

20 December 2011

Ms Lindy Nelson-Carr MP
Chair
Health and Disabilities Committee
Parliament House
George Street
Brisbane Qld 4000



Via email: hdc@parliament.qld.gov.au

Dear Ms Nelson-Carr

Report on Health Quality and Complaints Commission organisational review and information on the average cost of investigation

Please find enclosed a report on the Health Quality and Complaints Commission (HQCC) organisational review, as requested.

Further to your earlier request through the question on notice process for information on the cost of investigation, the HQCC has calculated an average cost per investigation of \$28,041 for the 2010-11 year.

On behalf of everyone at the HQCC, we wish members of the Committee a safe and happy festive season.

Yours sincerely



**Adjunct Professor Cheryl Herbert
Chief Executive Officer**

1. Background

The Health Quality and Complaints Commission (HQCC) has undertaken the independent review and management of healthcare complaints and monitoring of healthcare quality in Queensland since 1 July 2006. The HQCC was established following recommendations of the Queensland Health Systems Review (Forster Review) in September 2005 and has now entered its sixth year of operation. The first phase of the organisation's development focused on establishing core business services to achieve the objects and functions of the *Health Quality and Complaints Commission Act 2006* (HQCC Act).

The organisation's policies and processes have evolved during the HQCC's 'establishment' phase. There has also been a focus on building the organisation's culture, following transfer of staff from the Health Rights Commission in 2006 and recruitment of staff to new roles. As the organisation moves into its consolidation phase, it was decided to undertake a comprehensive internal review of the way the organisation achieves its objects and functions under the HQCC Act.

2. Purpose of review

In March 2011, in response to the Commission's *Strategic Plan 2011-2015*, the HQCC executive management team (the Executive) initiated a broad internal operational review of the HQCC's complaint management and healthcare quality oversight and improvement functions.

The organisational review had two primary purposes:

- i. to ensure that the organisation's staffing establishment was optimally structured to fulfil the objectives of the Commission's *Strategic Plan 2011-2015*, and
- ii. to ensure that the office of the HQCC was operating as efficiently and effectively as possible

Further internal and external business drivers for the organisational review were:

- The need to redesign services to ensure the HQCC can effectively and efficiently manage increases in the number of healthcare complaints and other information received.
- The need to develop a more comprehensive risk assessment and response framework to improve the assessment and escalation of complaints and information received by the HQCC.
- The need to review thresholds for accessing some HQCC services and for resolving/closing complaints and safety and quality issues in a timely manner.
- The need to clearly define the underlying principles of HQCC products and services with regard to resolution and management of complaints, and monitoring and facilitation of improvement in healthcare quality.
- The need to focus investigations on serious, systemic issues that are broader than a single complaint or healthcare setting.
- The need to embed a triage system to more effectively and efficiently determine the most appropriate way to review and/or manage healthcare complaints and other information received by the HQCC.
- The need to provide a more client-centred service.
- The need to review the impact of national reform on the organisation's functions and activities.
- The need to enhance the capacity of the organisation to gather and use the information gained through numerous avenues (including review and management of health service complaints) to monitor and report on the quality of health services in Queensland as well as to identify and address systemic areas for improvement.

3. Review approach

The review was undertaken in a two main stages. The first stage of the review was the establishment of a project to undertake a full end- to-end review of processes across the organisation.

A key objective was to ensure the HQCC's operations were aligned to achieving the organisation's strategic plan and that these objectives were achieved in the most efficient and effective manner possible. To this end, the development of a high level future service delivery model was an early goal of the project. Following development of the model, the project was to provide the organisation with the necessary information for the Executive to complete the review and to deliver an organisational policy and procedure manual.

