



Australian
Commission on
Safety and Quality
in Health Care

Piloting environmental sustainability standards in safety and quality

Final Report

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Executive summary

Executive summary

This report outlines the findings from a study conducted by the Australian Commission on Safety and Quality in Health Care (the Commission) evaluating the pilot implementation of the *Environmental Sustainability and Climate Resilience Healthcare Module*, now titled the Healthcare Sustainability and Resilience Module.

The pilot sought to examine adaptation and mitigation strategies by health services implementing environmental sustainability and climate resilience in clinical practice.

The study was conducted between May 2024 and January 2025, and consisted of two cohorts of health services from all Australian states and territories:

- **Cohort 1** undertook a self-assessment of the Module including a gap analysis of their existing sustainability and resilience strategies related to the Module actions. Qualitative and quantitative data was collected at four key stages to assess how the Module could be improved.
- **Cohort 2** participated in focus groups to discuss factors that enabled change in their health service and the types of implementation resources needed to support this. The majority of the sites in this cohort had initially opted to participate in Cohort 1 but were unable to make the time commitment required.

Cohort 1 indicated in most cases the failure or success of strategies was reliant on the individuals rather than systems. Difficulties in coordination and communication between disparately run sustainability projects, was also noted as a core factor inhibiting implementation. Sustainability and resilience initiatives were mostly coordinated by building management, finance or corporate services rather than those who coordinate safety and quality in clinical and operational areas of care delivery.

Through feedback from Cohorts 1 and 2, the following themes were identified by pilot sites in their implementation of adaptation and mitigation strategies:

- terminology and messaging could be improved
- there was a heavy focus on infrastructure over clinical care strategies
- examples of good practice are needed, and
- appropriate mechanisms are required to coordinate change.

To support implementation of the Module, the Commission's **recommendations** include:

1. Amendments to the terminology and structure of the Module to ensure it is well aligned with the language of existing national safety and quality standards produced by the Commission.
2. A maturity rating scale for assessments to the Module be introduced to encourage the exploration of adaptation and mitigation strategies relevant to each health service context.
3. Embed sustainability and resilience actions into the third edition of the National Safety and Quality Health Service Standards to support a nationally consistent approach for sustainability and resilience.
4. The Commission to collaborate with jurisdictions and assessors where the strategies of the Module intersect with jurisdictional policy and reporting requirements.

Piloting environmental
sustainability standards
in safety and quality

Piloting environmental sustainability standards in safety and quality

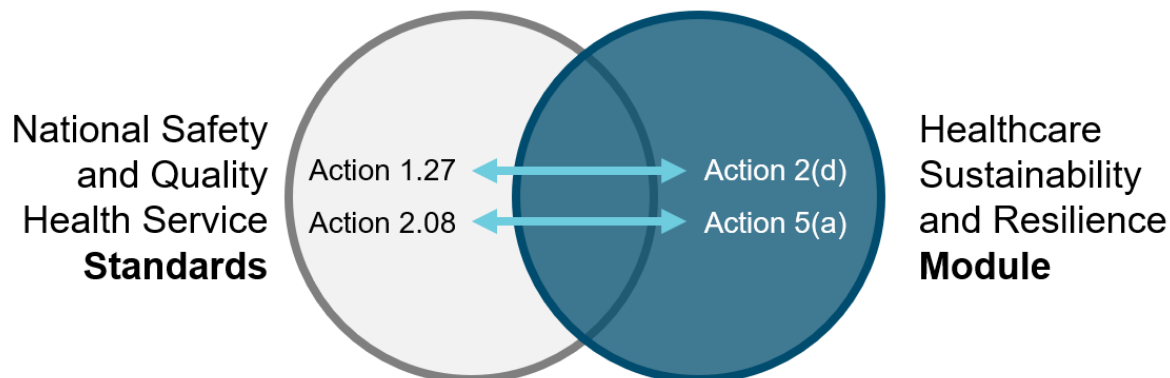
Under the guidance of an expert [Advisory Group](#), the Commission drafted a series of actions (the Module) to guide health service organisations implementation of strategies to adapt and mitigate the impacts and risks to health from climate change. These actions were informed by a [literature review](#) that was completed in 2022, which considered environmental sustainability and climate change in relation to safety and quality.

A [public consultation on the Module](#) was conducted between October 2022 and February 2023 resulting in over 800 responses. In 2023, the Commission worked with the Australian Government Department of Health and Aged Care to align the Module with the [National Health and Climate Strategy](#).

