

AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE



**Corporate Plan**  
2024–2025

## Acknowledgement of Country

We, the Australian Commission on Safety and Quality in Health Care, acknowledge the Traditional Owners and Custodians of Country throughout Australia. We recognise the strength and resilience of First Nations people, and acknowledge and respect their continuing connections and relationships with country, rivers, land and sea.

We acknowledge the ongoing contribution First Nations people make across the health system and wider community. We also pay our respects to Elders past, present and future, and extend that respect to all Traditional Custodians of this land.

We also acknowledge our Aboriginal and Torres Strait Islander employees who are an integral part of our diverse workforce and recognise the knowledge embedded forever in Aboriginal and Torres Strait Islander custodianship of Country and cultures.

We acknowledge and respect the Traditional Custodians on whose ancestral lands our office is located; the Gadigal people of the Eora Nation.

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# Introduction

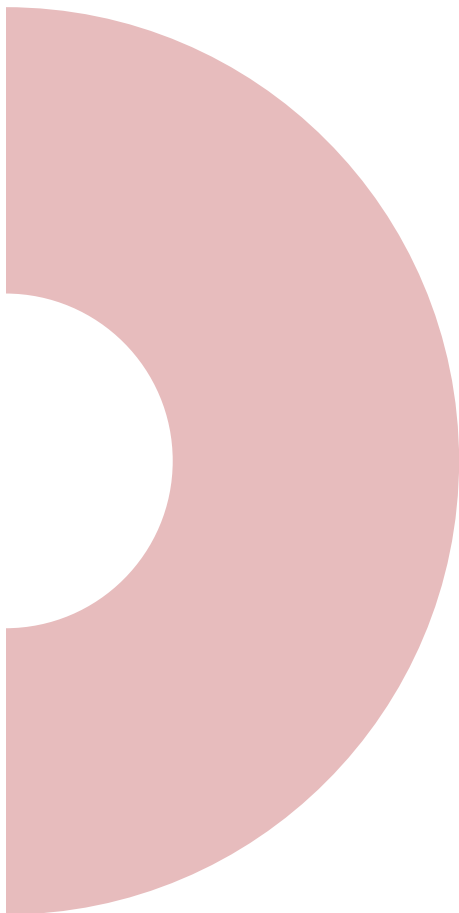
In 2006, the Council of Australian Governments established the Australian Commission on Safety and Quality in Health Care (the Commission) to lead and coordinate national improvements in the safety and quality of health care.

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The Commission's permanent status was confirmed with the passage of the *National Health and Hospitals Network Act 2011* (Cwth), while its role was codified in the *National Health Reform Act 2011* (Cwth). The Commission commenced as an independent statutory authority on 1 July 2011, funded jointly by the Australian Government and state and territory governments. The Commission also receives separate funding from agencies such as the Australian Government Department of Health and Aged Care (the Department) to undertake specific projects which provide additional opportunities to improve the safety and quality of health care generally.

The Commission is also subject to the *Public Governance, Performance and Accountability Act 2013* (Cwth) (PGPA Act), which requires that Australian Government entities prepare and publish corporate plans. The Commission's Corporate Plan 2024-25 identifies the strategic priorities that will drive the Commission's direction and work over the next four years. The corporate plan is informed by the Commission's work plan, which is required under the National Health Reform Act, and the Commission's Strategic Intent 2020-2025. The corporate plan is updated annually and will be reported on in the Commission's annual report for 2024-25.

This document has been prepared for the 2024-25 period, in accordance with paragraph 35(1)(b) of the PGPA Act.



# Purpose

The Commission’s purpose is to contribute to better health outcomes and experiences for all patients and consumers and improve the value and sustainability of the health system by leading and coordinating national improvements in the safety and quality of health care.

Within this overarching purpose the Commission aims to ensure that people are kept safe when they receive health care, and that they receive care that is right for them.

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## Values

The Australian Public Service (APS) Values and Code of Conduct set out the standard of behaviour expected of APS employees. The APS Values require public servant to be:

- Impartial
- Committed to service
- Accountable
- Respectful
- Ethical.

These principles are embedded into staff members’ performance agreements, and are reinforced through training and development, and are modelled by senior staff.

## Functions

The functions of the Commission are specified in section 9 of the National Health Reform Act 2011, and include:

- Formulating standards, guidelines and indicators relating to healthcare safety and quality matters
- Advising Health Ministers on national clinical standards
- Promoting, supporting and encouraging the implementation of these standards and related guidelines and indicators
- Monitoring the implementation and impact of the standards
- Promoting, supporting and encouraging the implementation of programs and initiatives relating to healthcare safety and quality matters
- Formulating model national schemes that provide for the accreditation of organisations that provide healthcare services and relate to healthcare safety and quality matters
- Publishing reports and papers relating to healthcare safety and quality matters.

