

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

**Corporate
Plan
2020–21**

Published by the Australian Commission on Safety and Quality in Health Care

Level 5, 255 Elizabeth Street, Sydney NSW 2000

Phone: (02) 9126 3600

Email: mail@safetyandquality.gov.au

Website: www.safetyandquality.gov.au

ISBN: 978-1-925948-82-0

© Australian Commission on Safety and Quality in Health Care 2020

All material and work produced by the Australian Commission on Safety and Quality in Health Care is protected by copyright. The Commission reserves the right to set out the terms and conditions for the use of such material.

As far as practicable, material for which the copyright is owned by a third party will be clearly labelled. The Commission has made all reasonable efforts to ensure that this material has been reproduced in this publication with the full consent of the copyright owners.

With the exception of any material protected by a trademark, any content provided by third parties, and where otherwise noted, all material presented in this publication is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International licence.



Enquiries about the licence and any use of this publication are welcome and can be sent to communications@safetyandquality.gov.au.

The Commission's preference is that you attribute this publication (and any material sourced from it) using the following citation:

Australian Commission on Safety and Quality in Health Care. Corporate Plan 2020–21. Sydney: ACSQHC; 2020.

Disclaimer

The content of this document is published in good faith by the Australian Commission on Safety and Quality in Health Care for information purposes. The document is not intended to provide guidance on particular healthcare choices. You should contact your healthcare provider on particular healthcare choices.

Contents

| | |
|--|----|
| Introduction | 4 |
| Purpose | 5 |
| Function | 5 |
| Strategic priorities | 5 |
| Environment | 6 |
| Governance | 7 |
| Partnerships | 7 |
| Performance | 8 |
| Strategic priorities and activities | 9 |
| Strategic approach to performance criteria | 13 |
| Performance criteria 2020–21 – 2023–24 | 13 |
| Capability | 17 |
| Staff capability | 17 |
| Relationships | 18 |
| Shared services | 18 |
| Risk oversight and management | 19 |
| References | 21 |

Introduction

In 2006, the Council of Australian Governments (COAG) 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.

The Commission's permanent status was confirmed with the passage of the *National Health and Hospitals Network Act 2011*, while its role was codified in the *National Health Reform Act 2011* (National Health Reform Act). 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 to undertake specific projects which provide additional opportunities to improve the safety and quality of health care generally.

The *Public Governance, Performance and Accountability Act 2013* (PGPA Act) requires that Australian Government entities prepare and publish corporate plans. The Commission's Corporate Plan 2020–21 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 2020–21.

The Commission's work plan activities will be closely monitored during the COVID-19 pandemic. As evidence builds and lessons are learnt about the impact of the pandemic, the Commission will review and update priorities and activities to ensure new and emerging risks are addressed. This document has been prepared for the 2020–21 period, in accordance with paragraph 35(1)(b) of the PGPA Act.

Purpose

The purpose of the Commission 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.

Function

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.

Strategic priorities

These functions guide the Commission in undertaking its work, and are expressed in four strategic priorities that aim to ensure that patients, consumers and communities have access to and receive safe and high-quality health care. These priorities, and the outcomes for the health system that the Commission seeks to achieve in each area, are as follows:

- **Safe delivery of care:** Clinical governance, systems, processes and standards ensure patients, consumers and all staff are safe from harm in all places where healthcare is delivered
- **Partnering with consumers:** Patients, consumers, carers and the community are engaged in understanding and improving healthcare for all
- **Partnering with healthcare professionals:** Healthcare professionals, organisations and providers are engaged and supported to deliver safe and high-quality care
- **Quality, value and outcomes:** Evidence-based tools, guidance and technology are used to inform delivery of safe and high-quality care that is integrated, coordinated and person-centred.

Environment

The delivery of health care is a complex endeavour. Contemporary models of care are sophisticated and rapidly changing, as are the expectations of patients and consumers. Health service organisations such as hospitals 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.

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.¹

From 2020 health systems, and society in general, faced unprecedented disruption from the COVID-19 pandemic. The COVID-19 pandemic has driven a need to reallocate resources, re-prioritise action and develop innovative solutions to new and emerging issues.

The maintenance of safe and high-quality care within this disrupted environment is critical. The Commission's role is to ensure continuity of leadership and focus on safety and quality nationally during the COVID-19 pandemic, while also flexibly responding to the emerging issues and needs of the system.