Link with existing safety and quality standards

Actions in the [National Safety and Quality Health Service](#) (NSQHS) Standards requires the implementation of systems and processes for improvement in health service organisations. The Module supports organisations using these systems and processes as an approach to embedding sustainability and resilience strategies, see **Figure 1**.

Figure 1 Existing structures of national safety and quality standards support integration of the Module.



Pilot design

The aim of the pilot was to understand the preparedness of health service organisations in meeting the actions of the draft Module and to guide the next steps for implementation of the Module. Results from the pilot provided early feedback from health service organisations on what environmental sustainability and climate resilience might be appropriate for incorporation in the third edition of the NSQHS Standards.

The pilot sought to engage broad representation of the health sector, including health service organisations from public and private hospitals, to identify challenges and opportunities implementing the Module. The Commission invited members of its standing committees and expert advisory group to disseminate information flyers for sites interested in participating, including the:

- [Environmental Sustainability and Climate Resilience Healthcare Advisory Group](#)
- [Inter-Jurisdictional Committee](#)
- [Private Hospital Sector Committee](#)
- [Primary Care Committee](#).

Health service organisations expressing their interest in the pilot were placed into a cohort:

- **Cohort 1** sites undertook a self-assessment of the Module including a gap analysis of their existing sustainability and resilience strategies as they related to the Module actions.
- **Cohort 2** sites participated in focus groups, to identify enabling factors for change and the types of implementation resources that would support this.

Specific details related to the sites in the cohorts are described in **Appendices A and B**.

Cohort 1: Self-assessment and Gap Analysis

Sites were provided with an online self-assessment tool. It outlined the actions and sub-actions of the Module and prompted sites to complete information about their existing or planned strategies related to environmental sustainability and climate resilience. An example of the self-assessment is provided at **Figure 2**.

Figure 2 Example of self-assessment given to Cohort 1 pilot sites demonstrating a completed gap analysis.

| Module Ref | Title of strategy | Description of strategy ① | Pilot site action plan / Comments ① | Predicted Start Date | Predicted End Date | % Complete ① | Areas involved ① | Progress Bar ① % |
|------------|--|--|---|----------------------|--------------------|-----------------|--|---------------------|
| 1 | ESRCH Self-Assessment | | | | | 42% | | <div></div> |
| 2 | Action 1. Role of the Governing Body. | The governing body: 1a. Provides leadership to address environmental sustainability and climate resilience within the health service organisation 1b. Ensures collaboration with consumers and stakeholders on issues and co-design of strategies for environmental sustainability and climate resilience 1c. Sets evidence-based organisational priorities and targets, and monitors improvements in the organisation's environmental sustainability and climate resilience to meet national and jurisdictional targets. | | 01/07/23 | 28/03/25 | 42% | | <div></div> |
| 3 | 1(a) Hospital X's Strategic Plan for Environmental Sustainability | The Strategic Plan for Environmental Sustainability includes the risk management plans | The Strategic Plan was completed and endorsed by the governing body in 2023. | 01/07/23 | 01/07/23 | 100% | Business / Finance unit Executive staff Governing body members | <div></div> |
| 4 | 1(a) Hospital X's Framework on Climate Resilience | The Framework on Climate Resilience outlines the process, regularly and outcomes for Hospital X's climate risk assessment | The Framework is still in planning stages but has been agreed as a strategic priority over the next financial year. Hospital X will use the pilot as an opportunity to begin momentum on the Framework. A task force led by the General Manager with representation from Finance, the Building Managers, the head of Safety and Quality and a member of the Governing Body. Due to logistics of approvals and work, it is not anticipated that this work will be completed by the end of the pilot. | 01/07/24 | 28/03/25 | 25% | Business / Finance unit Facilities management Governing body members Safety and quality staff | <div></div> |
| 5 | 1(a) | | | | | | | <div></div> |
| 6 | 1(b) Hospital X Policy on | Policy on Consumer Co-Design is an existing document that | The Policy is an existing document that | 17/06/24 | 30/09/24 | 40% | Consumers, carers and community | <div></div> |

Due to the timeframes of the pilot, it was not anticipated that full implementation of the Module would occur. Pilot sites were encouraged to identify how the actions in the Module could use existing safety and quality systems to minimise environmental impacts and climate risks.

The structure of Cohort 1 is illustrated in **Figure 3** and was used in a pilot information pack for pilot sites to understand the major stages of the pilot.

Figure 3 Structure of the milestones and activities for Cohort 1.