## Environment

The delivery of health care is a complex endeavour. The health care system is a constantly evolving environment of rapidly changing evidence, models of care, workforce challenges, technology and patient expectations. Health service organisations sit within intricate webs of different types of services across primary, secondary, tertiary and quaternary sectors. Patients and consumers move between these services and sectors, and safety and quality risks exist at all points on these journeys.

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Despite this complexity, Australia performs very well in international comparisons about health, including areas such as preventive care, provision of safe care, patient engagement, administrative efficiency and healthcare outcomes.<sup>1</sup>

From 2020 health systems, and society in general, faced unprecedented disruption from the COVID-19 pandemic. The COVID-19 pandemic drove a need to rapidly reallocate resources, re-prioritise action and develop innovative solutions to emerging issues. Four years on and this disruption continues to have flow on effects for health systems, the health workforce, patients and consumers.

The maintenance of safe and high-quality care within this disrupted environment is critical. The Commission's role is to provide continuity of leadership and focus on safety and quality nationally.

The Commission continues to respond to new and emerging safety and quality issues that arise including from the impact of the COVID-19 pandemic, various Royal Commissions, Inquiries, and from within the healthcare system. The Commission strives to adapt and provide guidance that reflects changes in the environment, emerging knowledge about safety and quality, and the evolving evidence-base.

This includes working to harmonise safety and quality standards, guidance and practice across settings and sectors. The Commission shows leadership in these areas and responsiveness to the environment including through work such as the scoping of standards and guidance for safe spaces, cross-sectoral work on the development of cosmetic surgery safety and quality standards and licencing framework, development of a clinical standard for inclusion in the strengthened Aged Care Quality Standards, and collaborative work on issues such as inappropriate psychotropic use and clinical trials.

This leadership, and development of national guidance, assists those responsible for the direct implementation of safety and quality systems within health services including state and territory health departments, public and private health services, and individual executives, managers and clinicians.

The Commission uses its role as a national leader to understand and promulgate the evidence on specific safety and quality issues, to facilitate national agreements, and to create standards and guidance to engage and support organisations and individuals in improving safety and quality within their roles in the health system.

Efforts to improve safety and quality across the Australian healthcare system need to be collaborative to bring about sustainable improvements. The Commission works closely and collaboratively and builds strong relationships with a broad range of organisations in order to advance the shared goal of a safe and high-quality health care system.

## Governance

The Commission Board, appointed by the Minister for Health and Aged Care, is responsible for ensuring the proper and efficient performance of the Commission's functions.

As an agency that is funded on a cost-share basis by the Australian Government and all state and territory governments, the Commission needs to work in partnership with others to achieve its purpose. In developing its work the Commission is supported by an Inter-Jurisdictional Committee, which is made up of senior representatives from the Australian Government Department of Health and Aged Care, and the health departments from each state and territory. The Inter-Jurisdictional Committee is responsible for advising the Commission on policy development and facilitating jurisdictional engagement.

In addition, the Board has established sub-committees that provide specific advice and support across all relevant areas of its work. The Private Hospital Sector Committee includes representatives from key private healthcare bodies, and the Primary Care Committee includes representatives from a broad range of primary and community health professions and service types. These two committees provide an opportunity to liaise with and seek advice from the private health care and primary care sectors. The Audit and Risk Committee advises the Board on the Commission's financial reporting, non-financial performance reporting, risk and internal controls.

Program initiatives and projects are informed by external advisory committees, working groups, targeted and public consultation and workshops. Project outputs are referred to the Inter-Jurisdictional Committee and Board sub-committees for review and input before consideration by the Board. Major Commission projects and outputs are forwarded to the Health Chief Executives Forum and the Health Ministers' Meeting.

## Partnerships

Improvements to healthcare safety and quality are best achieved through national partnerships that are supported by local activities and implementation. The work of the Commission is focused on areas that can best be improved through national action.

To achieve its purpose, the Commission works in partnership with the Australian Government, states and territories, the private sector, clinical experts, and patients and carers.

Specific Commonwealth entities that the Commission works with include the Independent Health and Aged Care Pricing Authority, the National Health and Medical Research Council, the Australian Institute of Health and Welfare, the Australian Digital Health Agency, the Australian Health Practitioner Regulation Agency, the Aged Care Quality and Safety Commission, the NDIS Quality and Safeguards Commission and the National Blood Authority.

The Commission also works closely with consumer groups, state and territory health departments, clinical colleges and other professional clinical organisations, complaints commissioners, and universities.

Importantly, the Commission also strives to build relationships and work closely with First Nations organisations to support improvements to the cultural safety and quality of health care for First Nations people.