This leadership, and development of national guidance, assists those responsible for the direct implementation of safety and quality systems within health services including 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 all stakeholders in the Australian healthcare system are generally collaborative, building on each other to bring about sustainable improvements. This type of approach influences the governance of the Commission and the relationships it has with other organisations.

Governance

The Commission Board, appointed by the Minister for Health, 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 of the 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 the Inter-Jurisdictional Committee, which is made up of senior representatives from the Australian Government Department of Health, and the Department of Health from each state and territory. It 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 nominees from key private healthcare bodies, and the Primary Care Committee provides an opportunity to liaise with and seek advice from the primary care sector. The Audit and Risk Committee advises the Board on the Commission's financial reporting, non-financial performance reporting, risk and internal controls.

Program initiatives are informed by external advisory committees, working groups, public consultation and workshops. Proposals are then referred to the Inter-Jurisdictional Committee and Board sub-committees for review and input before consideration by the Board.

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 Hospital 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 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.



Performance

The primary planning document for the Commission is the annual work plan that is required under the National Health Reform Act. 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, and other healthcare organisations and agencies. The work of the Commission focuses on areas that can best be improved by national action | | | |
| Strategic intent | | Report on state of safety and quality in Australia | |
| <ol style="list-style-type: none"> 1. Safe delivery of care 2. Partnering with consumers 3. Partnering with healthcare professionals 4. Quality, value and outcomes | | | |
| Planning document | Content | Reporting document | Content |
| Work plan Required under National Health Reform Act | Detailed deliverables for the Commission’s projects and programs | 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 quarterly | Progress for Commission projects and programs |
| | | Reports on specific projects and programs | Reviews and evaluations for specific projects and programs |

| Planning document | Content | Reporting document | Content |
|--|---|---|---|
| Corporate plan Required under the PGPA Act | Statement of purpose How the purpose will be achieved Measures to know that purpose has been achieved | Annual report | Performance against measures included in the corporate plan Financial statements |
| | Based on high-level organisational priorities from within the work plan | Performance tracker Reviewed by the Audit and Risk Committee quarterly | Progress for each measure in the corporate plan |
| Portfolio Budget Statements | Planned financial performance Outcomes to be achieved | Portfolio Budget Statements | Report on achievement of outcomes |

Strategic priorities and activities

Within each of the Commission’s four strategic priorities there are a number of areas of activity. These activities include specific programs and projects that contribute to the Commission achieving its purpose. Table 1 lists high level activity areas within which specific programs and projects occur. Deliverables for these specific programs and projects are included in the Commission’s work plan. These activities also provide the basis for the Commission’s performance criteria, which are set out in Table 2. The links between the activities and the performance criteria are noted in Table 1.



Table 1: Key priorities and activities for the Australian Commission on Safety and Quality in Health Care

| Priority and activity areas | Contribution to achieving the Commission's purpose | Overview of programs and projects |
|--|---|--|
| Priority 1: Safe delivery of care | | |
| National Safety and Quality Health Service (NSQHS) Standards | <p>The NSQHS Standards:</p> <ul style="list-style-type: none"> • Provide a nationally consistent statement about the standard of care that patients and consumers can expect from health services • Provide a quality assurance mechanism that tests whether relevant systems are in place to ensure expected standards of safety and quality are met • Include evidence-based strategies for improvement in key patient safety areas. | <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 | 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. | Provide ongoing national coordination of assessment to the NSQHS Standards through the AHSSQA Scheme with health system regulators, accrediting agencies and health services. |
| Nationally coordinated action to address healthcare associated infections and antimicrobial resistance | <p>Provides nationally coordinated action to address one of the most common forms of harm in health care</p> <p>Healthcare associated infections are already the most common form of harm in hospitals, and at least half are thought to be preventable</p> <p>Antimicrobial resistance (AMR) is one of the most important risks to human health.</p> | <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> |
| Digital health safety | My Health Record and other digital health initiatives have the potential to support safer health care by providing a platform to better collect, use and share information. | <p>Build on national, state, territory and private sector investment in digital health systems</p> <p>Provide clinical safety assurance for the My Health Record</p> <p>Leverage digital health initiatives to optimise guideline- and standard-based patient care.</p> |

