide expression of interest process conducted between November 2006 and March 2007, the HQCC provided the Minister for Health with recommendations on the suitability of applicants for appointment. All appointments were subsequently made in July 2007.

The final count of expressions of interest received by the HQCC was as follows:

| HEALTH COMMUNITY COUNCIL | EOIs RECEIVED |
|---|---|
| | |
| **NORTHERN AREA HEALTH SERVICE** | |
| Cairns | 13 |
| Tablelands | 11 |
| Innisfail | 9 |
| Cape York | 9 |
| Torres Strait and Northern Peninsula Area | 14 |
| Townsville | 13 |
| Bowen | 9 |
| Charters Towers | 7 |
| Mt Isa | 10 |
| Mackay | 14 |
| Moranbah | 2 |
| | |
| **CENTRAL AREA HEALTH SERVICE** | |
| Rockhampton | 7 |
| Gladstone | 5 |
| Central Highlands | 7 |
| Banana | 8 |
| Central West | 11 |
| Bundaberg | 12 |
| North Burnett | 11 |
| Fraser Coast | 8 |
| Sunshine Coast | 18 |
| Gympie | 10 |
| The Prince Charles Hospital | 20 |
| Redcliffe-Caboolture | 16 |
| Royal Brisbane and Women's Hospital | 15 |
| Royal Children's Hospital | 15 |
| | |
| **SOUTHERN AREA HEALTH SERVICE** | |
| Princess Alexandra Hospital | 29 |
| Bayside | 18 |
| Logan-Beaudesert | 20 |
| QEII Hospital | 25 |
| West Moreton | 13 |
| South Burnett | 7 |
| Gold Coast | 16 |
| Northern Downs | 8 |
| Southern Downs | 15 |
| Toowoomba | 12 |
| Roma | 9 |
| Charleville | 6 |
| | |
| **TOTAL** | **452** |

In accordance with the legislation, a maximum of eight members may be appointed to each HCC. The Minister has appointed less than this number in many cases, preferring to wait until the Councils have been formed to determine

whether there are any skills deficits that may be addressed with further appointments. The HQCC will continue to work with the Minister to ensure that all vacancies are filled in due course.

### 3.4.5 Future directions

The future strategic direction of the HQCC focuses on stakeholder engagement. This will be particularly relevant in the consultation process for the establishment of the Code of Health Rights and Responsibilities. All three important stakeholder groups, health care users, health care providers, and community interest leaders and media, will play an important part in the success of the code.

Relationships with all groups of stakeholders, particularly making use of the networks within the Consumer Advisory Committee and the Clinical Advisory Committee, as well as HCC memberships will be vital. HCCs now have a clear role in improving the quality and safety of health services in the Health Service Districts. The Commission will involve the HCC membership in its engagement plans and consultation activities.

## 3.5 State-wide access to the Commission's services for consumers and providers.

### 3.5.1 Communication and community engagement strategy

One of the important goals of the HQCC is to keep health consumers and service providers informed about its functions and activities. During the implementation phase an interim communication strategy was developed to ensure that some key transitional messages were delivered to community members and key stakeholders. An interim brochure and poster were developed to provide some background to the work of the new Commission. In July 2006, copies of the brochures were sent to all registered medical practitioners, health service providers, and other organisations. The Health Rights Commission website was also redesigned by a staff member to reflect the transition to the new Commission on 1 July 2006.

By November 2006, a comprehensive communications strategy had been developed to position the Commission as both credible and accessible to its many stakeholders. The strategy encompasses outreach, consultation, education, media and marketing.

### 3.5.2 Statewide information sessions

Late in 2006, the Commissioner and CEO commenced a comprehensive program of information sessions throughout Queensland to engage with community members and public and private health service providers. Locations visited included Bundaberg, Cherbourg, Mackay, Cairns, Townsville, Brisbane, Rockhampton, Hervey Bay, Mt Isa, Cloncurry, Chinchilla, Roma, Toowoomba, Charleville, Cunnamulla, and Quilpie.

The information sessions were opportunities to engage the general public, media representatives and service providers in discussions around the work of the Commission. Those who attended received a general briefing on the development and role of the HQCC, and were also provided with an opportunity to question the Commissioner and CEO.

In May and June 2007 the Commissioner and CEO began another program of information sessions focusing on consultation and education about the standards. These sessions were directed at senior representatives of public and private health service providers. Locations visited include Brisbane, Gold Coast, Hervey Bay, Logan, Townsville, Cairns, Mackay, Rockhampton, Bundaberg and Nambour, Weipa, Torres Strait Islands, Longreach, Toowoomba and Dalby.