## Case study:

### Guidance for health services to support the safe delivery of care for people with disability

International studies, national research and the recently concluded Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission) have all highlighted the range of healthcare safety and quality issues experienced by people with intellectual disability. Compared with the general population people with disability experience comparatively higher mortality rates and lower life expectancy, higher rates of preventable hospitalisations, more frequent unmet healthcare needs, unique risks from polypharmacy and are more likely to be subject to restrictive practice.

The combination of complex healthcare needs, communication difficulties and reliance on others for support has significant implications for the delivery of health care to people with intellectual disability.

To support improvement in the safety and quality of care delivered to people with intellectual disability the Commission has been working closely with health services, the Department, people with disabilities and their supporters to develop guidance for health services. In 2023-24 the Commission has developed the *National Safety and Quality Health Service Standards User guide for the health care of people with intellectual disability* to support health service organisations and clinicians to identify and address safety and quality issues for people with intellectual disability. The guide includes evidence-based strategies focusing on person-centred care, planning for reasonable adjustments, communication, working collaboratively, building workforce capacity, data collection and promotion of positive attitudes.

This guide aligns with the recommendations of the Disability Royal Commission and will be released in 2024-25.

## Reconciliation

The Commission's vision for reconciliation in Australia is to ensure First Nations people are kept physically, mentally and culturally safe when they receive health care, and that they receive health care that is appropriate and meets their needs.

The Commission recognises that reconciliation is a life-long and significant journey that will be a part of Australia's history for many years to come. The Commission aims to work collaboratively and in partnership with leading First Nations individuals, organisations, and communities to be an ally and change-maker in improving First Nations health outcomes and experiences of healthcare.

## Reconciliation Action Plan

The Commission's Reconciliation Action Plan (RAP) is an important part of the Commission's commitment to reconciliation and improving the safety and quality of health care for First Nations people in Australia.

The Commission reviewed progress against its initial Reflect RAP in late 2023 and initiated a process to develop an Innovate RAP for 2024-26. The Commission's Innovate RAP will drive increased staff awareness, capacity and connection with First Nations peoples, communities, and organisations in all of the Commission's work, with the aim of improving the experience of health care for First Nations people. The Commission's Aboriginal and Torres Strait Islander Health Advisory Group was involved in the implementation of the Reflect RAP and development of the new Innovate RAP.

# Performance

The primary planning document for the Commission is the work plan that is required under the *National Health Reform Act 2011* (Cwth). This work plan sets out the Commission’s priorities for work to be undertaken during the next three financial years. The detailed activities in the work plan guide the work of the Commission and form the basis of this corporate plan. Figure 1 illustrates the planning and performance framework for the Commission.

**Figure 1: Planning and performance framework for the Australian Commission on Safety and Quality in Health Care**

**Purpose**

To contribute to better health outcomes and experiences for all patients and consumers, and improved value and sustainability in the health system by leading and coordinating national improvements in the safety and quality of health care

**Strategic approach**

The Commission works in partnership with patients, consumers, consumer groups, clinicians, public and private health services, governments, First Nations organisations, researchers, educational bodies, and other healthcare organisations and agencies.

The work of the Commission focuses on areas that can best be improved through national action

**Strategic intent**

1. Safe delivery of care
2. Partnering with consumers
3. Partnering with healthcare professionals
4. Quality, value and outcomes