This project comprised the following activities:

- environment scanning
- review and consideration of national health reforms and impact at state level
- review of the *Health Quality and Complaints Commission Act 2006*
- review of state policies and other legislation; specifically any changes relevant to the functions of the HQCC
- review of best practice standards and research about complaint management and regulation of health services
- review of the products, services and processes of other health complaint entities, complaint entities and regulatory entities employing a responsive regulation approach
- review of the results of previous organisational reviews and projects, such as:
 - external conciliation review (2011)
 - Response Framework project (2010-11)
 - Standards and Quality Unit review (2010)
- identification of opportunities for improvement, development of new high-level processes and an assessment of the impact of new processes on existing operations
- development of a high level model of future service delivery
- development of a plan to implement the new model of service delivery and identified process improvements.

3.1. Review project methodology

The review project was undertaken according to project management methodology (based on the Prince2 and Project Management Body of Knowledge methodology). Two senior HQCC staff were seconded from their substantive positions to lead the review project:

- Project Manager Peter Johnstone
(substantive position Executive Manager, Complaint Services)
- Assistant Project Manager Carli Rowlands
(substantive position Principal Quality Officer, Quality Services).

The review project was sponsored by HQCC Chief Executive Officer Adjunct Professor Cheryl Herbert. The HQCC's Program Control Board (comprising the CEO and executive management team) was responsible for overseeing the project, as with all organisational projects. A Project Steering Committee provided guidance on issues and risks.

The HQCC researched and reviewed available information about the national and state health reforms.

Best practice in complaint handling was identified during the extensive research conducted to develop version 2.0 of the HQCC's *Complaints management standard*, which was launched in July 2010. In addition, the practices of other health complaint and general complaint handling entities in Australia were reviewed and compared with HQCC practices.

Best practice in responsive regulation was based on the HQCC's Response Framework and information from prior projects, such as healthcare provider risk profiling. This information was supplemented by a literature review. Other regulators using a responsive regulation approach were identified and their relevant practices compared with HQCC practices.

Legislation and policy impacting the operations of the HQCC were identified and reviewed by staff with relevant functional responsibility, for example General Counsel and Manager, Business Services.

An analysis of the strengths, weaknesses, opportunities and threats based on the results of these reviews was conducted, which identified opportunities for improvement.

The results of this initial phase were provided to the Executive for consideration in developing the future service delivery model. All opportunities for improvement were documented in a project closure report and formed the basis of action plans for implementation. Each Executive is now leading the implementation of an action plan for their area of responsibility.

Concurrently, existing service delivery documentation (policy, legal interpretation, processes, documentation and associated materials relating to review and management of healthcare complaints and review of, and improvement, in healthcare quality) was collected and recorded in preparation for the development of a new organisational policy and procedure manual.

Also concurrent to the project, two groups which had begun operating prior to the review—a complaint Assessment Process Group and an organisation-wide Continuous Improvement Committee—continued to progress process improvements as they were identified (where significant technology/legislation/staffing changes were not required). As an organisation focused on continuous improvement, it was agreed that continuing to progress business improvements while the review was being conducted was an expedient approach which would reduce the degree of organisational change required at the conclusion of the project.

Subsequently, a strategic-level service delivery model, reflecting best practice principles in complaint handling and responsive regulation, was developed. Potential impacts on organisational functional requirements were considered as part of the review implementation.

3.2. Project schedule

| Stage | Project tasks | Type | Time frame |
|-------------------|--|-------------|-----------------------|
| Planning | Develop Work Breakdown Structure and Project Plan | Deliverable | April–May 2011 |
| | Identify impacts of state/national health reform on HQCC | Activity | June–August 2011 |
| Execution Phase 1 | Review HQCC Act, state policy and other legislation impacting on HQCC | Activity | |
| | Review outcomes of Response Framework | Activity | |
| | Review outcomes of external conciliation review | Activity | |
| | Review best practice in complaint handling and responsive regulation | Activity | |
| | Review progress of national provider profiling research | Activity | |
| Stage Gate 1 | | | August 2011 |
| Execution Phase 2 | Review outcomes of phase 1 activities | Activity | August–September 2011 |
| | Draft TO-BE process and make comment on organisation functional requirements | Deliverable | 6 September 2011 |
| Closure Phase | Conduct project team and organisation-wide debrief | Activity | 30 September 2011 |
| | Develop Closure Report | Product | |

3.3. Subsequent stage of review

The second phase of the review was to consider the workforce implications identified in the first phase and implement necessary changes.

