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Commission on
Safety and Quality
in Health Care

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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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Acknowledgement of Country

We, the Australian Commission on Safety and Quality in Health Care, acknowledge the Traditional Owners and Custodians of Country throughout Australia and pay respect to those who have preserved and cared for the lands on which we live and work, and from which we benefit each day.

We recognise the strength and resilience of First Nations people and acknowledge and respect their continuing connections and relationships with country, rivers, land and sea.

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

We acknowledge and respect the Gadigal people, Traditional Custodians of the ancestral lands where our office is located.

Letter of transmittal

The Honourable Mark Butler MP
Minister for Health and Aged Care
Minister for Disability and the National Disability Insurance Scheme
Parliament House
CANBERRA ACT 2600

Dear Minister Butler

On behalf of the Board of the Australian Commission on Safety and Quality in Health Care (the Commission), I am pleased to submit our Annual Report for the financial year ending 30 June 2025.

This report was prepared in accordance with the requirements of the *National Health Reform Act 2011* and section 46 of the *Public Governance, Performance and Accountability Act 2013*.

The report includes the Commission's audited Financial Statements, as required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

The Commission's annual performance statements were prepared in accordance with the requirements of section 39 of the *Public Governance, Performance Accountability Act 2013* and accurately present the Commission's performance from 1 July 2024 to 30 June 2025.

As required by section 10 of the *Public Governance, Performance and Accountability Rule 2014*, I certify on behalf of the Board that:

- The Commission has prepared fraud risk assessments and fraud control plans
- The Commission has in place appropriate fraud control mechanisms that meet its specific needs
- All reasonable measures have been taken to appropriately deal with fraud relating to the Commission.

This report was approved for presentation to you in accordance with a resolution of the Board on 2 September 2025.

I commend this report to you as a record of our achievements and compliance.

Yours sincerely

Professor Christine Kilpatrick AO
Chair
Australian Commission on Safety and Quality in Health Care
2 September 2025