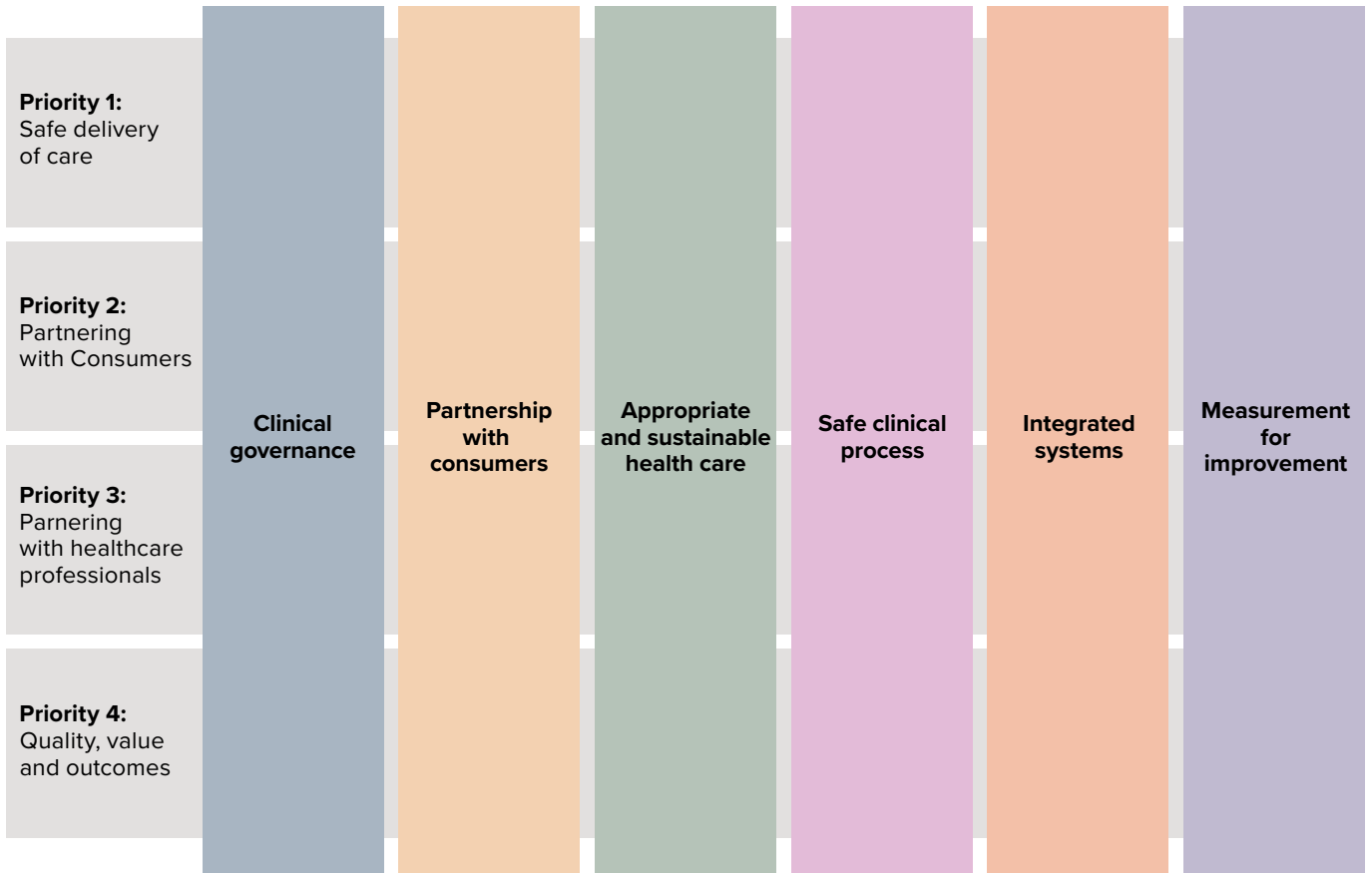
Figure 1: Planning and performance framework for the Australian Commission on Safety and Quality in Health Care (continued)

Reporting			
Planning document	Content	Reporting document	Content
<b>Work plan</b> Required under National Health Reform Act	Streams of work, areas of focus and key activities to be undertaken by the Commission	Report against deliverables for Board, sub-committees and states and territories	Achievement against each deliverable in the work plan
		Project tracker Reviewed by Board and Inter-Jurisdictional Committee every meeting	Progress for Commission projects and programs
		Reports on specific projects and programs	Reviews and evaluations for specific projects and programs
<b>Corporate plan</b> Required under the PGPA Act	Statement of purpose How the purpose will be achieved Measures to know that the purpose has been achieved Based on high-level streams and organisational priorities in the work plan	Annual report	Performance against measures included in the corporate plan Financial statements
		Performance tracker Reviewed by the Audit and Risk Committee at every meeting	Progress for each measure in the corporate plan
<b>Portfolio Budget Statements</b>	Planned financial performance Performance measures and targets to be achieved	Portfolio Budget Statements	Report on targets achieved

# Strategic priorities and activities

The Commission has four strategic priorities described in its Strategic Intent 2020-2025, and six streams of work identified within the Commission’s 2024-27 Work Plan. These are illustrated in Figure 2.

**Figure 2. Strategic Intent priority areas (2020-25) and 2024-27 Work Plan streams**



The Commission has identified a range of different key priorities and activities that contribute to the Commission achieving its purpose. Table 1 lists key activities, mapped against the four Strategic Intent 2020-25 priority areas and the six 2024-27 Work Plan streams.

These activities also provide the basis for the Commission’s performance criteria, which are set out in Table 2.