### 3.5.3 Corporate identity

In October 2006, the HQCC sought assistance from an external provider to develop a new corporate identity. The new corporate identify was intended to differentiate the new organisation from the Health Rights Commission. The HQCC's new logo was launched in November 2006. All publications and other materials produced by the HQCC carry the new logo.

### 3.5.4 Website development

The HQCC launched its new website in December 2006 incorporating the new corporate identity and placing greater emphasis on the Commission's new direction. The website is designed to provide stakeholders with easy access to information and a central point of contact for the HQCC. The website includes areas such as:

- consumer Information including brochure, fact sheets and complaint form
- provider Information
- standards development, including standards manual, information on educations sessions, and other resources
- publications and reports including annual and other reports
- the latest media releases and useful links

The website is continually being improved to provide improved information to all stakeholders.

### 3.5.5 Outreach strategies

It was recommended in the Queensland Health Systems Review that the Commission consider establishing complaints officer positions in regional locations (p. 192). In particular, it was suggested that the workers could be located in Cairns, Townsville, and Rockhampton, and temporarily in Bundaberg for approximately two years. High growth areas such as the Gold Coast, Logan City and the Sunshine Coast, and even rural and remote locations, could also be considered.

During the implementation phase, this recommendation was given due consideration by the Implementation Team. The Team concluded that these regional workers could become isolated from their peers and the quality of their work compromised. The Commissioner subsequently discussed this matter with the Minister for Health and it was agreed that the Commission's comprehensive communications strategy and an ongoing outreach program would ensure that consumers and stakeholders in regional locations were actively engaged by the Commission.

The Commission has consulted with the Queensland Ombudsman to seek advice on how best to deliver its services in non-metropolitan locations. On the basis of this advice, the HQCC will develop a model where frequent outreach via travel to deliver information and education sessions, and use of the web and

other media will be used to engage the general public and service providers. A schedule for the forthcoming Regional Information and Awareness Program, which will focus specifically on the HQCC's standards, is included at Appendix 9.

### 3.5.6 Future directions

In 2007/08, the Commission plans to focus its attention on educating the Queensland media, the public, and health service providers about its role and functions, while continuing to promote improvements in health service delivery. Future projects include establishing client service standards and methods of evaluation, and introducing more advanced communication practices based on market research. The Commissioner and CEO will also continue their program of information sessions in regional locations.

## 3.6 Improvements to the current functions and powers of the Commission through changes to the Health Quality and Complaints Commission Act 2006

NB Formal consultation on proposed legislative amendments has not yet occurred. For this reason, section 3.6 has been removed.

## 3.7 Governance arrangements

### 3.7.1 Establishment of Commission

An independent expression of interest process to appoint a governing body for the HQCC was conducted between April-May 2006. The process was managed by the Office of Public Service Merit and Equity. On 23 June 2006, the Minister for Health announced the new Commission would be comprised of Dr John Youngman (the Health Quality and Complaints Commissioner), Professor Ken Donald (medical), Mr John Amery (nursing), Mr John Low (allied health), Ms Marg O'Donnell (consumer issues), Dr Kim Forrester (legal), and Ms Susan Johnston (safety). All appointments were for a period of 18 months commencing on 1 July 2006.

Soon after commencement of the HQCC, Ms Marg O'Donnell resigned from her position and was subsequently replaced by Professor Margaret Steinberg. Professor Steinberg's appointment commenced on 2 November 2006 and will end on 31 December 2007, in line with other Commission members. One assistant commissioner position remains vacant.

### 3.7.2 Commission business

The HQCC's inaugural meeting established interim delegations, confirmed an organisational structure and initial budget, and consideration was given to a range of papers on operational issues and topics such as complaints management processes, the status of the quality and safety movement in Australia and abroad, and the possibilities for the implementation of a standards framework and measuring performance against standards. The first meeting was an important milestone in setting the direction of the Commission. A timeline for subsequent meetings was also established along with procedures for conducting meetings.

With few exceptions, the Commission has continued to meet twice per month from September 2006. The intention was that one meeting per month would be dedicated to operational matters, while the second meeting would be reserved for specific discussions or presentations from external experts. However, the volume of work associated with the establishment of the HQCC has meant that operational matters have frequently taken precedence over developmental opportunities. The Commission has invited several guest speakers to its meetings. These have been representatives from the mining, aviation and health industries, particularly from areas where a focus on quality and safety has resulted in quality improvement outcomes. From July 2007, the Commission will be meeting on a monthly basis for seven hours, rather than twice per month for four hours.