Following the review project closure on 30 September 2011, members of Executive were charged with implementing an action plan to realise the new service delivery model and process improvements identified in the review.

The majority of actions are due for completion by 31 December 2011; more complex recommendations will be completed throughout 2012, with a new organisational policy and procedure manual due for completion by July 2012.

More detail on the results of the review, the new service delivery model, review actions, an overview of review impacts and proposed legislative amendments are provided below.

4. Review results

As a result of the end to end process review project, process improvements to enhance the HQCC's core service delivery functions of Complaint Services and Quality Services were identified along with the need to build the information collation, analysis and sharing capacity of our organisation to drive healthcare safety and quality improvement (see diagram below).

Future functions of the HQCC



The review also recognised that while the organisation will continue to deliver its core Complaint and Quality Services functions, another layer of focus would be required to achieve its strategic objectives. To this end a matrix management approach has been agreed as illustrated in the diagram above. This approach will combine operational management of complaint management and quality activities with executive leadership in the specialist fields of information collation, analysis and sharing to ensure quality and consistency across the organisation.

During the review, a number of opportunities for process improvement were identified. Recommendations developed as a result of the process review project were considered by the Executive. The agreed outcomes of the review were delegated to the Executive for implementation, with progress reviewed and monitored quarterly as part of the Operational Performance Review program. Most of the recommendations will be completed by 31 December 2011, while implementation of more complex process improvements will continue into 2012.

The review identified a number of significant support and enabling strategies required to enact the new processes and working model outlined in the above diagram. The increasing need for enhanced data analysis was also acknowledged. The effective management of information has been identified by most complaints and regulatory agencies as a key goal. Numerous agencies are developing quality and risk profiles to aid in the identification of issues and risks (e.g. Care Quality Commission, UK; Health Improvement Scotland). Other agencies (such as the Western Australian Office of Health Review) have allocated resources specifically to the identification and management of systemic issues. The review highlighted the need to develop enhanced analytic ability and a dedicated business intelligence role within the organisation.

It also identified the opportunity to increase the proactive sharing of data and other information with other agencies and publicly. While there is a clear need for the HQCC to maintain independence, the cooperative sharing of information drives improvement and encourages voluntary compliance. The need to undertake a review of the HQCC Act was also raised.

Following the completion of the process review project in September 2011, the Executive reviewed the organisation's staffing to ensure that the organisation's establishment was optimally structured to fulfil the objectives of the Commission's *Strategic Plan 2011-2015* and implement the recommendations of the review (see section 5. Workforce requirements).

The review implementation action plan is detailed below.

4.1. Review action plan

| # | Action |
|----|--|
| 1 | Consider legislative amendments pertaining to unregistered providers. |
| 2 | Consider enhanced definition of matters which fall within the ambit of HQCC's jurisdiction (for inclusion in online policy and procedure manual). |
| 3 | Consider matters to be conciliated by HQCC in future, i.e. ongoing focus upon financial outcomes or otherwise. |
| 4 | Consider addition of policy/procedure pertaining to use of legislative powers by authorised persons in Quality Services, linked to organisation-wide processes. |
| 5 | Develop IT solution to manage (store, access, modify) organisation-wide policy and procedure documentation. |
| 6 | Consider opportunities for information sharing within the HQCC to enhance service delivery. |
| 7 | Continue to develop strategies for improved data integrity (including rationalising fields within CIPHA complaints and investigations case management database). |
| 8 | Review implications of process changes relating to sections 75 and 76—confidentiality of material disclosed under public interest. |
| 9 | Improve storage, maintenance and access to referral information by Complaint Services staff. |
| 10 | Develop organisation-wide definitions of key terms (whole of organisation glossary). |
| 11 | Assess learning and development requirements against new service delivery model. |
| 12 | Consider amendments to the HQCC Act to provide greater powers to protect the well-being of consumers. |
| 13 | Consider broader circulation of the outcomes of investigations for learning. |
| 14 | Expand and consolidate 'Resolution' function within Complaint Services (including early resolution, direct resolution, conciliation, mediation). |
| 15 | Implement agreed external conciliation review recommendations. |
| 16 | Determine structure/process changes required to enact Collation function, and implement. |

