**Question 1: What are the differences in the handling and resolution of complaints about regional health services versus metropolitan?**

**Response**

There are no differences in the manner in which complaints relating to regional versus metropolitan services are handled. All complaints are assessed using the same methods and timeframes.

What can differ is the assessment outcomes particularly noting some locational differences in the nature and context of the issues raised, as detailed in the annual reports of the Commission. Typically complaints from regional locations are far more likely to be referred to the Commission's Resolution Services for assisted resolution. This reflects the fact that a major focus is on opportunity for resolution and rebuilding trust and connection between service providers, patients, carers and the community. If there is a high dependency on the services the imperative to achieve this is paramount.

**Question 2: What are the Commission's practices for selecting internal medical clinical advisors, including for nursing? How many clinical experts does the Commission have for different medical areas?**

**Response**

The HCCC has three experienced General Practitioners who occupy designated internal medical advisor positions on staff. They were selected on the basis of their GP qualifications and expertise and ability to advise on the standards that should be met by practitioners with particular levels of skills, training and experience.

In its general recruitment for assessment, investigation and resolution staff, the Commission also considers relevant qualifications. Twenty Commission staff hold clinical and allied health qualifications.

For all complaints about registered nurses, the professional officers of the Nursing and Midwifery Council of NSW also provide advice.

The table below provides the breakdown of independent experts that provide clinical advice to the Commission, by speciality or expertise category.

**TABLE 1: INDEPENDENT EXPERTS THAT PROVIDE CLINICAL ADVICE TO THE COMMISSION BY CLINICAL AREA**

| Profession | AHPRA Specialty | Number of Practitioners |
|---|---|---|
| Medical Practitioner | Addiction Medicine | 2 |
| Medical Practitioner | Anaesthesia | 9 |
| Medical Practitioner | Cardiology | 4 |
| Medical Practitioner | Cardio-thoracic surgery | 2 |
| Medical Practitioner | Dermatology | 4 |
| Medical Practitioner | Emergency medicine | 10 |
| Medical Practitioner | Endocrinology | 5 |
| Medical Practitioner | Gastroenterology | 1 |
| Medical Practitioner | Gastroenterology and hepatology | 1 |
| Medical Practitioner | General Practitioner | 47 |
| Medical Practitioner | General surgery | 10 |
| Medical Practitioner | Geriatric Medicine | 1 |
| Medical Practitioner | Haematology | 3 |
| Medical Practitioner | Infectious Diseases | 1 |
| Medical Practitioner | Intensive care medicine | 4 |
| Medical Practitioner | Nephrology | 3 |
| Medical Practitioner | Neurosurgery | 4 |
| Medical Practitioner | Obstetrics and Gynaecology | 11 |
| Medical Practitioner | Ophthalmology | 11 |
| Medical Practitioner | Orthopaedic surgery | 3 |
| Medical Practitioner | Otolaryngology - head and neck surgery | 4 |
| Medical Practitioner | Paediatrics and child health | 6 |
| Medical Practitioner | Pathology | 5 |

| Profession | AHPRA Specialty | Number of Practitioners |
|---|---|---|
| Medical Practitioner | Plastic surgery | 3 |
| Medical Practitioner | Psychiatry | 16 |
| Medical Practitioner | Radiation Oncology | 2 |
| Medical Practitioner | Radiology | 8 |
| Medical Practitioner | Rehabilitation medicine | 5 |
| Medical Practitioner | Respiratory and Sleep Medicine | 2 |
| Medical Practitioner | Rheumatology | 1 |
| Medical Practitioner | Surgery | 25 |
| Medical Practitioner | Urology Surgery | 5 |
| Nurse | | 42 |
| Chinese Medicine Practitioner | | 3 |
| Chiropractor | | 4 |
| Dental Practitioner | Oral and maxillofacial surgery | 1 |
| Dental Practitioner | | 5 |
| Massage Therapist | | 2 |
| Midwife | | 4 |
| Naturopath | | 2 |
| Occupational Therapist | | 1 |
| Osteopath | | 5 |
| Pharmacist | | 7 |
| Physiotherapist | | 1 |
| Psychologist | | 10 |
| Scientist/Researcher | | 3 |
| | **Total:** | **308** |

**Question 3: You indicated in evidence that there had been a change to the role of internal medical advisors. Could you provide more detail on these changes? How have the changes affected the use of internal medical advisors and what impact has this had on the Commission's work?**

**Response**

During 2017, the pressure arising from the year on year increases in complaints and the impact of timeliness became apparent. A review of business processes was set in train to address this.

