



Australian
Commission on
Safety and Quality
in Health Care

Corporate Plan 2025–26

Acknowledgement of Country

The Australian Commission on Safety and Quality in Health Care pays respect to the Gadigal people as the Traditional Custodians of Country where the Commission's office is located.

We extend that respect to all Aboriginal and Torres Strait Islander peoples, and their deep time connections to land, water and sky.

We recognise that knowledge about healthy Country, community and culture has been developed by Aboriginal and Torres Strait Islander peoples over tens of thousands of years and has been shared for generations. We are committed to partnering with and learning from Aboriginal and Torres Strait Islander peoples through the work that we do.

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Level 5, 255 Elizabeth Street, Sydney NSW 2000

Phone: (02) 9126 3600

Email: mail@safetyandquality.gov.au

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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 improvements to the safety and quality of health care, so all Australians receive better care, everywhere.

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, Disability and Ageing (the Department) to undertake specific projects which align with the Commission's strategic priorities.

The Commission is 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 2025-26 identifies the strategic priorities that will drive the Commission's direction and work over the next four years. The Corporate Plan 2025-26 is informed by the Commission's purpose and vision, Strategic Plan 2025-30, and 2025-28 Work Plan, which is required under the National Health Reform Act. The corporate plan is updated annually and will be reported on in the Commission's annual report for 2025-26.

This document has been prepared for the 2025-26 period, in accordance with paragraph 35(1)(b) of the PGPA Act.

Purpose

The Commission's purpose is to lead improvements in the safety and quality of health care so all Australians receive better care, everywhere.

Mission

The Commission:

- is a trusted national steward of quality improvement for better health outcomes.
- drives the delivery of excellent health care across the health system and patient journey, in collaboration with our key partners.
- harnesses evidence and the patient voice to inform the delivery of high-quality, equitable and sustainable person-centred health care.
- prioritises leadership of Aboriginal and Torres Strait Islander peoples and communities to support culturally safe care.

Values

The Australian Public Service (APS) Values and Code of Conduct set out the standard of behaviour expected of all APS employees, including Commission staff. The APS Values require are:

- impartial
- committed to service
- accountable
- respectful
- ethical
- stewardship.

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.

Strategic Priorities for 2025–30

The Board determines the Commission's strategic direction, and under a refreshed Strategic Plan 2025–30 has identified the following four strategic priorities:

1. High-quality care in an evolving environment

Focus: High-quality care is delivered consistently, reliably and equitably for all Australians.

Consistently excellent care, responsive to patient needs and preferences, is delivered. The health system responds to the evolving environment including to the impact of artificial intelligence, new models of care and climate change.

2. Strong outcome-focused clinical governance

Focus: Clinical governance, integrated standards and accreditation drive better patient outcomes.

The health system is connected, with strong leadership and governance, and is increasingly shaped by data and evidence about outcomes.

3. Empowered patients, carers and communities

Focus: Health care is designed and delivered with patients and communities.

Patients are informed and empowered to shape their care. All organisations have the systems and governance in place to integrate the patient, carer, consumer and community voice, at every level of healthcare design and delivery.

4. An improvement-driven workforce culture

Focus: Better healthcare is everyone's responsibility, every day.

Improvement is embedded into organisational workforce culture and healthcare delivery. This includes fostering accountability, continuous learning, cultural safety, and a readiness to speak up, act and improve.

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. People move between these services and sectors, and risks of harm from poor quality care exist at all points on these journeys.

Despite this complexity, Australia performs very well in international comparisons of health systems, including areas such as preventive care, provision of safe care, patient engagement, administrative efficiency and healthcare outcomes.^{i, v}

The Commission continues to respond to new and emerging safety and quality issues within the healthcare system. The Commission is adaptable, providing guidance that reflects changes in the environment, emerging knowledge about safety and quality, and the evolving evidence-base.

The unprecedented disruption to health systems and society, catalysed by the COVID-19 pandemic, resulted in substantial change and innovation in the healthcare environment. This disruption, alongside progressive societal and technological changes, has affected: workforce availability, capacity and profile; appropriate models of care; use of technology including virtual care and artificial intelligence; consumer expectations and engagement with the healthcare system; and the integration of care across settings and sectors. The maintenance of high-quality care within this disrupted environment is critical.