| # | Action |
|----|---|
| 17 | <p>Determine structure/process changes required to enact Analysis function, and implement, e.g.:</p> <ul style="list-style-type: none"> • analyse and drive improvement against all relevant healthcare standards (standards transition plan) • expand the monitoring of root cause analysis (RCA) reports capability to include analysis and driving improvement against the wider topic of reportable events • expand the analysis and learning from complaints (HQCC and other) and other consumer experience data • develop formal system for reviewing all forms of feedback from clients for the purpose of service improvement—review requests, client experience surveys, complaints etc. |
| 18 | <p>Determine structure/process changes required to enact Sharing function, and implement, e.g.</p> <ul style="list-style-type: none"> • social media strategy • proactively brief the Minister for Health and Health and Disabilities Committee • share case studies and lessons learned to enable the healthcare industry to educate/foster improvement • encourage consumers to share their healthcare experiences, both good and bad, to drive improvement • target messaging to relevant healthcare providers, particularly hospitals and doctors. |
| 19 | <p>Identify and implement process improvements to Complaint Services functions, e.g.</p> <ul style="list-style-type: none"> • develop monitoring processes (e.g. results of devolved matters and investigation recommendations) • increase scrutiny of assessment cases (e.g. review cases at 60 days and request permission to extend beyond this time frame) • use the section 20 duty to improve provision as an alternative means for addressing complaints about which the HQCC holds concerns however which are not necessarily suited to investigation, conciliation or other traditional complaint management options • identify options for the HQCC in circumstances where HQCC identifies remedial or improvement action is required and the Australian Health Practitioner Regulation Agency has decided not to take any action about a registered provider • integrate triage function and address issues such as lack of job diversity, client responsiveness given limited number of triage officers and potential for officer 'burn-out' given high levels of client contact, repetitive nature of role and high caseloads • increase use of devolution function to providers (as opposed to 'referral' to other entities) for the purposes of investigation and resolution • improve processes around the request and provision of records and other information • develop standardised approaches to in-house clinical advice and enhancements to the management of clinical advice • review the HQCC's relationship with the Office of the State Coroner and decide to what extent and under what circumstances the HQCC assists the Coroner • define frivolous, vexatious and trivial complaints (e.g. Queensland Ombudsman defines complaints about sums of money less than \$250 trivial, but this decision is applied with discretion) • give further consideration to strategies to assist parties' early understanding of the HQCC's role and powers • develop processes to provide regular updates to parties regarding the progress of their complaint (through a variety of methods responsive to the diversity of client needs) • develop referral criteria for all complaint management options (links with action 20 – development and implementation of HQCC decision making framework). |
| 20 | <p>Identify and implement process improvements required to Quality Services functions, e.g.</p> <ul style="list-style-type: none"> • routine issue and hospital profiling • verification of reported compliance and/or improvement • further development and implementation of a decision making framework (and associated criteria) that better assesses and escalates the organisation's responses to concerns and issues identified (including criteria for each complaint management option—links with action 19) • develop a framework to define the various research activities conducted across the HQCC • position Quality Services to assist in preparing products and services for sharing (refocus on routinely and systematically sharing information and lessons learned). |
| 21 | <p>Develop matrix model of management to support collation, analysis and sharing functions.</p> |
| 22 | <p>Develop key performance indicators for executives responsible for Collation, Analysis and Sharing portfolios.</p> |