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Highlights

Accreditation

Australian Health Service Safety and Quality Accreditation

568 hospital and day procedure services assessed

National General Practice Accreditation

2,266 general practices assessed

Safety and Quality Advice Centre

2,821 email enquiries addressed

Diagnostic Imaging Accreditation Scheme

4,769 imaging practices accredited

National Pathology Accreditation Scheme

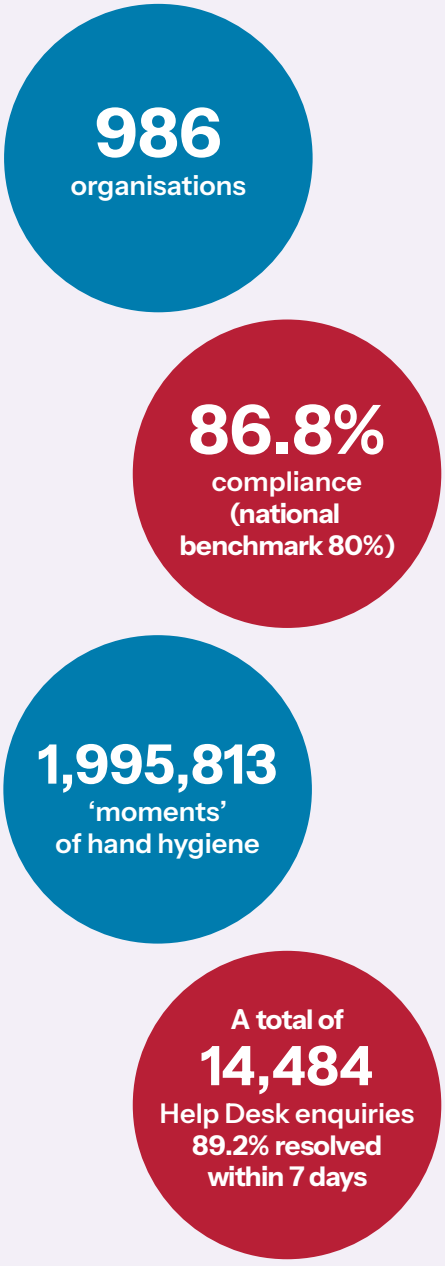
622 pathology practices accredited

Website and resources

10 million
website page views
2.9% increase
year on year

1.4 million
resource downloads
15% increase
year on year

National Hand Hygiene Initiative



New releases and events

National Medicines Symposium 2024

Chronic Obstructive Pulmonary Disease (COPD) Clinical Care Standard

Aged Care Infection Prevention and Control Guidelines

Sepsis national awareness campaign

Osteoarthritis of the Knee Clinical Care Standard (revision)

National Safety and Quality Health Service (NSQHS) Standards User Guide for the Health Care of People with Intellectual Disability

1. Overview

This section provides an overview of the Australian Commission on Safety and Quality in Health Care (the Commission), including its mission, role, functions and accountability, and reports from the Commission's Chair and Chief Executive Officer.

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About the Commission

In 2006, the Council of Australian Governments established 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* and its role was codified in the *National Health Reform Act 2011*. The Commission began as an independent statutory authority on 1 July 2011, funded jointly by the Australian Government and state and territory governments.

Our purpose

Our purpose is to lead improvements in the safety and quality of health care so all Australians receive better care, everywhere. The Commission contributes to better health outcomes and experiences for Australians and improves clinical appropriateness and sustainability in the health system by leading and coordinating healthcare quality improvement nationally.

The functions of the Commission are specified in section 9 of the *National Health Reform Act 2011*. These functions 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
- formulating model national schemes that support healthcare safety and quality and enable the accreditation of organisations that provide safe and high-quality healthcare services
- publishing reports and papers relating to healthcare safety and quality.

Our accountability

The Commission is a corporate Commonwealth entity and part of the Health portfolio of the Australian Government. As such, it is accountable to the Australian Parliament and the Minister for Health, Disability and Ageing, the Hon Mark Butler, MP.

Strategic Intent 2020–2025

In 2019–20, the Commission's Board endorsed the Strategic Intent 2020–2025. The functions described in section 9 of the *National Health Reform Act 2011* guide the Commission's work and are expressed in the four priorities of the Strategic Intent 2020–2025.

The Commission's four strategic priorities:

1 Safe delivery of health care
Clinical governance, systems, processes and standards ensure patients, consumers and all staff are safe from harm in all places where health care is delivered

2 Partnering with consumers
Patients, consumers, carers and the community are engaged in understanding and improving health care for all

3 Partnering with healthcare professionals
Healthcare professionals, organisations and providers are engaged and supported to deliver safe and high-quality care

4 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

The Commission leads and coordinates national improvements in the safety and quality of health care.

We do this by:

- being an authoritative voice
- taking a strategic whole-of-system approach
- using evidence as a foundation for action
- harnessing national knowledge and expertise
- driving a quality improvement culture
- using data effectively
- reporting meaningful information publicly
- empowering consumer action
- enabling and engaging clinicians
- leading collaboration, cooperation and integration
- influencing funding, regulation and education
- fostering use of safe digital technology and artificial intelligence (AI)
- guiding transparency and accountability
- supporting research and innovation
- acknowledging and actively managing risk
- embedding safety and quality into systems and processes
- encouraging development of learning organisations
- creating networks of excellence.

The Commission works in partnership with patients; carers; clinicians; the Australian, state and territory health systems; the private sector; managers and healthcare organisations to achieve a safe, high-quality and sustainable health system.

Key functions of the Commission include developing national safety and quality standards, developing clinical care standards to improve the implementation of evidence-based health care, coordinating work in specific areas to improve outcomes for patients, and providing information, publications and resources about safety and quality.

Reviewing and refreshing our Strategic Plan

In 2024–25, the Commission's Board commenced a process to develop our new Strategic Plan 2025–2030. Since the Commission's Strategic Intent 2020–25 was endorsed by the Board in 2019, there have been substantial changes to the healthcare system and environment.