The Commission's role is to provide vital leadership focused on the delivery of high-quality care and improvement. 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 changing environment. This includes through work such as the development of a national model for clinical governance and the third edition of the National Safety and Quality Health Service Standards, scoping options for national coordination of guidance, cross-sectoral work on environmental sustainability and appropriate care, clinical resources for aged care, and collaborative work in areas such as quality use of medicines.

This leadership 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 resources 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 builds strong relationships with a broad range of organisations to advance the shared goal of a safe and high-quality health care system.

Governance

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

As an agency funded on a cost-share basis by the Australian Government and all state and territory governments, the Commission works 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, Disability and Ageing, 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.

The Board also has established sub-committees that provide specific advice and support across 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.



Case study

Ten years of Clinical Care Standards

The Commission published the first national Clinical Care Standard on antimicrobial stewardship ten years ago. In the decade since, 19 Clinical Care Standards have been developed and maintained by the Commission in line with the latest evidence.

Clinical Care Standards have become an integral part of the Australian healthcare quality improvement landscape with substantial impact on processes of care and patient outcomes.

A [2023 evaluation](#) of the Clinical Care Standards focusing on antimicrobial stewardship, delirium, and hip fracture found 96% of respondents considered the standards relevant to care, and 92% of respondents who had implemented the standards reported improvement in the quality of care.

Each Clinical Care Standard includes a set of evidence-based statements describing the care that people can expect to be offered for a specific clinical condition, treatment, procedure or clinical pathway, no matter where they are treated in Australia. Each Clinical Care Standard also includes recommended indicators and data sets to support implementation, and monitoring of the impact, of quality standards. The Clinical Care Standards and indicators are developed in consultation with clinicians, consumers and service providers and implemented nationally.

To mark the ten-year anniversary the Commission is recognising a series of exemplar organisations who have implemented Clinical Care Standards. Information on the 19 Clinical Care Standards and exemplars can be found here: <https://www.safetyandquality.gov.au/standards/clinical-care-standards>

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 a broad range of individual and organisational stakeholders.

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 National Disability Insurance Scheme Quality and Safeguards Commission, the National Blood Authority and the Office of the National Rural Health Commissioner.

The Commission also works closely with patient, carer and consumer groups, state and territory health departments, the private sector, clinical colleges, peak bodies, and other professional clinical organisations, complaints commissioners, research organisations and universities. This includes groups such as the Consumers Health Forum of Australia, National Aboriginal Community Controlled Organisation, the Committee of Presidents of Medical Colleges, and the Health College Working Group on Climate and Health.

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

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 developed and released a new [Innovate RAP](#) for 2025-27, which aims to 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 will provide advice and support to the Commission in implementation of the RAP actions.

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 work plan guides the work of the Commission and forms the basis of this corporate plan. Figure 1 illustrates the performance planning and reporting framework for the Commission.

Figure 1: Commission's performance planning and reporting framework

Purpose

To lead improvements in the safety and quality of health care so all Australians receive better care, everywhere.

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 Plan: Priorities

1. High-quality health care in an evolving environment
2. Strong outcome-focused clinical governance
3. Empowering patient, carers and communities
4. An improvement-driven workforce culture

2025-28 Work Plan: Areas of focus

- Clinical governance
- Partnerships with patients, their carers and families, and communities
- Appropriate and sustainable health care
- Safe clinical processes
- Integrated systems
- Measurement for improvement

Reporting

Planning document	Content	Reporting document	Content
Work plan Required under National Health Reform Act	Key areas of work, focus and activities planned to be undertaken by the Commission over the next three years	Annual report against deliverables provided to the Board, sub-committees and Inter-Jurisdictional Committee	Achievement against planned work plan activities
		Project tracker reviewed by Board and Audit and Risk Committee every meeting	Progress for Commission projects and programs
		Individual reports on the delivery or outcome of specific projects and programs	Reviews and evaluations for specific projects and programs
Corporate plan 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 areas of work, key activities and organisational priorities in the work plan	Annual Report Required under the PGPA Act	Performance against measures included in the corporate plan
		Performance tracker reviewed by the Audit and Risk Committee at every meeting	Progress for each measure in the corporate plan
Portfolio Budget Statements	Planned financial performance Performance measures and targets to be achieved	Portfolio Budget Statements	Report on targets achieved