Table 1 Cohort 1 milestones with purpose of data collection and completion dates.

| Cohort 1 milestones | Purpose | Completion date |
|--|--|-----------------|
| Complete registration questionnaire | To gauge the initial status of environmental sustainability and climate resilient strategies of the health service organisation. | June 2024 |
| Submit initial self-assessment | Ascertain a baseline overview of the strategies applied against the actions in the early stages of implementation. | August 2024 |
| Submit updated/final self-assessment | Identify any additional strategies or changes since the first self-assessment, or those that had been discovered across areas of the health service. | January 2025 |
| Complete post-completion questionnaire | Understand the site's experience of implementation and capture any other qualitative feedback relevant to the exercise. | February 2025 |

Throughout each phase, webinars were held for pilot site project teams. The webinar topics included:

- #1 - Pilot requirements of the ESCRH Module
- #2 - Projects for quality improvement in environmental sustainability
- #3 - Tracking projects and implementation challenges for quality improvement
- #4 - Investigating safety and quality systems for mitigation and adaptation strategies

Pilot sites were invited to attend a follow-up interview if they completed all of the milestones outlined in **Table 1**. This stage was used to understand the challenges of implementing the Module and capture any further comments regarding the site's experience of the pilot.

Cohort 2: Focus Groups

Focus groups were offered to sites that had nominated initially for Cohort 1 but were unable to commit to the requirements of Cohort 1.

Each site was given an information flyer prior to the meeting to encourage broad representation from the health service organisation. This was to gain an understanding of challenges and opportunities related to implementing adaptation and mitigation strategies from multiple perspectives. Invites included:

- Members of the governing body
- Officers responsible for implementing and evaluating safety and quality initiatives
- Those with sustainability responsibilities
- Clinical leadership and management.

Focus groups were semi structured, over 90 minutes, with participants asked questions around the challenges, opportunities and ideas for implementation resources.

Pilot results

Pilot Results

There was strong initial interest in participating in the pilot with 48 sites registering online. Not all sites were able to complete all milestones of Cohort 1, a breakdown of the number of sites completing each stage are in **Table 2**.

Table 2 Cohort 1 milestones with purpose of data collection and completion dates.

| Cohort 1 milestones | Sites completing the milestone |
|--|--------------------------------|
| Complete registration questionnaire | 48 (100%) |
| Submit initial self-assessment | 39 (81%) |
| Submit updated/final self-assessment | 29 (60%) |
| Complete post-completion questionnaire | 19 (40%) |

Some of these sites experienced pressures participating due to changes in resourcing of environmental sustainability officers, accreditation requirements related to short notice assessment or other priorities related to the running of the health service organisation.

The self-assessments sought to establish a baseline of action taken to determine progress over the pilot period. The **main themes** were:

- multiple one-off projects had commenced, without ongoing evaluation or scaling of those initiatives to other areas
- a strong focus on infrastructure, transport and energy use, rather than clinical care and safety and quality
- limited resourcing allocated to coordinate and monitor the environmental sustainability or climate resilience strategies, especially those related to clinical care
- challenges in identifying the opportunities for reducing environmental impact and climate risks in clinical care.

Following the submission of the updated/final self-assessment, Cohort 1 pilot sites were sent a questionnaire to further understand their experience during the pilot which are outlined in **Table 3**.

Table 3 Cohort 1 responses to the post-pilot questionnaire.

| Post-pilot questionnaire question | Sites answering 'Yes' |
|--|-----------------------|
| During the pilot, were you able to engage your safety and quality team | 17 (89%) |
| Were you able to investigate or adapt existing safety and quality systems to support adaptation and mitigation strategies? | 10 (53%) |
| Does your service currently engage a consumer representative on mitigation or adaptation strategies? | 9 (47%) |
| Total sites completing the questionnaire | 19 (100%) |

When prompted about the most and least confident they were in being able to address the Module actions:

- 47% identified that they were **most confident** in meeting Action 1 *Governance and leadership*
- 36% identified that they were **least confident** in meeting Action 3 *Measurement and quality improvement*

The questionnaire asked sites to rate how prepared they were for an assessment against the Module, the results are outlined in **Table 4**. The pilot did not include a verification stage of the self-assessment which should be factored in the response of pilot sites.