**TABLE 1: COMMISSION KEY ACTIVITIES MAPPED TO STRATEGIC INTENT PRIORITIES AND WORK PLAN STREAMS**

Key activities	Work plan stream	Contribution to achieving the Commission's purpose	Overview of programs and projects
<b>Priority 1: Safe delivery of care</b>			
Management of the National Safety and Quality Health Service (NSQHS) Standards	<b>Clinical governance</b>	<p>The NSQHS Standards:</p> <ul style="list-style-type: none"> <li>• Provide a nationally consistent statement about the standard of care that patients and consumers can expect from health services</li> <li>• Provide a quality assurance mechanism that tests whether relevant systems are in place to ensure expected standards of safety and quality are met</li> <li>• Include evidence-based strategies for improvement in key patient safety areas.</li> </ul>	<p>Develop and maintain the NSQHS Standards and supporting resources</p> <p>Undertake national safety and quality improvement projects under specific NSQHS Standards, including healthcare associated infection, medication safety, comprehensive care, communicating for safety, and recognising and responding to acute deterioration.</p>
National coordination of health services assessment to the NSQHS Standards	<b>Clinical governance</b>	<p>The Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme is a nationally consistent and transparent scheme that enables health service accreditation to the NSQHS Standards. It provides a way of mandating key patient safety improvement strategies.</p>	<p>Provide ongoing national coordination of assessment to the NSQHS Standards through the AHSSQA Scheme with health system regulators, accrediting agencies and health services.</p>
Nationally coordinated action to address healthcare associated infections and antimicrobial resistance	<b>Safe clinical processes</b>	<p>Provide nationally coordinated action to address one of the most common forms of harm in health care. For example:</p> <ul style="list-style-type: none"> <li>• Healthcare associated infections are already the most common form of harm in hospitals, and at least half are thought to be preventable</li> <li>• Antimicrobial resistance (AMR) is one of the most important risks to human health.</li> </ul>	<p>Conduct national initiatives to prevent healthcare associated infection and improve antimicrobial utilisation, and to prevent and contain AMR</p> <p>Coordinate the Antimicrobial Use and Resistance in Australia (AURA) project, a national surveillance system for AMR and antimicrobial use.</p>
Driving digital health safety	<b>Integrated systems</b>	<p>Digital health initiatives have the potential to support safer health care by providing a platform to better collect, use and share information.</p>	<p>Build on national, state, territory and private sector investment in digital health systems</p> <p>Support integration and coordination of care through interoperability</p> <p>Leverage digital health initiatives to optimise guideline and standard-based patient care.</p>

Key activities	Work plan stream	Contribution to achieving the Commission's purpose	Overview of programs and projects
Supporting patient safety in primary care	<b>Safe clinical processes</b>	Most health care is provided in primary care, it is important to better understand the type of safety and quality risks within the sector to support improved patient experience with the healthcare system	Develop and maintain national approaches to improving patient safety in primary care, including coordinating accreditation processes, exploring the potential applicability of the NSQHS Standards and developing a primary care measurement framework.
Supporting patient safety in acute care	<b>Safe clinical processes</b>	Facilitate national responses to specific patient safety issues identified in individual hospitals, states, territories and by other bodies.	At the request of states, territories and other bodies, undertake patient safety reviews to support safer patient care  Work with relevant organisations to develop national resources and initiatives to address new and emerging patient safety issues in acute care.
<b>Priority 2: Partnering with consumers</b>			
Guiding better partnerships and communication with consumers	<b>Partnerships with consumers</b>	For care to be truly person-centred, people need to be active partners in their own health care. Sharing decisions and having good quality patient information is associated with better outcomes and experiences.	Provide guidance and resources to health services to support them to become more person-centred  Support people to be partners in their own care by promoting shared decision making, improving health literacy, and developing information about safety and quality for patients and consumers, particularly for people with vulnerabilities.
Working in partnership for cultural safety in First Nations health	<b>Partnerships with consumers</b>	Understanding needs, tailoring strategies for safety and quality, and improving communication with First Nations people are important to help close the gap.	Develop tailored projects and resources for First Nations people about accessing safe care, and their healthcare rights  Identify and provide guidance on safety issues of specific importance for First Nations people.
Measuring consumer reported experience and outcomes	<b>Partnerships with consumers</b>	Measuring consumer experience and fostering transparency about safety and quality information.	Develop and promote the use of patient-reported experience question sets and other tools to better understand patient experience in primary and acute care.