Strategic priorities, work plan and key activities

The Strategic Plan 2025–30 describes the Commission’s purpose and strategic priorities, and the 2025–28 Work Plan identifies six areas of focus. These are illustrated in Figure 2.

To support action towards these priorities, the Commission has identified a range of key activities that it will undertake. Table 1 lists these key activities, mapped against the four Strategic Plan 2025–2030 priority areas.

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

Figure 2: Strategic Plan 2025–30 priority areas and 2025–28 Work Plan areas of focus.

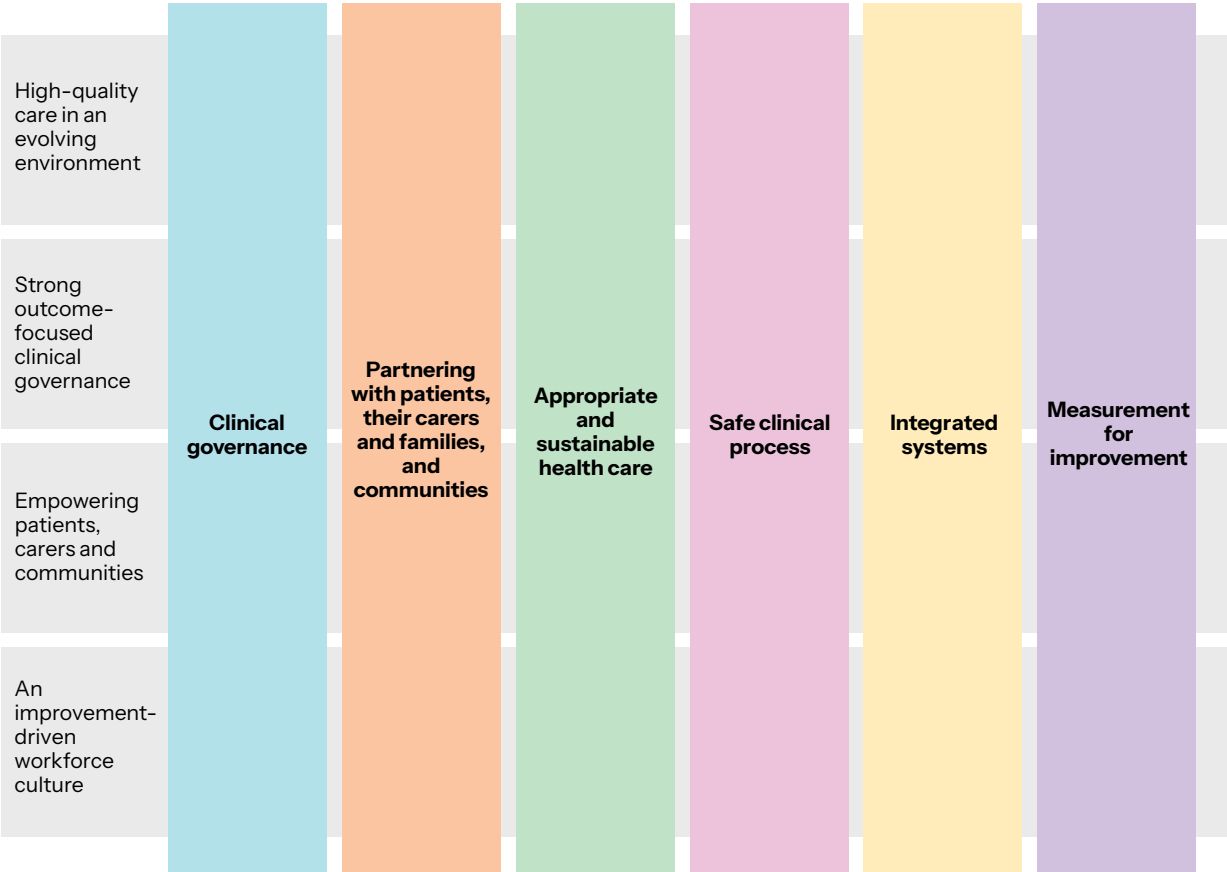


Table 1: Key activities supporting strategic priorities

Key activities	Description of work
High-quality care in an evolving environment	
Integrated systems and transitions of care	Guidance and policy that support integration, harmonisation and coordination of healthcare activity, with a focus on transitions of care within and between sectors and settings.
High-quality primary care	National approaches to improving the safety and quality of primary care, including in the areas of standards and measurement.
Appropriate use of technology and digitally enabled care	Guidance on appropriate use of digitally enabled care to support optimal workflow and patient outcomes. Leverage digital health initiatives to optimise guideline and standard-based patient care.
Strong outcome-focused clinical governance	
National clinical governance model	National leadership on clinical governance, and practical guidance for Boards and health service organisations to optimise their clinical governance systems.
National standards and guidance	National safety and quality standards, guidance and supporting resources including health service standards and clinical care standards that are actionable, measurable and outcomes focused.
Empowering patients, carers and communities	
Working with consumers and communities	Guidance and resources to empower consumers to be partners in their care, for clinicians to engage in partnerships with consumers, and for the community to partner in clinical governance and quality improvement.
Culturally safe care for First Nations people and communities	Leadership in standards for culturally safe care for First Nations people and communities.
Supporting First Nations health leadership	Supporting and empowering First Nations people and communities to lead healthcare improvement approaches.
An improvement-driven workforce culture	
Measurement for improvement	A quality measurement framework, with clinical, patient experience and outcomes measures to support safe and high-quality care, including condition-specific indicators, hospital-acquired complications, patient report measures, staff experience and sentinel events.