Table 4 Pilot sites rating how ready they felt for an assessment against the Module.

| Rating of how ready pilot sites felt for an assessment | Sites completing the milestone |
|--|--------------------------------|
| Ready for assessment now | 1 (5%) |
| Ready for assessment in 12 months' time | 2 (11%) |
| Ready for assessment in 12-24 months' time | 11 (57%) |
| Ready for assessment in greater than 24 months | 5 (26%) |

Analysis of themes

Analysis of Themes

Four key themes arose from the focus groups, webinar conversations and interviews with the Commission:

- The Module's **terminology and messaging could be improved** to clearly outline the link between sustainability and resilience with safety and quality
- Most pilot sites consistently indicated that their organisation had **a focus on infrastructure over clinical care strategies**
- All pilot sites described that **examples of good practice are needed**
- Given that most sites were relatively new to implementing their adaptation and mitigation strategies, information on the **appropriate mechanisms to coordinate change** were important.

Terminology and messaging could be improved

Health service organisations who piloted the Module described limitations associated with the areas that they delegated the work to. When it had been delegated to areas outside those responsible for coordinating safety and quality in clinical and operational areas of care delivery there was limited ability to assess and integrate their adaptation and mitigation strategies into safety and quality systems – 46% of pilot sites had their lead contact within the environmental sustainability area rather than safety and quality coordinators of their organisation.

In seeking feedback on the pilot experience, sites had described that the language used for the title and the content of the Module might need to be changed to support health services better understand the focus area of the Module – that is, for the clinical and operational areas of care delivery.

Changing the name may support health service organisations better identify the appropriate leadership for coordinating clinical and operational areas of care delivery in their quality improvement strategies. Updating the title to *Healthcare Sustainability and Resilience Module* seeks to focus on the healthcare delivery stakeholders, rather than target environmental sustainability.

Participants that were able to assess their safety and quality systems noted the language and structure used in the Module could be further aligned with other safety and quality standards to support organisations integrating sustainability and resilience strategies into their existing systems.

Recommendation 1

Amendments to the terminology and structure of the Module to ensure it is well aligned with the language of existing national safety and quality standards produced by the Commission.

Some sites had organisational plans that acknowledged the importance for mitigation and adaptation strategies, significant amounts of feedback indicated that executive and management staff do not appear to be engaging with organisation-wide quality improvement activities or factoring the environmental impact into decisions.

Barriers for implementation related to this theme include:

- the term ‘environmental sustainability’ was not universally understood as a healthcare issue
- discrepancies existed in the language used in the draft Module and current NSQHS Standards
- risks associated with terminology in the current political and economic climate had not been articulated.

Opportunities to improve implementation related to this theme include:

- amend the title of the Module and remove the reference to ‘environmental sustainability’
- reframe communications to position the Module closer to safety and quality.

Amendments to the terminology of actions and sub actions in the final Module to closer reflect the terminology of safety and quality whilst maintaining emphasis on climate resilience and environmental risk.

Focus on infrastructure over clinical care strategies

A considerable number of strategies reported by pilot sites were related to infrastructure, such as the switch to light emitting diode lights, waste and recycling programs, National Australian Built Environment Rating System (NABERS) review and transitioning fleet vehicles to electric or hybrid. Procurement and supply chains presented opportunities which support environmental sustainability and climate resilience, though they fall outside the direct scope of strategies for safety and quality.

These findings suggest the Module was not interpreted as relating to patient safety and quality improvement and indicate a need to better link environmental sustainability and climate resilience to safe and good quality patient care.

The pilot was mainly coordinated by people working in environmental sustainability areas of the organisation with many reporting that they were not able to engage their existing safety and quality systems in the timeframe of the pilot. For health service organisations to embed their adaptation and mitigation goals, changes are required to safety and quality systems that benefit the organisation, workforce, patients and the community.

Participants feedback stated:

“There is a lack of understanding of how this module fits in with the safety and quality teams and the existing requirements.”

“... Currently all climate risk and resilience work has been separate from safety and quality. However we are now embarking on a plan to embed our sustainability and climate resilience work in our safety and quality frameworks.”

Health services were aware of impending environmental reporting requirements from national and state governments. Participants raised concerns about the capability of reporting systems to capture the level of detail necessary to improve clinical care.

“...our current reporting processes use environmental sustainability indicators from an organisation wide perspective, but we are not able to use these indicators to monitor or evaluate clinical practices in safety and quality.”

Barriers for implementation related to this theme include the understanding of how existing safety and quality systems could be used to support and embed mitigation and adaptation strategies.