Key activities	Work plan stream	Contribution to achieving the Commission's purpose	Overview of programs and projects
<b>Priority 3: Partnering with healthcare professionals</b>			
Developing clinical measures to support safety and quality improvement	<b>Measurement for improvement</b>	Nationally agreed clinical indicators and measures for safety and quality that support local improvement efforts and national policy.	Develop and maintain clinical and other measures to support safety and quality, including condition-specific indicators, hospital-acquired complications, patient report measures, staff experience and sentinel events.
Guiding safety and quality based pricing and funding models	<b>Appropriate and sustainable health care</b>	Including safety and quality in pricing and funding models provides an important signal to the health system that these issues are important.	Support inclusion of safety and quality in national funding and pricing models.
Supporting national clinical quality registries	<b>Measurement for improvement</b>	Clinical quality registries can provide data about safety and quality that is not available elsewhere.	Develop and maintain a framework and supporting resources for clinical quality registries.
<b>Priority 4: Quality, value and outcomes</b>			
Identifying healthcare variation	<b>Measurement for improvement</b>	Understand variation in healthcare use to inform strategies to promote appropriate care.	Examine variation by mapping the use of health care, investigating reasons for variation that may be unwarranted, and working to reduce unwarranted variation to improve the appropriateness of care.
Developing clinical care standards	<b>Appropriate and sustainable health care</b>	Provide evidence-based guidance about appropriate care for specific conditions.	Develop clinical care standards based on information emerging from the Atlas of Healthcare Variation and other sources.

## Strategic approach to performance criteria

The purpose of the Commission is to contribute to better health outcomes and experiences for all patients and consumers, and improved value and sustainability in the Australian health system by leading and coordinating national improvements in the safety and quality of health care.

To understand whether this purpose has been achieved, and whether the experiences and outcomes for patients and consumers, and value and sustainability of the health system have been improved, it is necessary to look at national measures of safety and quality.

Currently there are very few measures of safety and quality that are reported nationally. The Productivity Commission includes the number of Australian Sentinel Events\* in its annual report on government services,<sup>2</sup> and assessment against the NSQHS Standards,<sup>3</sup> rates of Staphylococcus aureus bloodstream infections for public hospitals and results from the National Hand Hygiene Audits are publicly available.<sup>4</sup> The Commission is also developing a web tool which will allow people to view reliable safety and quality information about individual Australian hospitals through a single national platform.

While these national measures are important for understanding the overall impact of efforts to improve safety and quality across the health system, they cannot be used as measures of performance for the Commission as the Commission is not in control of most of the inputs and activities that contribute to the results. As noted earlier, the delivery of health care is complex, and the Commission is just one of many stakeholders that influence the safety and quality of health care in Australia.

Therefore, to look specifically at the performance of the Commission, it is necessary to look at factors that are within its control, and whether it carries out its functions in such a way that enables it to achieve its purpose.

Assessment of the performance of the Commission should consider:

- **Whether the Commission has delivered what it said it would:** information about this comes from reviews of the deliverables included in the Commission's work plan. The Commission's work plan covers all activities that are funded on a cost-share basis by the Australian Government and the state and territory governments. Within this wider work plan, the performance criteria included are based on the high-level organisational priorities for the Commission for each year.
- **Whether the work of the Commission meets the needs of stakeholders:** information about this comes from feedback from the Commission's consultation and survey processes, and from members of the Commission's advisory groups.

It should be noted that for specific projects and programs the Commission does evaluate the impact of its work, including whether there have been improvements in safety and quality. For example, the Commission has examined the impact of the first edition of the NSQHS Standards on systems for safety and quality and on patient outcomes,<sup>5</sup> and will be undertaking a similar process commencing in 2024-25 to inform the development of the third edition of the NSQHS Standards

## Performance criteria 2024–25 to 2027–28

In the context of this strategic approach, the Commission has specified performance measures for 2024-25 to 2027-28 (Table 2)\*\*. These performance criteria do not cover the complete scope of the Commission's activities as set out in Table 1; they are based on the high-level priorities for 2024-25 and will be reviewed annually to ensure that they reflect the priorities for each year.

\* Sentinel events are a subset of adverse events that result in death or serious harm to a patient.

\*\*The Commission's performance criteria are outlined in the 2024-25 Portfolio Budget Statements.