| # | Action |
|----|--|
| 23 | Determine and implement information management system changes required to enact future service delivery model. |
| 24 | Determine and implement legislative and policy changes required to enact future service delivery model, e.g. <ul style="list-style-type: none"> amend Section 82 Conciliation Privileged to align with HQCC policy that the conciliation privilege does not pertain to public interest issues as per section 75 and the use of these issues pursuant to section 76 (policy implemented following external legal advice). consider developing a process and policy/guidelines regarding the circumstances where prosecution for breach of section 123 is appropriate. |
| 25 | Reallocate human and financial resources to support proposed activities. |
| 26 | Review cooperative and deterrent approaches to identify whether there are opportunities for HQCC to further assist provider compliance (with section 20) and improvement. |
| 27 | Review the Complaint service charter in line with new processes; consider whether other client service charters are required. |
| 28 | Consider developing a process and policy/guidelines on the exercising of inquiry powers. |
| 29 | Consider opportunities for distribution of Health Consumer Queensland's advocacy toolkit. |
| 30 | Review and improve access to HQCC services in terms of identified special needs groups, e.g. prisoners, culturally and linguistically diverse people, people in rural and regional areas, e.g. <ul style="list-style-type: none"> alignment with whole of government language services policy develop needs assessment process (including gender and ethnicity preferences) consider expansion of online services to include capability to email complaint form, e-submit complaint form and link/refer to other agencies through website. |
| 31 | CEO and Commissioner to continue monitoring information about state/national roles and responsibilities for healthcare performance monitoring and improvement. |
| 32 | HQCC to enhance relationship with Australian Health Practitioner Regulation Agency. |
| 33 | HQCC to enhance relationship with Centre for Healthcare Improvement, Queensland Health. |
| 34 | Implement a working party to support the HQCC in research, analysis and academic liaison, comprised of Assistant Commissioners and other relevant industry experts. |

4.2. Overview of review impacts

A broad overview of the review impacts is listed below. More detail specifically about the impacts of the review on HQCC investigations is provided in the following section of this report.

| Impact | Detail |
|---|---|
| Revised operational processes | Modifications to policies and operating procedures to reflect changes to business practices brought about by future service delivery model. |
| Managerial structures | Modifications to existing managerial structures to reflect matrix approach to organisational priorities, including oversight of Collation, Analysis and Sharing activities. |
| Organisational structure and resourcing | Modifications to the organisation's structure, e.g. establishment of resolution team to provide complaint early resolution and conciliation services. |
| Information technology | Modifications to the organisation's IT systems including modifications to the CIPHA complaints and investigations case management system (to align with procedural changes) and ongoing modifications to other systems to facilitate an enhanced analysis function. |

| Impact | Detail |
|------------------------|---|
| Legislative change | A number of proposed legislative amendments have been identified during the review. These will require further consideration. Additional changes may be identified as executive managers further consider and apply the future service delivery model (refer to the draft proposed legislative amendments below). |
| External relationships | The HQCC's relationships with a number of external agencies (including the Australian Health Practitioner Regulation Agency, the Office of the State Coroner) are likely to be impacted by the issues identified through the review. |
| Strategy shifts | The HQCC's approach to a number of high level issues is likely to be impacted as a result of review outcomes. |

4.3. Investigation criteria and review impact

The HQCC investigates and oversees serious, systemic and pervasive healthcare quality issues to determine what occurred and why, and to recommend safety and quality improvement to minimise the risk of the same or similar issues recurring. One of the key drivers for the internal operational review was the need to consider the investigation process, including the criteria for commencing an investigation.