Opportunities to improve implementation related to this theme include:

- identifying the intersections between a health service organisation's strategies or plans (such as their Environmental Sustainability Strategy or Climate Adaptation Plan) with their safety and quality frameworks
- integrating circular economy principles to areas such as procurement to support an organisation-wide approach to curbing emissions from clinical care
- taking a whole of organisation approach to environmental sustainability and climate resilience, including the many areas responsible across an organisation for adaptation and mitigation.

Examples of good practice are needed

Given environmental sustainability and climate resilience is an evolving area, examples of evidence-based best practice and benchmarking against other health services was widely requested.

Health services sought direction on the tasks that were expected and validation of activity they had commenced, along with visibility of other site's strategies to support their learning and improve the application of strategies.

Twenty-five (50%) pilot sites reported they would need 1-2 or more years to fully implement the requirements of the module. Most sites were able to identify strategies to meet some or all of the actions and sub-actions. However, to fully embed the actions within the safety and quality systems would take some time.

Participants agreed there is an increasing need for strategies to address the environmental sustainability and climate resilience of healthcare organisations and that coordination and endorsement by the governing body and executive leadership were critical to its success.

Pilot sites indicated that further work was required to fully implement their adaptation and mitigation strategies, with most estimating at least a year to investigate their safety and quality systems further. The need for health service organisations to ensure they are implementing strategies; it was highlighted that assessments could incorporate a maturity model to support a better understanding of how to improve these strategies.

The application of a maturity assessment framework is recommended to support health services establish and grow their maturity in a coordinated and sustained way. It is proposed that initially, assessment to the module will be voluntary and will not affect the accreditation status of the health service organisation.

This approach will also serve to educate health service organisations as they evolve their safety and quality systems. Safety and quality in healthcare is intrinsically complex, therefore a person or team dedicated to supporting coordination of new environmental and climate related strategies within the existing systems is seen as highly desirable.

Supporting resources such as user guides and factsheets will also play a key role in describing the kinds of evidence required to advance a health services maturity.

Recommendation 2

A maturity rating scale for assessments to the Module be introduced to encourage the exploration of adaptation and mitigation strategies relevant to each health service context.

Barriers for implementation related to this theme include a lack of examples and practice that link adaptation and mitigation strategies with clinical care.

Opportunities to improve implementation related to this theme include:

- information sharing in a way that supports other health services adapting good practices in environmental sustainability and climate resilience
- education and training of workforce in quality improvement strategies that support the implementation, scaling and evaluation of strategies to reduce environmental impacts or address climate risks
- leadership opportunities to embed a culture that acknowledges the importance of environmental impacts and climate risks.

The Commission will support implementation by publishing case studies and good practice examples. User guides and assessment frameworks will incorporate educational material to support organisation-wide learning and to increase the maturity of the organisation's integration of adaptation and mitigation strategies using the maturity scale developed by the Commission.

Appropriate mechanisms to coordinate change

While some health services found ways to coordinate strategies across their health service, others noted the absence of executive sponsors, competing organisational priorities and the resource constrained environment (financial, time and expertise) as additional barriers to the coordination and execution of strategies.

Participants reported difficulties engaging other teams to coordinate a service wide approach due to resourcing and a lack of understanding where actions were relevant to particular areas of the health service. Sites with a designated coordinator or working group, described a more positive experience and were able to overcome implementation barriers.

Pilot sites reported that part of the difficulty was seeing the connection between the Module and other standards, such as the National Safety and Quality Health Service (NSQHS) Standards. Noting that the NSQHS Standards are not updated frequently, the implementation of the Module was welcomed as a framework to support the sector's readiness for Third Edition.

Recommendation 3

Embed sustainability and resilience actions into the third edition of the National Safety and Quality Health Service Standards to support a nationally consistent approach for sustainability and resilience.

Most states and territories have policies, reporting requirements and strategies related to environmental sustainability or climate resilience which intersect with the requirements of the Module. Participants stated that there was a need for consistent guidance from the relevant departments of health in relation to implementing the Module.

Recommendation 4

The Commission to collaborate with jurisdictions and assessors where the strategies of the Module intersect with jurisdictional policy and reporting requirements.

Barriers for implementation related to this theme include:

- a lack of dedicated role or responsibility for addressing sustainability in clinical practice
- changes and initiatives not always communicated well or to the right audience
- limited vision of processes and initiatives across the organisation which intersect and/or support the strategies to meet the actions, resulting in duplication and missed opportunities.

Opportunities to improve implementation related to this theme include:

- involving clinical staff in communications and planning activities
- identifying executive and leadership sponsorship
- nominate environmental sustainability champions and leads
- delegate responsibility for the coordination and lead working groups on the implementation of strategies.