The Commission regularly reports its progress in the areas of complaints, investigations, standards development, quality monitoring, and corporate services. Data is reported on a monthly basis to the Commission and is aggregated on a quarterly basis to inform the Minister for Health in his regular meetings with the Commissioner and CEO.

### 3.7.3 Strategic and operational planning

In May 2007, the Commission members and CEO spent two days developing the HQCC's governance framework and strategic planning process. This work forms the foundation for continually monitoring the quality of governance of the HQCC.

The HQCC has developed a strategic directions document informed by executive staff and commissioners. The values, vision and goals of the organisation were reviewed and the finalised document supports the shared view of the direction of the Commission. The document is in draft form at present but will be finalised soon.

Since May 2007, the executive has worked on the supporting business operational plans and necessary budget allocation to the strategic program projects within each operational unit.

Outcome performance will be monitored and reported to the Commission on a monthly basis. The CEO's performance is mapped to the outcomes of the strategic direction of the HQCC.

### 3.7.4 Future directions

The strategic directions document for the HQCC has been developed for a three year period and will be reviewed annually. It will incorporate the findings of the Health Quality and Complaints Commission Select Committee where appropriate.

The Commission will continue to focus on its own operational quality improvement by reviewing standards and business process improvement across the organisation. The governance review process, which monitors the performance of the commissioners and CEO, commission meeting processes and decision making, as well as achievement of strategic program outcomes, will inform the development of the HQCC. A governance roadmap (Appendix 10) outlines the progress of governance review within the HQCC.

## 3.8 Organisational development of the Office of the HQCC

### 3.8.1 Implementation Team

An Implementation team was established to implement a change management process to facilitate an effective transition from the Health Rights Commission to the HQCC. This involved the development and implementation of polices, procedures and systems to support the key legislative functions of the Commission. The implementation team commenced the task of reviewing HRC operations, developing new procedures and work flows, informing and supporting the governing body, recruiting new staff, etc. The initial process of transition was complete in December 2006 but there was acknowledgement that the implementation process would continue beyond this time. Members of the implementation team conducted lengthy and ongoing consultation with the existing staff of the Health Rights Commission to ensure that their views were incorporated into the development of the new Commission and to ensure that any difficulties they were experiencing were addressed in an appropriate manner. Consultation also occurred with the Queensland Public Sector Union.

### 3.8.2 Governance

The HQCC is supported by an Office of the Commission, consisting of a Chief Executive Officer appointed by the Governor-in-Council and another 55 permanent staff members. To ensure the HQCC's independence, the Office of the Commission is subject to the direction of the Commission, not the Minister for Health.

A recruitment process to appoint a Chief Executive Officer was conducted between June-July 2006. Mrs Cheryl Herbert's five-year appointment to the position was approved by the Governor-in-Council on 10 August 2006, and she subsequently commenced duties at the Commission on 25 September 2006.

A recruitment process to appoint Directors to manage the four units within the Office of the Commission was conducted between July-August 2006. The positions are

- Director, Complaints Resolution
- Director, Investigations
- Director, Quality Monitoring and
- Director, Standards Development.

Appointments to each of the positions were approved by the Governor-in-Council in August-September 2006.

An Executive Team was established to oversee operations and strategically manage the Commission's resources. The Executive Team is comprised of the

CEO, Directors, Manager Executive Services, and remaining Implementation Team members.

The Director of Quality Monitoring and the Director of Complaints Resolution finished their employment with the commission in December 2006 and April 2007 respectively. Rather than recruit immediately to these positions an interim restructure was undertaken with the two remaining directors increasing their portfolios, supported by managers at senior officer level.

A draft strategic plan was developed in November 2006 to assist the Executive to establish the early direction for the organisation. Since then, the Executive and Commission have developed a draft three year strategic direction document and business operational planning for 2007/08 has almost been finalised. It is intended that a review of the HQCC's structure will be undertaken by December 2007 to ensure that the existing organisational structure is appropriate for the HQCC from 2008 onwards.

### 3.8.3 Risk Management

Using the Australian Standards for risk management, the HQCC has adapted an audit tool to identify and measure the risks and controls within a Commission Corporate Risk Register (see Appendix 11). Five key risks were identified which include legislative compliance, level of complaint related stress generated, management of staff capability, organisational performance to expectations, and management of organisational information. Each of these areas of risk has been rated and performance in management of the risk will be monitored and reported on a quarterly basis to the Commission.