| Priority and activity areas | Contribution to achieving the Commission's purpose | Overview of programs and projects |
|--|---|--|
| Patient safety in primary care | Most health care is provided in primary care, however there has been less focus on the safety and quality of care provided in these settings. | Develop national approaches to improving patient safety in primary care, including the coordination of accreditation processes and examining the potential for applying the NSQHS Standards in primary care. |
| Patient safety in acute care | Facilitates 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 patient safety issues arising from these reviews. |
| Priority 2: Partnering with consumers | | |
| Supporting better partnerships and communication with consumers | 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 in the context of the NSQHS Standards 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. |
| Supporting partnerships for Aboriginal and Torres Strait Islander health | Understanding needs, tailoring strategies for safety, and improving communication with Aboriginal and Torres Strait Islander people are important to help close the gap. | Develop tailored consumer resources for Aboriginal and Torres Strait Islander people on getting safe care, and their healthcare rights Identify and provide guidance on safety issues of specific importance for Aboriginal and Torres Strait Islander people. |
| Measuring consumer reported experience and outcomes | Measuring consumer experience and fostering transparency about safety and quality information. | Develop and promote the use of patient experience question sets and patient reported outcomes in primary and acute care. |

| Priority and activity areas | Contribution to achieving the Commission's purpose | Overview of programs and projects |
|---|---|--|
| Priority 3: Partnering with healthcare professionals | | |
| Clinical measures to support safety and quality improvement | 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. |
| Patient safety learning model | Safety and quality data is fragmented and complex, and health services need a framework to help them know how to best use their local data for improvement. | Develop and support a model for local monitoring of safety and quality. |
| Pricing and funding | 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. |
| National clinical quality registries | Clinical quality registries can provide data about safety and quality that is not available elsewhere. | Develop a framework to support the improvement and use of clinical quality registries. |
| Priority 4: Quality, value and outcomes | | |
| Healthcare variation | 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. |
| Clinical care standards | 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. |
| Knowledge exchange and a national safety and quality portal | A national knowledge exchange portal on safety and quality would allow review of patient safety practices against domains such as scope of the problem, strength of evidence for effectiveness, evidence on potential for harmful and unintended consequence. | Scoping and initial development of a portal that can be used to share high-quality information on safety and quality evidence and practice. |

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 outcomes and experiences 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 sentinel eventsⁱ in their annual report on government services.² In addition, the My Hospitals website reports rates of *Staphylococcus aureus* bloodstream infections for public hospitals.³ Australia has a health performance framework⁴ and work is underway to identify measures of safety and quality within this. As they are developed, relevant measures from this framework will be integrated in future corporate plans for the Commission.

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.

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

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.⁵

Performance criteria 2020–21 – 2023–24

In the context of this strategic approach, the Commission has specified performance criteria for 2020–21 to 2023–24 (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 2020–21 and will be reviewed annually to ensure that they reflect the priorities for each year.