There are two main sources of investigations:

1. Referrals from:
 - a. the Premier
 - b. Minister for Health
 - c. Director-General, Queensland Health
 - d. Office of the State Coroner
 - e. other government agencies, including the Australian Health Practitioner Regulation Agency
 - f. the Commission (through the Commissioner and Chief Executive Officer)
 - g. legal entities.
2. Complaint cases referred for investigation following complaint assessment. Assessment is a process in which the HQCC gathers and reviews all relevant information about a complaint and makes a determination about future action. Following assessment, we may do any or all of the following:
 - a. take no further action (close the complaint)
 - b. refer the matter to another agency
 - c. refer the matter to a registration board
 - d. conciliate the complaint
 - e. investigate the complaint. This may include devolution of the complaint to the healthcare provider to which the complaint relates (as long as the public interest is safeguarded) using section 20 of the HQCC Act to require the healthcare provider to respond to the issue(s) of complaint and the provider's legislated duty to improve their services.

An Assessment Recommendation Meeting (ARM) is held to make decisions on complaints that require further action and, in particular, to discuss complex cases not adequately resolved in assessment due to the 90-day legislated timeframe and process. During the review, the following draft criteria were developed to guide ARM decision-making:

1. Were there significant gaps in the health service that resulted in serious harm or the potential for serious harm, or death?
2. If yes, did the healthcare provider(s) response fail to adequately address the complaint issues.
3. Are there potential or identified systemic issues that may result in multiple health service or state-wide recommendations?
4. Does the complexity of the case require further investigation?
5. Were there multiple healthcare providers or facilities involved in the care or treatment which is in dispute?
6. Are there patient/public safety issues of public interest that require the healthcare provider to make a significant response and take action?
7. Has a sufficient response been received from the healthcare provider(s) during the assessment process?
8. Do the scope and parameters of the investigation fall within the requirements of section 86 of the *Health Quality and Complaints Commission Act 2006*?
9. Is an investigation the most appropriate way to achieve safety and quality improvement?

The draft criteria are largely based on current business practice but further focus the HQCC's limited resources on investigating the most serious complaints that are likely to result in safety and quality improvement recommendations which impact on multiple healthcare providers. The criteria will be formally implemented from January 2012.

The review also recommended the need to review the HQCC's relationship with the Office of the State Coroner and decide to what extent and under what circumstances the HQCC will assist the Coroner with investigations. The HQCC has reaffirmed its commitment to investigating reportable deaths where it considers the quality of a health service, or systemic issues relating to the quality of health services, are relevant to the death, as required under section 86(e) of the HQCC Act.

The review identified the need to establish a new role within the investigations team to manage the oversight of complaints that are devolved to healthcare providers. This devolution approach will be employed when issues remain outstanding following assessment which the HQCC believes are best managed by the healthcare provider. The HQCC will make greater use of section 20 of the HQCC Act—the duty of a provider to establish, maintain and implement reasonable processes to improve the quality of health services—to oversight local investigation of outstanding complaint issues and monitor action plan implementation. This devolution position will be reallocated from our complaint assessment team.

An assessment of the demand on HQCC investigative resources and investigator caseloads identified the need for an additional three senior investigator positions. The HQCC has reviewed its staffing establishment and determined that these positions can be funded temporarily by reallocating existing roles.

4.4. Proposed legislative amendments

Proposed amendments to the HQCC Act identified during the review include:

- Section 82 amendment required to give effect to the HQCC ability to deal with public interest matters raised during conciliation and reflect the HQCC position that privilege and confidentiality do not pertain to public interest matters identified during conciliation.
- Limited powers to take action on non-compliance, e.g. investigation recommendations and section 20 duty to improve recommendations made by the HQCC.
- Limited powers to act in relation to the Medical Board of Australia's immediate action powers.
- Regulation of unregistered healthcare providers—the Australian Health Ministers' Advisory Council consultation and initiatives are likely to impact on HQCC powers if a statutory code of conduct is introduced for unregistered healthcare providers.
- Amendments resulting from identified gaps in the HQCC Act as a result of notifying and consulting with the Australian Health Practitioner Regulation Agency about nationally registered providers have created anomalies when dealing with state registered providers, e.g. preliminary assessment process of state registered providers should align with nationally registered providers.
- External conciliation review recommended process changes—implementation may require amendment to Chapter 6.
- Internal process review recommended process changes—implementation may require amendment to the HQCC Act.