### 3.8.4 Accommodation

The increase in size of the new Commission meant that additional accommodation would be required from August 2006. Part of floor 25, 288 Edward Street was identified and a lease signed in June 2006. The new floor was in close proximity to the existing Health Rights Commission location on floor 18. Furnishings and equipment were installed soon after.

The lease on floor 25 is due to expire in June 2008 and on floor 18 in November 2008. The HQCC is working with the Office of the Queensland Ombudsman, The Anti-Discrimination Commission Queensland, and the Commission for Children, Young People and the Child Guardian to identify suitable shared accommodation from December 2008. A suitable premises has been identified and the Cabinet Budget Review Committee has approved funding for the joint relocation. It is anticipated that through the creation of efficiencies the move will result in cost-savings to government.

### 3.8.5 Human Resources

The Implementation Team completed a detailed review of the existing structure and positions within the Health Rights Commission between May and July 2007. This was followed by an extensive recruitment process to fill approximately 30 vacant positions. Many of these positions had been created to give effect to the transition from the Health Rights Commission to the new Commission.

The early Office of the HQCC was comprised of six business units:

- Complaints Resolution
- Investigations
- Standards Development
- Quality Monitoring
- Executive Services
- Office of the CEO

The role of the Complaints Resolution Unit is to receive, assess, manage and, where possible, resolve health service complaints received by the Commission in a reasonable timeframe and in accordance with the requirements of the legislation. The role of the Investigations Unit is to investigate the performance of health service providers and make recommendations for improvement, and investigate specific issues relating to the quality of health care provided to individuals. These two units are currently under the direction of the Director of Investigations.

The role of the Quality Monitoring Unit is to monitor the performance of health services in complying with the Commission's standards. The role of the Standards Development Unit is to develop standards aimed at improving the quality and safety of health services in Queensland. These two units are currently under the direction of the Director, Standards Development.

The role of the Executive Services Unit is to provide quality operational systems, processes, and services to support the Commission's activities through the effective and efficient management of financial and physical resources, development and implementation of policies to support the Commission's decision making processes, management of human resources to meet changing work demands, and provision of quality information systems for use by internal and external clients.

The role of the Office of the CEO is to manage the Office of the HQCC, to develop and implement the Commission's communication and marketing strategies, and to provide the CEO, the Commission, and its advisory committees with professional administrative and secretarial support.

Appendices 12-13 include copies of the organisational structure for the HQCC developed early in 2006/07 and the interim structure currently in place.

In addition to the 58 permanent positions within the Office of the Commission, there were 17 temporary and 2 casual positions as at 30 June 2007. These positions were created to assist with the completion of some specific short-term projects (eg, Bundaberg Special Process) or to continue the task of implementation of the new HQCC and later for business process improvement. Some of these positions have since been abolished.

**HQCC Staffing establishment as at 30 June 2007**

| | PERMANENT | TEMPORARY | CASUAL | VACANCIES | TOTAL |
|---|---|---|---|---|---|
| **COMPLAINTS RESOLUTION** | 23 | 8 | 1 | 1 | 32 |
| **INVESTIGATIONS** | 8 | 1 | 1 | 0 | 10 |
| **STANDARDS DEVELOPMENT** | 9 | 3 | 0 | 1 | 10 |
| **QUALITY MONITORING** | 8 | 1 | 0 | 1 | 11 |
| **EXECUTIVE SERVICES** | 6 | 1 | 0 | 0 | 7 |
| **OFFICE OF THE CEO** | 4 | 1 | 0 | 0 | 5 |
| **IMPLEMENTATION** | 0 | 2 | 0 | 0 | 2 |
| **TOTALS** | **58** | **17** | **2** | **3** | **77** |

NB 2 of the vacancies were for permanent positions, 1 was a temporary position.

A complete list of the positions within the Office of the HQCC is attached at Appendix 14.