Appropriate and sustainable care	Guidance and support for healthcare organisations to examine healthcare variation, and work to reduce unwarranted variation to improve the appropriateness of care.
Patient safety culture	Guidance and information to support maintenance of a workforce patient safety culture.

Strategic approach to performance criteria

The Commission's purpose is to lead improvements in the safety and quality of health care, so all Australians receive better care, everywhere.

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 measures and indicators of safety and quality.

Currently there are few measures of safety and quality that are reported nationally. The Commission publishes key hospital safety and quality data on the [Safety in Health Care web tool](#) including:

- accreditation status
- Staphylococcus aureus bloodstream infections (Golden Staph)
- hand hygiene compliance.ⁱⁱ

The Productivity Commission includes the number of Australian Sentinel Events in its annual report on government services,ⁱⁱⁱ and the Australian Bureau of Statistics publishes patient experience survey data annually.^{iv} The Australian Institute of Health and Welfare also publishes some hospital safety and quality data in the Australia's hospitals at a glance series,^v and Australia participated in the first cycle of the Organization of Economic Cooperation and Development's Patient-Reported Indicator Surveys in 2023–24^{vi}.

The Commission is currently developing a national quality measurement framework, describing the key domains of quality: accessible, effective, integrated, person-centred and safe. At a health system level, it includes three additional domains: efficient, sustainable and equitable. It is expected that this framework will provide the architecture for improved reporting of safety and quality data in the future.

Performance criteria for the Commission

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.

To look specifically at the performance of the Commission within a financial year, it is necessary to look at 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.

Impact and improvements in healthcare outcomes are also important medium to long term indicators of the Commission's performance and influence on the healthcare system. This Commission reports data on outcomes and change in key healthcare safety and quality at a national level in various publications such as the Atlas of Healthcare Variation and AURA report series.

In addition, for specific projects and programs the Commission evaluates 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,^{vii4} and will be undertaking a similar process commencing in 2025-26 to inform the development of the third edition of the NSQHS Standards.