Executive sponsorship and support were identified as enabling factors in the Module's overall success and impact. One of the key factors of pilot sites successfully implementing strategies, was the existence of central coordination and a person with nominated responsibility to act. Its absence in a pilot site was one of the main barriers to implementing the actions.

Conclusion



Conclusion

There was a high degree of interest nationally from public and private hospitals in participating in the piloting of environmental standards.

Sites where there was a sustainability officer or unit reported greater success with implementation, however also described challenges advocating for the link between environmental sustainability and clinical care systems.

An estimated 80% of emissions in health are generated from clinical care activities, though from the findings of the pilot it was evident that a majority of participants interpreted environmentally sustainable activity as relating to infrastructure rather than clinical care.

The pilot feedback has informed the amendments to the Module The proposal for a maturity model assessment has been widely welcomed to support health service organisations commencing work in this area.

Examples of good practice in environmentally sustainable healthcare are required to support implementation. Participants acknowledged the need for sharing information and their role in generating examples and case studies within this rapidly emerging space.

To support implementation of the Module, there are **four recommendations** that flow from this pilot outlined in **Table 5**.

Table 5 Summary of recommendations from the pilot.

| Recommendation from pilot |
|--|
| Recommendation 1: Amendments to the terminology and structure of the Module to ensure it is well aligned with the language of existing national safety and quality standards produced by the Commission. |
| Recommendation 2: A maturity rating scale for assessments to the Module be introduced to encourage the exploration of adaptation and mitigation strategies relevant to each health service context. |
| Recommendation 3: Embed sustainability and resilience actions into the third edition of the National Safety and Quality Health Service Standards to support a nationally consistent approach for sustainability and resilience. |
| Recommendation 4: The Commission to collaborate with jurisdictions and assessors where the strategies of the Module intersect with jurisdictional policy and reporting requirements. |

Appendices

Appendices

Appendix A: Details of Cohort 1

Table 6 Health service organisations involved in Cohort 1

| Type of health service | Name of health service | Size |
|---|---|-------------------|
| New South Wales sites | | |
| Public hospital(s) (includes district/network) | Central Coast Local Health District | 1,000-9,999 staff |
| | Tamworth Hospital | 1,000-9,999 staff |
| | Western NSW Local Health District | 1,000-9,999 staff |
| | Tresillian Family Care Centre | 200-999 staff |
| | South Western Sydney Local Health Service | 10,000+ staff |
| | Royal North Shore Hospital | 10,000+ staff |
| Private hospital(s) | MQ Health | 1,000-9,999 staff |
| | Sydney Adventist Hospital | 1,000-9,999 staff |
| | Focus Eye Centre | 1-19 staff |
| Primary care service(s) | Mullumbimby Comprehensive Health Centre | 20-199 staff |
| | Mullumbimby Psychology Pty Ltd | 1-19 staff |
| Victorian sites | | |
| Public hospital(s) (includes district/network) | West Wimmera Health Service | 200-999 staff |
| | Yarrawonga Health | 200-999 staff |
| | Mercy Hospital for Women | 1,000-9,999 staff |
| | Barwon Health | 1,000-9,999 staff |
| | Mansfield District Hospital | 200-999 staff |
| | Northeast Health Wangaratta | 1,000-9,999 staff |
| | Mildura Base Public Hospital | 1,000-9,999 staff |
| | Sunshine Hospital | 1,000-9,999 staff |
| | Alfred Health | 10,000+ staff |
| | St Vincent's Hospital Melbourne (Public) | 1,000-9,999 staff |
| | West Gippsland Healthcare Group | 1,000-9,999 staff |
| | Echuca Regional Health | 1,000-9,999 staff |
| | Seymour Health | 200-999 staff |
| | Monash Health | 10,000+ staff |
| | West Gippsland Healthcare Group | 1,000-9,999 staff |