The following table illustrates distribution of staff within the Office of the HQCC:

**General Distribution of HQCC staff as at 30 June 2007**
**(including permanent and temporary staff and staff on parental leave or leave without pay)**

| Classification | Base Salary Range | Female | | Male | |
|---|---|---|---|---|---|
| | | Number | % | Number | % |
| AO2 | $33,981 - $40,757 | 5 | 6% | 0 | 0% |
| AO3 | $43,493 - $48,510 | 7 | 9% | 0 | 0% |
| AO4 | $51,427 - $56,551 | 3 | 4% | 2 | 3% |
| AO5 | $59,598 - 64,774 | 14 | 18% | 2 | 3% |
| AO6 | $68,377 - $73,160 | 11 | 14% | 6 | 8% |
| AO7 | $76,517 - $82,040 | 15 | 19% | 3 | 4% |
| AO8 | $84,780 - $89,658 | 2 | 3% | 2 | 3% |
| SO1 | $101,198 - $105,884 | 2 | 3% | 1 | 1% |
| SES2 | $108,515 - $128,812 | 2 | 3% | 1 | 1% |
| CEO | $263,500 | 1 | 1% | 0 | 0% |
| Total overall salaries | | 61 | 77% | 18 | 23% |

* based on total payroll at 30 June 2007

### 3.8.6 Financial

Funding for the Health Rights Commission was appropriated to Queensland Health, as controlled output revenue, for transfer to the Commission as a grant. In June 2006, the Minister for Health approved a change to this practice to reinforce the independence of the new Commission and to bring its funding arrangements into line with similar statutory bodies, such as the Crime and Misconduct Commission. The HQCC's annual allocation of $7.7M is now appropriated by Queensland Health as administered output revenue and provided via an administered grant.

During 2006/07, the HQCC prepared budgets for the current and subsequent financial years, commenced entering financial data in Queensland Treasury's Tri-Data system, and prepared a statutory body section for the Minister for Health's Ministerial Portfolio Statement.

Budgets for the 2006/07 and 2007/08 financial years, along with actual expenditure for the 2006/07 financial year are included at Appendix 15.

### 3.8.7 Operational Policies

The HQCC has developed a number of organisational policies in the broad areas of governance, operations, and whole-of-government. The development, consultation and revision of these policies was a major undertaking during a

period of significant change. The following table includes all policies that are either under development or have been endorsed:

| Area | Policy |
|---|---|
| **Whole-of-Government** | *Complaints Policy (including register) |
| | Financial Management Practice Manual |
| | |
| **HQCC Governance** | * Code of Conduct |
| | * Human Resources Delegations |
| | Conflict of Interest (including register) |
| | * Business Rules |
| | |
| **HQCC Operational** | |
| *Human Resources* | Hours of work agreement |
| | Employee separation |
| | Recruitment guidelines |
| | OHS - Incident & Injury management |
| | Learning and Development/Conference Leave |
| | Telecommuting |
| | Performance Management |
| | Induction Manual |
| | Criminal History Check |
| | Absentee Management Policy |
| | Performance Management Framework |
| | Equal Employment Opportunity |
| | Sexual Harassment |
| | Workplace Harassment |
| | Anti-Discrimination |
| | Conference Leave |
| *Finance* | Purchasing manual |
| | Travel policy |
| | Use of Motor Vehicles |
| | Corporate Card Usage policy |
| | Petty Cash |
| | Mobile telephone usage and reimbursement |
| | * Expenses (allowances and reimbursement) |
| *Information & Communication Technology* | Internet, email and other ICT facilities and devices |
| *Communications* | * Media Policy |
| *Administration* | Mail Processes |
| | Telephone policy |
| | Fire and Emergency evacuation procedures |
| | Catering and entertainment policy |
| | * Gift policy (as per OPSC guidelines) |

* policy in draft form

### 3.8.8 Information and Communication Technology

In October 2006, an Information and Communication Technology Governance Committee was established to oversee the development of the HQCC's ICT infrastructure. An "Information Management Strategic Plan 2006/07 – 2007/08" was subsequently developed by the HQCC. The plan identifies the key

information management initiatives to be implemented during the first two years of the Commission. These initiatives have been identified by the HQCC's Information and Communication Technology Committee as being essential for the Commission to meet its short- to medium-term objectives.

A number of key activities have occurred in the area of ICT, including

- implementation of a Voice-over Internet Protocol solution to replace the existing telephone system
- establishment of a new secure connection for Commission staff to access Queensland Health's intranet site
- development of a comprehensive Business Continuity Plan (BCP) to ensure that the Commission's business is protected in the event of a disaster
- implementation of Microsoft Exchange to replace the Lotus Notes email system, and
- commencement of a major project to configure and implement a new complaints management database at the Commission.
- information technology infrastructure review and implementation of recommendations.

### 3.8.9 Future directions

Since its establishment in July 2006, the HQCC has reviewed the existing systems and processes of the former Health Rights Commission and where required implemented quality improvement activities to increase the effectiveness of HQCC to achieve its functions under the newly established HQCC Act.