Legislative review work will be progressed in 2012 under the leadership of the HQCC's Chief Executive Officer and General Counsel.

5. Workforce requirements

The staffing requirements to implement the future service delivery model and realise the *Strategic Plan 2011-15* were determined in November 2011. This phase of the review necessarily also considered the HQCC's funding arrangements and noted that the HQCC has only received additional funding for enterprise bargaining agreement commitments, and to assist with the organisation's March 2009 move to new premises to collocate with fellow complaint agencies. Queensland Health provided non-recurrent funding for three years from 2010-11 to assist with the HQCC's transition to new payroll and financial information systems. This funding has enabled the HQCC to meet minimum Queensland Treasury financial reporting requirements.

The organisation operated in budget deficit for three years from 2008 to 2010. A minor surplus was achieved in 2010-11 due to staffing vacancies. The HQCC anticipates its overall cash surplus of \$693,000 will be expended by the end of 2011-12 funding additional temporary staff to meet frontline service demands in complaint management and investigations.

In reviewing its staffing structure, the HQCC has redistributed existing positions to deliver on the new service delivery model.

An earlier review of the then Standards and Quality team (now Quality Services) completed in the final quarter of 2010 identified two full time equivalent positions as no longer required due to the national health reforms. This freed up one managerial and one support role for reallocation to Complaint Services. Our November 2011 staffing establishment review identified a further two positions that have been temporarily redirected from Quality Services to Complaint Services.

The review also identified the need to develop a dedicated business intelligence and analysis function within the organisation. A business intelligence team will be established within the Information management unit of the organisation, sourced from three positions redirected from Quality Services.

Quality Services will now operate with eight full-time positions to enable resources to be redeployed to complaints and investigations, and business intelligence. This is a significant decrease in staffing to deliver the healthcare quality oversight and improvement functions of the organisation into the future.

The corporate business support team has identified two positions that have been redirected to Complaint Services to meet work demands and strategic plan objectives.

Organisational change management has commenced to deliver on the revised structure and has largely been completed, although some activities will continue into early 2012. The design and implementation of training and development plans to support this workforce change will be undertaken in the new year.

Despite the above changes, the review of the HQCC's staffing establishment identified the ongoing requirement for 10 additional permanent frontline complaint management and investigations positions and two support positions which cannot be met through further efficiency gains or redistribution of existing positions. The required positions and existing temporary staffing arrangements are listed below.

| Position | Permanent staffing requirement | Existing temporary staffing arrangement |
|-----------------------|--------------------------------|---|
| Senior Investigator | 3 full-time positions | 1 temporary full-time position |
| Investigator | 1 full-time position | 1 temporary full-time position |
| Senior Triage Officer | 3 full-time positions | 2 temporary full-time positions |
| Resolution Officer | 3 full-time positions | 0 |
| Analyst | 1 full-time position | 0 |
| Finance Officer | 1 full-time position | 1 temporary full-time position |

6. Conclusion

In summary, the HQCC's internal operational review of its complaint management and healthcare quality oversight and improvement functions, and the resulting staffing establishment review, is now in the implementation phase.

While the majority of the changes will be implemented by 31 December 2011, some of the more complex recommendations and process improvements will continue to be rolled out in 2012. This will ensure that the office of the HQCC is operating as efficiently and effectively as possible, and the organisation's establishment is optimally structured to fulfil the objectives of the Commission's *Strategic Plan 2011-2015*.

Full implementation of the review however is dependent on the HQCC receiving recurrent funding for the 12 additional positions identified in the review but unable to be permanently funded within the existing budget.

A new organisational policy and procedure manual, which will support implementation of the HQCC's new service delivery model, is on track to be completed by July 2012.