**TABLE 2: THE COMMISSION'S PERFORMANCE MEASURES**

Strategic Priority	Performance Measure	2024-25 Target	2025-26 Target	2026-27 Target	2027-28 Target
<b>Has the Commission implemented the National Safety and Quality Health Service (NSQHS) Standards and coordinated the Australian Health Service Safety and Quality Accreditation Scheme, whilst supporting health services, health professionals, patients and consumers to form effective partnerships?</b>					
<b>Priority 1:</b> Safe delivery of care  <b>Priority 2:</b> Partnering with consumers	Implement National Safety and Quality Health Service (NSQHS) Standards and coordinate the Australian Health Service Safety and Quality Accreditation Scheme, whilst supporting health services, health professionals, patients, and consumers to form effective partnerships.	Hospitals and day procedure services are assessed against the NSQHS Standards.	As per 2024-25	As per 2024-25	As per 2024-25
		Develop 5 publications or other resources to provide guidance to support implementation of the second edition of the NSQHS Standards.	As per 2024-25	As per 2024-25	As per 2024-25
		Accrediting agencies are approved to assess health services to the NSQHS Standards.	As per 2024-25	As per 2024-25	As per 2024-25
		Develop 5 publications or other resources to provide guidance to health services, health professionals and consumers about forming effective partnerships.	As per 2024-25	As per 2024-25	As per 2024-25
<b>Priority 4:</b> Quality, value and outcomes	Examine healthcare variation and work to reduce unwarranted variation to improve quality and appropriateness of care for all Australians.	Produce a rolling program of reports and guidance with time series data on healthcare variation in Australia.	As per 2024-25	As per 2024-25	As per 2024-25
	Examine healthcare variation and work to reduce unwarranted variation to improve quality and appropriateness of care for all Australians. (continued)	Produce clinical care standards and other resources focusing on high-impact, high-burden and high-variation areas of clinical care.	As per 2024-25	As per 2024-25	As per 2024-25
		Review and revise previously released clinical care standards.	As per 2024-25	As per 2024-25	As per 2024-25
<b>Has the Commission evaluated and improved stakeholders' experience of working with the Commission?*</b>					
<b>Priority 2:</b> Partnering with consumers  <b>Priority 3:</b> Partnering with healthcare professionals	Evaluate to improve stakeholders' experience of working with the Commission.	Use/maintain systems and processes to evaluate and improve stakeholder consultation and advisory mechanisms.	As per 2024-25	As per 2024-25	As per 2024-25

\* For the purpose of this measure stakeholders are consumers and clinicians that are involved in the Commission's work through committees or consultation processes.

Strategic Priority	Performance Measure	2024-25 Target	2025-26 Target	2026-27 Target	2027-28 Target
<b>Has the Commission supported the delivery of safe and high quality health care to all Australians by identifying, specifying and refining clinical and patient reported measures and safety and quality indicators to enable health services to monitor and improve the safety and quality of care?</b>					
<b>Priority 3:</b> Partnering with healthcare professionals	Identify, specify and refine clinical and patient reported measures and safety and quality indicators to enable health services to monitor and improve the safety and quality of care.	Provide and maintain nationally agreed health information standards, measures and indicators for safety and quality, including: <ul style="list-style-type: none"> <li>• support and measure performance towards new clinical care standards</li> <li>• support and measure performance towards an enhanced patient safety culture.</li> </ul>	As per 2024-25	As per 2024-25	As per 2024-25
		Provide further guidance and tools for health services to support the local use of data for safety and quality improvement.	As per 2024-25	As per 2024-25	As per 2024-25
		Maintain guidance and tools for adverse patient safety events and hospital-acquired complications.	As per 2024-25	As per 2024-25	As per 2024-25

The Commission reviews its performance criteria against the PGPA Rule 16EA, and is exploring options to better measure efficiency, if appropriate measures are available.

# Capability

The continuing commitment, flexibility and resilience of Commission staff, has allowed the Commission to continue to lead national efforts to improve the health care that Australians receive.

To meet its purpose, the Commission relies on the capabilities of its staff, its relationships with external bodies, and a contractual relationship with the Department for shared services.

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## Staff capability

The Commission employs a diverse range of qualified, skilled and professional staff with experience in safety and quality improvement, public sector policy and healthcare planning and delivery. Commission staff contribute a range of highly specialised healthcare knowledge and skills and are committed to delivering safety and quality improvements in their area of healthcare expertise.

The Commission proactively addresses challenges in the recruitment of appropriately skilled and experienced staff to prevent delays in the delivery of key elements of its work plan. To mitigate the potential risks that can be posed by recruitment challenges, the Commission uses a range of recruitment techniques to suit specific requirements in addition to the merit based recruitment processes. These include temporary secondments of specialist staff from jurisdictional agencies, casual contracts with clinical experts and fee for service arrangements with topic area experts for short term projects.

The Commission has enhanced its people management strategies to promote the successful recruitment, retention and development of staff. The Commission promotes staff engagement by providing ongoing support through performance management systems and by embedding a strong sense of commitment to the Commission's purpose.

The Commission values the talent and contribution of its staff and recognises the importance of building expertise within the organisation. Learning and development needs and opportunities are primarily identified through the performance development scheme.

The Commission has study support and training arrangements in place that ensure the ongoing development of staff skills and capabilities. The Commission has high rates of participation in study and training, with around one in five staff accessing study support assistance and around one in two employees completing external training courses annually.

## Strategic Commissioning

The Commission complies with the *APS Strategic Commissioning Framework* and undertakes workforce capability planning in alignment with the seven principles of the Framework.