With the development of the Commission's new Strategic Plan 2025-2030, the Commission recognises that its performance measures must align with the new plan while appropriately measuring the Commission's processes and impact on influencing the safety and quality of health care in Australia. In recognising this, the Commission is reviewing its performance measures with a view to developing a new set of performance measures for inclusion in future Portfolio Budget Statements and Corporate Plans.

Performance measures 2025–26 to 2028–29

In the context of this strategic approach, the Commission has specified performance measures for 2025–26 to 2028–29 (Table 2)¹. 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 2025–26 and will be reviewed annually to ensure that they reflect the priorities for each year.

Table 2: The Commission’s performance measures

Outcome: Improved safety and quality in health care across the health system, including through the development, support for implementation and monitoring of national clinical safety and quality guidelines and standards.					
Performance measure	2025–26 Target	2026–27 Target	2027–28 Target	2028–29 Target	Links to strategic priorities
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 2025–26	As per 2025–26	As per 2025–26	Strategic priority 1 Strategic priority 2
	Develop 5 publications or other resources to provide guidance to support implementation of the second edition of the NSQHS Standards.	As per 2025–26	As per 2025–26	As per 2025–26	
	Accrediting agencies are approved to assess health services to the NSQHS Standards.	As per 2025–26	As per 2025–26	As per 2025–26	
	Develop 5 publications or other resources to provide guidance to health services, health professionals and consumers about forming effective partnerships.	As per 2025–26	As per 2025–26	As per 2025–26	

¹ The Commission’s performance criteria are outlined in the 2024–25 Portfolio Budget Statements.

Performance measure	2025-26 Target	2026-27 Target	2027-28 Target	2028-29 Target	Links to strategic priorities
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 2025-26	As per 2025-26	As per 2025-26	Strategic priority 1
	Produce clinical care standards and other resources focusing on high-impact, high-burden and high-variation areas of clinical care.	As per 2025-26	As per 2025-26	As per 2025-26	Strategic priority 2
	Review and revise previously released clinical care standards.	As per 2025-26	As per 2025-26	As per 2025-26	Strategic priority 4
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 2025-26	As per 2025-26	As per 2025-26	Strategic priority 2
					Strategic priority 3
					Strategic priority 4

Performance measure	2025-26 Target	2026-27 Target	2027-28 Target	2028-29 Target	Links to strategic priorities
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 to: <ul style="list-style-type: none"> • support and measure performance towards new clinical care standards • support and measure performance towards an enhanced patient safety culture. 	As per 2025-26	As per 2025-26	As per 2025-26	Strategic priority 2 Strategic priority 4
	Provide further guidance and tools for health services to support the local use of data for safety and quality improvement.	As per 2025-26	As per 2025-26	As per 2025-26	
	Maintain guidance and tools for adverse patient safety events and hospital-acquired complications.	As per 2025-26	As per 2025-26	As per 2025-26	

The Commission reviews its performance criteria against the PGPA Rule 16EA, and is currently reviewing its performance measures, following the development of the Strategic Plan 2025-30.

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.

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 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 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 commenced development of a Skill and Capability Framework to identify current areas for development and future skills and capability needs.

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 2025-26 the Commission will reduce outsourcing of core work in line with the APS Strategic Commissioning Framework. Due to the significant reduction in outsourcing achieved during 2024-25, the Commission's 2025-26 reduction in outsourcing expenditure is expected to be less with a target of \$920,538.

Relationships

As noted earlier, the Commission works in partnership with a broad range of individuals and organisations to collaborate on improvements to the quality of health care. This is undertaken through formal and informal engagement processes and includes relationships through a range 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 patients, carers and consumers, clinical colleges, health system managers, professional bodies, public and private sector representatives, 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 organisation's operation, 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.

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 in their actions and abilities to accept and control risks.

The Commission's Board has established the Commission's Risk Appetite Statement, which is used to determine the Commission's enterprise risks. Risks identified at the strategic and operational level are listed and maintained in the Commission's Operational 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.

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Australian
Commission on
Safety and Quality
in Health Care

T. +61 2 9393 0117

Level 5, 255 Elizabeth St
Sydney NSW 2000 Australia

safetyandquality.gov.au

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