| Type of health service | Name of health service | Size |
|---|--|-------------------|
| | South Gippsland Hospital | 200-999 staff |
| Private hospital(s) | Bendigo Day Surgery | 20-199 staff |
| Queensland sites | | |
| | Metro North Health | 10,000+ staff |
| Public hospital(s) (includes district/network) | Wide Bay Hospital and Health Service | 1,000-9,999 staff |
| | Sunshine Coast Hospital and Health Service | 1,000-9,999 staff |
| | South West Hospital and Health Service | 200-999 staff |
| | Herston Private Hospital | 20-199 staff |
| Private hospital(s) | Brisbane Day Surgery | 20-199 staff |
| | St Vincents Health Australia Private Hospitals Group | 1,000-9,999 staff |
| | Royal Flying Doctors Service Queensland Section | 200-999 staff |
| Other | | |
| South Australian sites | | |
| Public hospital(s) (includes district/network) | Southern Adelaide Local Health Network | 1,000-9,999 staff |
| | Royal Adelaide Hospital | 1,000-9,999 staff |
| | Women's and Children's Health Network | 1,000-9,999 staff |
| Private hospital(s) | Central Day Surgery | 1-19 staff |
| | Advanced Oral & Maxillofacial Surgery | 20-199 staff |
| Western Australian sites | | |
| Public hospital(s) (includes district/network) | Armadale Kalamunda Group - Kalamunda Hospital | 20-199 staff |
| | Northam Hospital | 200-999 staff |
| | Broome Hospital | 200-999 staff |
| Tasmanian sites | | |
| Public hospital(s) (includes district/network) | Royal Hobart Hospital | 1,000-9,999 staff |
| | Launceston General Hospital | 1,000-9,999 staff |
| Primary care service(s) | Oral Health Services Tasmania | 200-999 staff |
| Australian Capital Territory Sites | | |
| Private hospital(s) | Canberra Private Hospital | 20-199 staff |

Table 7 Profile of health service organisations in Cohort 1 – Lead contacts

| Category of lead contact | Examples of job titles | Number of sites |
|-------------------------------|--|-----------------|
| Sustainability officer | Environmental sustainability manager, Sustainability officer, Sustainability specialist, Environmental sustainability coordinator | 17 (46%) |
| Executive | Director of Nursing, Senior Director Capital Assets and Infrastructure, Executive Director Capital, Infrastructure and Support Services, Executive Director Finance and Corporate Services | 9 (24%) |
| Safety and Quality | Clinical Governance Manager, Executive/Director Quality and Safety, Quality Consultant, Quality Manager | 7 (19%) |
| Clinician | Cardiologist, Consultant ICU, Emergency Physician | 4 (11%) |
| Other management | Education Manager, Service Planning Lead, Receptionist, Program Manager | 11 (30%) |

Table 8 Profile of health service organisations in Cohort 1 – Types of services

| Types of service | Number of sites |
|---|-----------------|
| Public Hospital(s) (includes local health districts/networks) | 35 (73%) |
| Private hospital(s) (includes day procedure centres) | 9 (19%) |
| Primary care service(s) | 3 (6%) |
| Other | 1 (2%) |

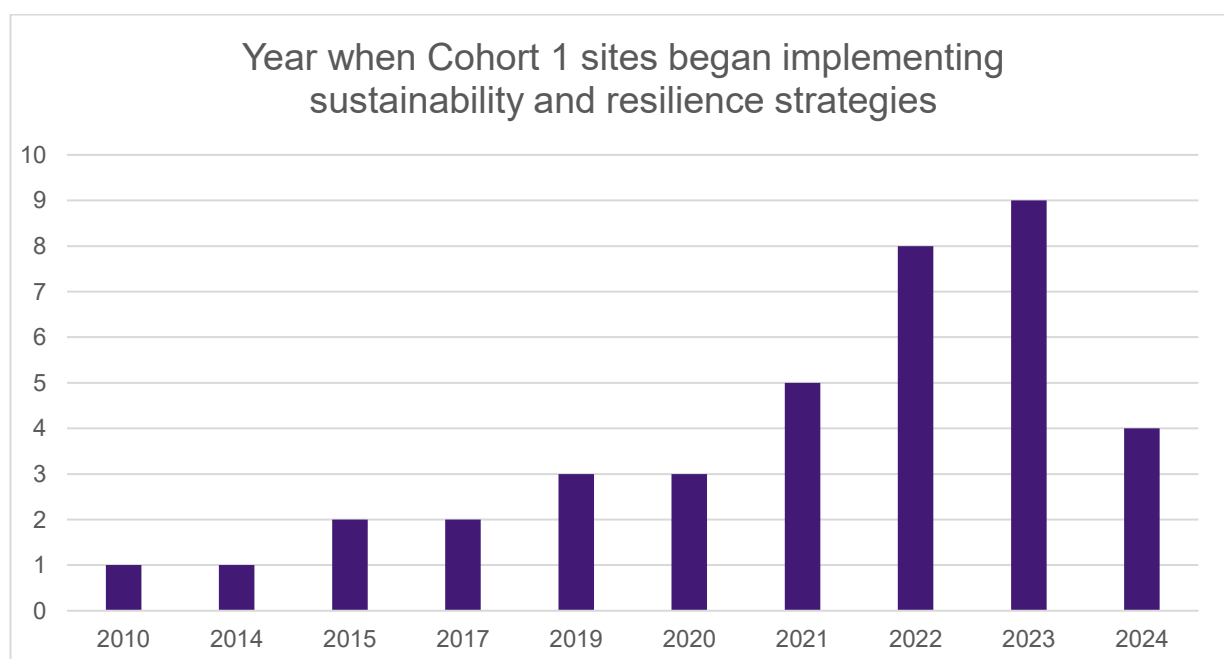
Figure 4 The year when Cohort 1 sites started working on sustainability and resilience