The Commission has identified its core work, required to be undertaken by APS staff, which includes:

- Drafting standards and guidance for safe and high-quality health care
- Leading policy and strategy formulation for healthcare safety and quality
- Measuring, monitoring, and reporting on the safety and quality of health care
- Providing expert advice on policy, pricing, funding and models of safe and high-quality health care
- Providing Executive leadership for the Commission
- Undertaking procurement and contract management

In 2024-25 the Commission will reduce outsourcing of core work in line with the APS Strategic Commissioning Framework. Our targets for 2024-25 focus on reduced outsourcing of Portfolio Program and Project Management work, with an expected reduction of \$1,626,077 in 2024-25 outsourcing expenditure.

## Relationships

As noted earlier, the Commission works closely with a number of committees including the Inter-Jurisdictional Committee, the Private Hospital Sector Committee, and the Primary Care Committee.

The Commission also works in close partnership with more than 40 advisory committees and working groups that directly relate to key aspects of individual work programs and provide expert input to specific Commission projects. These involve key stakeholder groups including consumers, clinical colleges, health system managers, professional bodies and health professionals.

The Commission has a strong commitment to ensuring the interests of its internal and external stakeholders are appropriately and adequately addressed. The structure under which the Commission was established creates a strong environment for effective stakeholder engagement, so that leading external health representatives can contribute their current experience and knowledge by participating in specialist working groups.

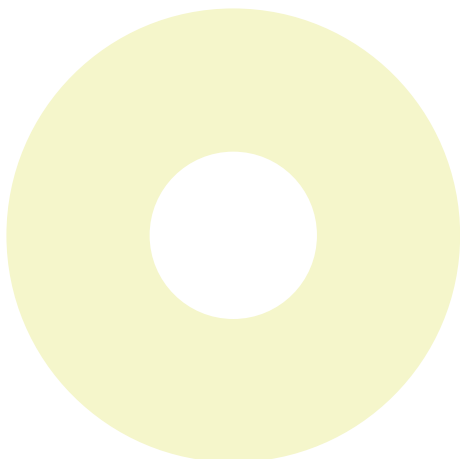
The Commission is also actively working to strengthen its connection and capability to support the delivery of culturally safe care for First Nations people, which includes development and evolution of relationships with First Nations organisations and communities.

## Shared services

The Commission has adopted the Department's outsourced business model where services including finance, IT, property management, mail services, payroll and human resource reporting are provided under a memorandum of understanding arrangement.

Individual services are negotiated and agreed under a service level agreement between the Commission and the Department, which details the services to be provided, the price of each service and the timeframe for the services to be provided.

The Commission considers the outsourced arrangement with the Department to be the most cost-effective and efficient method of procuring these services.



## Risk oversight and management

Risk influences every aspect of every organisations operations, including the Commission's. Understanding risks and managing them appropriately enhances the Commission's ability to make better decisions, deliver on objectives, improve performance and achieve its purpose.

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The Commission's Risk Management Framework is based on the ISO 31000:2018 Risk management – principles and guidelines as well as the Commonwealth Risk Management Policy. The Commission's Risk Management Framework aims to embed risk management principles and practices into its organisational culture, governance and accountability arrangements, reporting and performance review processes, and business transformation and improvement processes.

Through the Commission's Risk Management Framework and its supporting processes, the Commission formally establishes and communicates its approach to ongoing risk management, and guides staff members in their actions and abilities to accept and control risks.

Risks identified at the strategic and operational level are listed and maintained in the Commission's Corporate Risks Register. Mitigation strategies are put in place for the identified risks, and they are monitored and reviewed on an ongoing basis by the Board, the Audit and Risk Committee and the Commission's executive staff.

The Commission recognises that acceptance of some risks is necessary to foster innovation and efficiencies in business practices, and will take some risks in pursuit of its strategic objectives. However, there is a low appetite to accept risks that could undermine the Commission's ability to function as an organisation and its reputation within the health sector and the general public.

Key risk areas for the Commission are:

- Financial sustainability of the organisation
- ICT systems, including system failures, data availability and security breaches, and advancements in ICT such as misuse of AI
- Procurement and contractual decisions that affect the quality of outcomes and use of public monies
- Project management activities undertaken by the Commission to achieve the deliverables specified in its work plan
- Unmanaged expectation gap with the Commission's stakeholders with regards to the Commission's deliverables
- Quality of the deliverables produced by the Commission, where poor quality advice can have an impact on the Commission's reputation
- Corporate governance, including compliance with legislation, statutory obligations and government policy
- Fraud and corruption
- Global factors, such as the COVID-19 pandemic
- Work health and safety and workforce risks, such as talent retention and succession planning
- Shared risks with organisations that work together with the Commission.

These risk areas will be regularly monitored, and progress will be documented through the Commission's risk management systems and annual reports.

## References

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