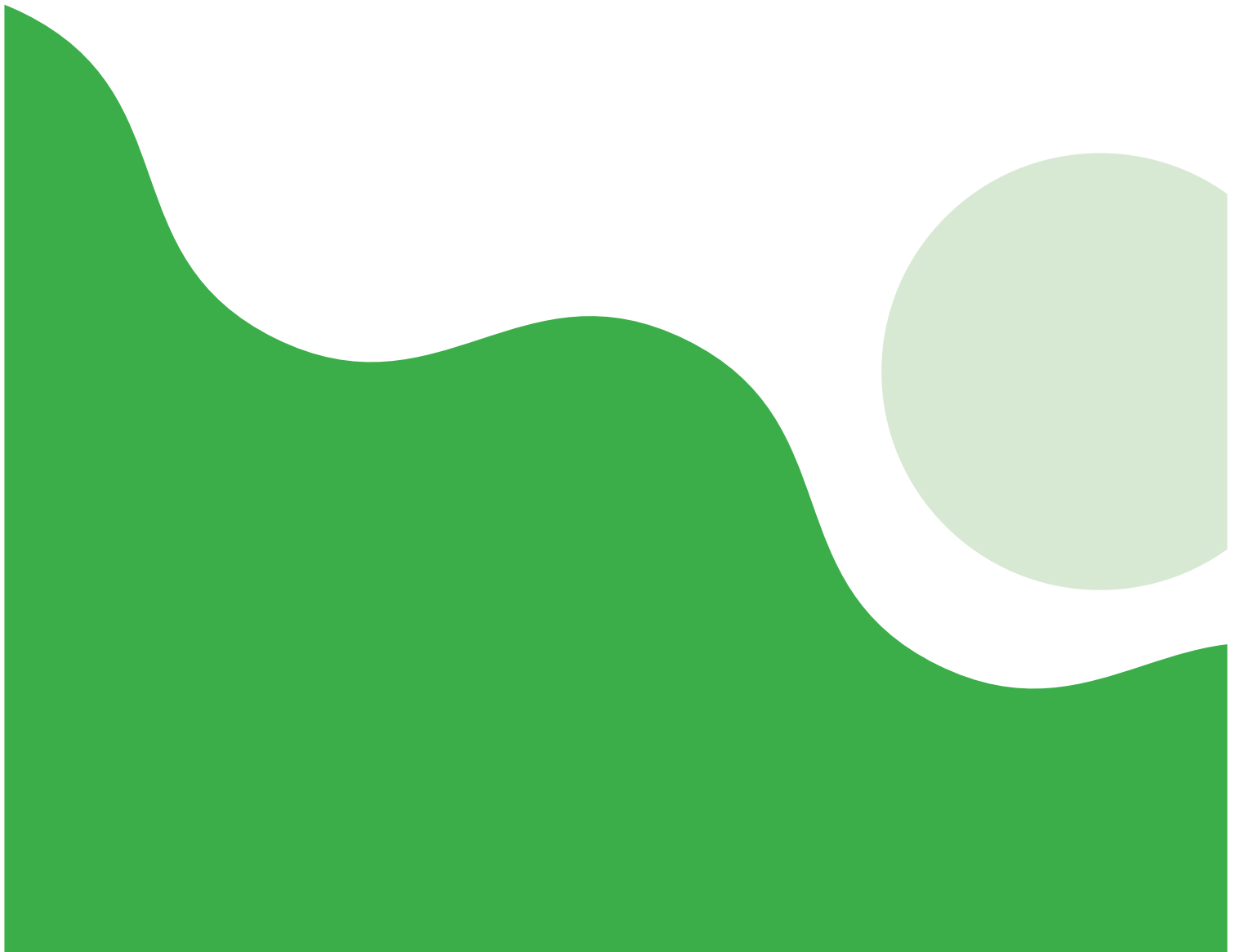


Table 2: Performance criteria for the Australian Commission on Safety and Quality in Health Care

| No. | Performance Criteria | 2020–21 Target | 2021–22 Target | 2022–23 Target | 2023–24 Target |
|---|---|--|---|----------------|----------------|
| 1. Has the Commission delivered what it said it would? | | | | | |
| 1.1 | Implement the 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 assessed against the NSQHS Standards. | As per 2020–21 | As per 2020–21 | As per 2020–21 |
| | | Provide guidance and resources to support health services to meet the second edition of the NSQHS Standards. In 2020-21, this will include a guide for community health services and a user guide for health services providing care to people from migrant and refugee backgrounds. | Provide guidance and resources to support health services to meet the second edition of the NSQHS Standards. | As per 2021–22 | As per 2021–22 |
| | | Accrediting agencies approved to assess health services to the NSQHS Standards. | As per 2020–21 | As per 2020–21 | As per 2020–21 |
| | | Provide guidance, through publications and other resources, to health services, health professionals, patients and consumers about forming effective partnerships. | As per 2020–21 | As per 2020–21 | As per 2020–21 |
| 1.2 | Examine healthcare variation and work to reduce unwarranted variation to improve quality and appropriateness of care | Produce a rolling program of reports on healthcare variation in Australia, and release the Fourth Australian Atlas of Healthcare Variation. | Produce a rolling program of reports on healthcare variation in Australia, and develop the next Australian Atlas of Healthcare Variation. | As per 2021–22 | As per 2021–22 |