Table 9 Data fields used for the online self-assessment in Cohort 1

| Field | Description |
|---|--|
| Module Reference | The action and sub-action corresponding to the Module . |
| Title of strategy | The name of the strategy used to implement sub-actions |
| Description of strategy | The description of the strategy including scope, dates and stakeholder groups involved. |
| Predicted start date | The start date for the strategy development. This date may pre-date the pilot, if applicable. |
| Predicted end date | The predicted end date for the strategy. This date may pre-date the pilot, if applicable. |
| % Complete | <p>An estimate of the progress for strategies. The following percentages form a guide:</p> <p>0-4% = Not yet started</p> <p>5-24% = Planning stage</p> <p>25-49% = Execution stage</p> <p>50-99% = Working towards implementation</p> <p>100% = Fully implemented</p> |
| Pilot site action plan / Comments | <p>The description of changes made or proposed to implement the strategy and progress towards completion. Include any documents, policies or reports that demonstrate progress on the implementation of each strategy. Sites may wish to use Appendix C: Examples of evidence or Appendix D: Quality improvement and assessment preparation for inspiration on what to include.</p> <p>If the strategy is already complete, this field is used to describe the ongoing monitoring and evaluation of the impact of the strategy and opportunities for other Module actions.</p> |
| Progress bar | Automatically calculated from the ' % Complete ' field above. |
| Areas involved | A list of areas involved in the progression of the strategy. |
| List of resources used (if applicable) | A list of external documents, resources, publications, guidelines or research used to form the strategy or supporting evidence documents. |

Appendix B: Details of Cohort 2

Health service organisations involved in Cohort 2

- ACT Health
- Bankstown South Western Sydney LHN
- Murrumbidgee LHD
- Northern Territory Health Services

Table 10 Profile of health service organisations in Cohort 2

| Category of participant | Examples of job titles | Number of participants |
|-----------------------------------|--|------------------------|
| Sustainability officer | Environmental sustainability manager, Sustainability officer, Sustainability specialist, Environmental sustainability coordinator | 8 |
| Executive | Director of Nursing, Senior Director Capital Assets and Infrastructure, Executive Director Capital, Infrastructure and Support Services, Executive Director Finance and Corporate Services | 7 |
| Safety and Quality officer | Clinical Governance Manager, Executive/Director Quality and Safety, Quality Consultant, Quality Manager | 7 |
| Clinician | Cardiologist, Consultant ICU, Emergency Physician | 7 |
| Other management | Education Manager, Service Planning Lead, Receptionist, Program Manager | 2 |

Discussion questions used for focus groups in Cohort 2

Cohort 2 were presented with the following questions for discussion in session:

- What requirements does your health service have to comply with that relate to environmental sustainability or climate resilience?
- Are there any priorities for your health service that are in conflict with, or pose challenges to, successful environmental sustainability or climate resilience strategies?
- The implementation of the Module will require organisation-wide coordination. What are the enabling factors that have supported organisation-wide change in your health service?
- What are the barriers to embedding strategies in existing safety and quality systems in your health service that relate to environmental sustainability or climate resilience?
- Can you describe the type of implementation resources, tools or guides that may be useful in being prepared for assessments with the Module?

- The Module will be assessed during safety and quality assessments by an accreditation agency. It is anticipated that assessments will use a maturity model that describes how embedded the mitigation and adaptation strategies are across the health service. From these assessments, what kind of information would support improvements in environmental sustainability and climate resilience?
- Are there other considerations the Commission should know to support health services achieving success with their adaptation and mitigation strategies?

Appendix C: Acknowledgement of contributors

The Commission would like to acknowledge and thank the many participants and contributors involved in the development, implementation and improvement in piloting environmental sustainability standards in safety and quality.

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