These internal quality improvement activities will continue as outlined in the strategic directions document and supportive business operational plans. Much of the focus will be on business process improvement in the complaints and investigation unit and in the area of ICT improvement to support the new processes. The specifications for this are with the selected vendor at present with implementation due by end 2007.

The development and implementation of policies, including performance review of staff, is occurring at present. The newly developed performance management system is underpinned by the values of the organisation, the accountabilities of the role being reviewed, and the goals and strategic direction of the HQCC. The subsequent staff development being undertaken by the HQCC will be linked directly to performance reviews so that staff are developed in their roles, clearly understand the behaviours underpinning the values of the organisation, and support the strategic direction of the HQCC.

Many of the quality improvement activities of the current HQCC are new to the organisation and were not present in the Health Rights Commission. This has meant a huge change process for the staff of the Commission. Mindful of the

current culture of the HQCC, the Office of the Commission will be implementing a supportive change management framework.

## 3.9 External Relationships

### 3.9.1 Memorandum of Understanding

In February 2007, the Commission took a lead role in facilitating a workshop to discuss cooperation and how best to define working relationships when investigating matters relevant to a number of agencies. Since then, the HQCC has developed a Memorandum of Understanding (MOU) to address any cross-jurisdictional issues arising between the Commission and the other agencies. These agencies include:

- Crime And Misconduct Commission
- Commission for Children and Young People and Child Guardian
- State Coroner
- Office Of Health Practitioner Registration Boards
- Queensland Nursing Council
- Queensland Police Service
- Queensland Ombudsman
- Chief Health Officer

The MOU outlines the respective roles and responsibilities of, and the relationship between, the parties in relation to the management, investigation or otherwise dealing with:

- complaints about health services and health providers, or
- serious adverse health incidents where the quality of a health service is relevant, or
- any health incident that has or could attract significant adverse public interest.

Specifically, the MOU sets out procedures and working arrangements to assist the parties in relation to:

- notification between the parties of complaints and serious adverse health incidents
- co-ordination of concurrent investigations by the parties;
- the sharing of information between the parties, and
- the safety and well-being of health care recipients.

The MOU is awaiting final endorsement by the respective parties. A copy of the document is included at Appendix 16.

### 3.9.2 Participation on external committees

At the local level, the Commissioner and CEO regularly attend the Queensland Combined Commissions Meeting with the Crime and Misconduct Commissioner, the Anti-Discrimination Commissioner, the Commissioner for Children and Young People and Child Guardian, and the Queensland Ombudsman. At the national level the Commissioner and CEO regularly attend the Australasian Health

Commissioners Meeting. This is an area in which the HQCC plans to make significant improvements in the future.

### 3.9.3 Future directions

Within its strategic directions document (attached) and supporting business operational plans, the HQCC will focus on developing quality relationships with its stakeholders. These stakeholders include

- health care users
- health care providers, and
- community leaders who play a role in planning services and community interest including media.

Through its statewide travel program, the HQCC will promote the work and capability of the organisation. Travel will be undertaken by all areas of the Commission to engage stakeholders in all aspects of its work – both the proactive areas of standards development and quality monitoring, and the reactive arm of complaints and investigations.

The information gleaned from the two distinct areas of the HQCC will be combined with the information from media monitoring and research to enable a focus on emerging issues requiring the attention of the Commission. The HQCC's role in the management of this knowledge will require the ongoing improvement of our information and communication technology support, internal capability and external relationship building.

## 4.0 Concluding Remarks

It has been a demanding and challenging first year for the Commission. The HQCC has established its full complement of staff, reviewed and developed numerous new processes, implemented policies to support the organisation, established an early reputation for making a difference through its investigations and standards development functions, and laid a foundation for ongoing improvement. The Commission welcomes the Health Quality and Complaints Commission Select Committee's review as an opportunity for external analysis of its early life as the independent health watchdog for Queensland. The Commission is aware of the huge amount of work ahead. It is the belief of staff and Commission members that the foundation of the first year is a start for things to come. The values, the growing staff capability, the improved processes, the smart tools, the branding and the important collaborations with stakeholders, together with the recommendations in the Committee's report, will assist the Commission HQCC to achieve its vision of "Positive Health Action".

## 5.0 List of Appendices

Appendix 1: Complaints and Investigations Statistics
Appendix 2: Draft Complaints Management Manual
Appendix 3: Draft Investigations Manual
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