| No. | Performance Criteria | 2020–21 Target | 2021–22 Target | 2022–23 Target | 2023–24 Target |
|-----|---|---|---|----------------|----------------|
| | | Produce clinical care standards and other resources focusing on high impact, high burden and high variation areas of clinical care. In 2020–21, this will include clinical care standards on sepsis, lower back pain and acute management of anaphylaxis. | Produce clinical care standards and other resources focusing on high impact, high burden and high variation areas of clinical care. | As per 2021–22 | As per 2021–22 |
| | | Review and revise previously released clinical care standards. In 2020–21, this will include antimicrobial stewardship, delirium and hip fracture clinical care standards. | Review and revise previously released clinical care standards. | As per 2021–22 | As per 2021–22 |
| 1.3 | Identify, specify and refine clinical and patient-reported measures and safety and quality indicators | Provide and maintain nationally agreed health information standards, measures and indicators for safety and quality, such as: <ul style="list-style-type: none"> • support and measure performance towards new clinical care standards; and • support and measure performance towards an enhanced patient safety culture. | As per 2020–21 | As per 2020–21 | As per 2020–21 |
| | | Provide further guidance and tools for health services to support the local use of data for safety and quality improvement. | As per 2020–21 | As per 2020–21 | As per 2020–21 |

| No. | Performance Criteria | 2020–21 Target | 2021–22 Target | 2022–23 Target | 2023–24 Target |
|--|--|--|--|----------------|----------------|
| | | Maintain guidance and tools for adverse patient safety events and hospital-acquired complications. | As per 2020–21 | As per 2020–21 | As per 2020–21 |
| 2. Improve consumers and clinicians’ experience of the work of the Commission | | | | | |
| 2.1 | Percentage of consumers and clinicians participating in the Commission’s consultation and advisory processes who report positively on the work of the Commission | When surveyed, 80% of consumers and clinicians participating in consultation and advisory processes report positively on the work of the ACSQHC. | When surveyed, 90% of consumers and clinicians participating in consultation and advisory processes report positively on the work of the ACSQHC. | As per 2021–22 | As per 2021–22 |



Capability

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

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 have 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.

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, professional bodies and health professionals.

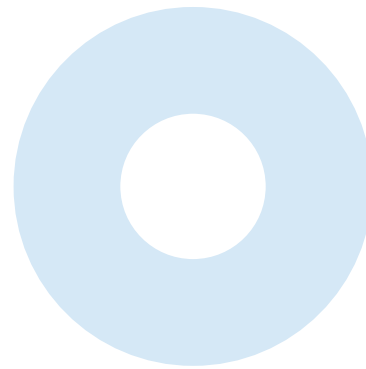
The Commission has a strong commitment to ensuring the interests of its internal and external stakeholders are appropriately and adequately addressed. The structure under which the Commission was established creates a strong environment for effective stakeholder engagement, so that leading external health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

Shared services

The Commission has adopted the Australian Government Department of Health'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 of Health, 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 of Health to be the most cost-effective and efficient method of procuring these services.



Risk oversight and management

Risk influences every aspect of the Commission's operations. Understanding risks and managing them appropriately enhances the Commission's ability to make better decisions, deliver on objectives, improve performance and achieve its purpose. The Commission's Risk Management Framework is based on the ISO 31000:2018 Risk management – principles and guidelines. It 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 Risk 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 risk 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 as follows:

- Financial sustainability of the organisation
- ICT systems, including system failures and data and security breaches
- 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
- 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.

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

References

1. Schneider EC, Sarnak DO, Squires D, Shah A, Doty MM. Mirror, Mirror 2017: International comparison reflects flaws and opportunities for better U.S. health care. New York: Commonwealth Fund; 2017.
2. Productivity Commission. Report on government services 2018. Canberra: Productivity Commission; 2018. <https://www.pc.gov.au/research/ongoing/report-on-government-services/2018/health> (accessed May 2018).
3. Australian Institute of Health and Welfare. My hospitals. Canberra: AIHW; 2018. <https://www.myhospitals.gov.au/> (accessed May 2018).
4. National Health Information and Performance Principal Committee. The Australian Health Performance Framework. https://www.coaghealthcouncil.gov.au/Portals/0/OOS318_Attachment%201.pdf (accessed May 2018).
5. Australian Commission on Safety and Quality in Health Care. Creating safer, better health care – The impact of the National Safety and Quality Health Service Standards. Sydney: ACSQHC; 2018.





AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Level 5, 255 Elizabeth Street
Sydney NSW 2000

GPO Box 5480
Sydney NSW 2001

Telephone: (02) 9126 3600
mail@safetyandquality.gov.au

[safetyandquality.gov.au](https://www.safetyandquality.gov.au)