The review identified, increased demand for clinical advice, delays in delivery of clinical advice and the need for clinical advice on an increasingly diverse range of services as dominant drivers of declining assessment performance.

The following aspects of the clinical advice function were identified as requiring action:

- The method of providing clinical advice had not evolved over time.
- The existing Internal Medical Advisor roles were not clearly defined. They were primarily providing advice in assessment processes, but not as much as is required in resolution, investigation, formal review and prosecution functions.
- Internal Medical Advisors were increasingly reviewing complaints that had no clinical dimension (e.g. complaints about attitude, criminal convictions and self-reported substance abuse), which could be readily assessed without specialised clinical expertise.
- The three part time Internal Medical Advisors had been working on multiple extensions of short employment contracts over a very long period and if this model was to continue there would be the risk of loss of corporate experience and knowledge.
- Medical advice was exclusively formal written advice and provided at the end of an assessment process. There was an identified need for more clinical input at the early stages of assessing a complaint and for flexibility to get guidance or interpretation on clinical issues and documentation along all stages of the complaint process and in a more informed way.
- There was a pressing need to build a pathway to more direct and timely access to specialised clinical advice. As the number of experts and their involvement grew, transparency and quality control processes required more structure regarding aspects such as: ensuring no conflicts of interest; confirming the credentials of peer advisors; and clear identification of documents the expert had examined in forming their opinion.

As a result the following changes were made:

- The three part time Internal Medical Advisors were converted to permanent employee positions.
- The roles were relabelled Clinical Advisors, to stress the focus on review and advice on the clinical aspects of complaints rather than other issues.
- The introduction of scheduled consultation sessions each week, so that staff (from any operational area) could seek clinical advice from the Clinical Advisors.
- The external panels for specialist clinical advice were refreshed and training was undertaken, for both new and existing panel members.

- The process for seeking external specialist advice was streamlined so that written clinical advice could be received directly from the relevant external panel member.
- Arrangements to secure clinical advice from Professional Officers of the 15 NSW Professional Councils were consolidated.

The revised processes and structures for clinical advice over the past two years have increased access to clinical advice and ensured the high quality of that clinical advice. On-staff clinical advisors are not burdened with unnecessary administrative actions. They are able to focus on delivering clinical guidance and information through a number of different modes. There is more direct access to a wider range of clinical experts.

The tangible and measurable benefit has been improved assessment performance, not just in terms of the numbers of complaints assessed in the year, but importantly in relation to timeliness, which is the statutory key performance indicator for the Commission. Table 2 below compares 2017-18 performance in relation to the number of complaints assessed and the time taken for those assessments with the performance in subsequent years.

**TABLE 2: Comparison of Performance - 2017-2018 to 2019- 2020**

| | 2017-18 | 2018-19 | 2019-20 |
|---|---|---|---|
| Complaints Received | 7,084<br>Up 12.1% | 7,299<br>Up 3% | 7,843<br>Up 7.5 % |
| Complaints Assessed | 7,191<br>Up 19.4 % | 7,735<br>Up 7.6% | 8,026<br>Up 3.8% |
| Assessment timeliness<br>% assessed within 60 days | 54%<br>Average 72 days | 79%<br>Average 48 days | 89%<br>Average 39 days |

This year, the Commission has an audit of its clinical advice underway through its internal audit program. This will include examination of the arrangements in other jurisdictions and inform consideration of any further improvements that could be implemented in the future.

**Question 4: How does the Commission measure its organisational culture and staff wellbeing?**

**Response**

The Commission participates in the Annual Public Sector People Matters Employment Survey (PMES). This survey provides a measure of employee satisfaction and engagement. The Commission has encouraged staff involvement in the survey and in 2019, 94% of staff completed the survey.

In 2019, PMES measures showed improvement in culture and employee experience in all 8 domains of the PMES;

- Engagement with work – up 12%
- Senior Managers – up 18%
- Communication – up 5%
- High Performance – up 13%
- Public sector values – up 10%
- Diversity and inclusion – up 12%
- Flexible working – up 22%
- Action on results – up 22%

There are three areas where the Commission exceeds sector wide benchmarks:

- Senior Managers
- Action on results
- Flexible working

The Commission undertakes other point in time surveys of staff as required. For instance, our July 2020 "Pulse" Survey was to understand experiences with Working from Home and the results are the basis for current deliberations on the approach to safe and productive flexible working during and after the COVID pandemic.

The monthly Executive Leadership meeting receives monitoring and reports on key metrics relating to: workloads, planned and unplanned leave, workers compensation, any current workplace grievances or investigations. It also oversees implementation of the Culture Plan, which captures the key actions required to ensure that the Commission works to the sector wide PMES benchmarks.