Reviewing and revising the Strategic Plan for 2025–30 is a timely and important recalibration, consideration and verification of the Commission's strategic direction in the current and future healthcare environments.

The Board met four times in 2024–25 to workshop, develop and refine the new Strategic Plan 2025–30. The Plan was released on 29 July 2025.

Report from the Chair

Professor Christine Kilpatrick AO

The Commission is recognised as a trusted and credible leader in delivering national standards and guidance for the provision of evidence-based, high-quality health care.

Over the past year, as Chair of the Board, I have been honoured to contribute to the current and future strategic direction of the Commission, with my fellow Board members. It is rewarding to be part of the Commission's critical role in leading and driving quality improvement to ensure safe and high-quality outcomes across the Australian healthcare system.

I am pleased to report the Commission has continued to successfully deliver on its 2020–2025 Strategic Intent. During 2024–25, the Commission has partnered with many healthcare professionals and consumers to support the safe delivery of health care with a focus on quality, value and outcomes.

The Commission has worked with clinicians, health professionals, colleges, consumers and stakeholders to develop and deliver a variety of standards, guidance, resources and reports related to healthcare safety and quality.

I was pleased to be involved in the official release of the new Chronic Obstructive Pulmonary Disease (COPD) Clinical Care Standard in October 2024. The new standard aims to improve overall outcomes for patients by supporting best practice in the assessment and management of COPD.

It is estimated around one in 13 Australians over 40 have COPD, but 50% of these are currently undiagnosed. Timely, evidence-based diagnosis and management of COPD is key to improving patient outcomes and reducing hospitalisations.

Another highlight was the revised Osteoarthritis of the Knee Clinical Care Standard. It outlines best-practice care for knee osteoarthritis, reflecting solid evidence of strong health outcomes with non-surgical treatments. Rates of knee arthroscopy, a procedure with no benefit in uncomplicated knee osteoarthritis, fell by 47% between 2015 and 2022 for people 45 years and over. This outcome reflects part of the recommendations of the first Osteoarthritis of the Knee Clinical Care Standard (2017) and the 2015 *Australian Atlas of Healthcare Variation* report on this topic.

Clinical Care Standards provide guidance on best-practice care for specific conditions, improving patient outcomes with evidence-based research. These standards are developed in collaboration with experts in their field, dedicated clinicians, researchers and consumers.

An important milestone was reached in November 2024, which marked 10 years of Clinical Care Standards in Australia. I acknowledge the many clinicians, services and organisations across the country who have contributed to and implemented the clinical care standards to deliver better care and empower patients to improve the outcome of their care.

The National Medicines Symposium 2024 focused on the safe and appropriate use of medicines in an ageing population. The event highlighted that inappropriate polypharmacy is a major challenge and that solutions to reduce the risk of harm are vital. Solutions include comprehensive medication reviews, research and policies on deprescribing, and identifying inappropriate medications. There is an ongoing need for collective and collaborative effort across all areas of the health system to reduce medication-related harm.

This year the Board commenced a process to review and determine the Commission's future strategic direction. There have been rapid, significant changes to the healthcare system and environment in recent years, with workforce and cultural effects following the COVID-19 pandemic, alongside the rise of digitally enabled care, AI and changing demographics of the population. The Commission must keep pace with the evolving needs of the health system.

Revising the Strategic Plan for 2025–30 is a timely and important recalibration of the Commission's strategic direction within the current and future healthcare environment. We must ensure the Commission's important work continues to be relevant for clinicians, non-clinical staff and all those involved in health care, and most importantly patients. Safety and quality improvement is everybody's responsibility. Together we must strive for appropriate high-quality care throughout our health system.

I would like to thank our healthcare partners, including the Australian Government, state and territory partners, the private sector, clinicians, consumer advisory groups and patients who take time to share their experiences and contribute to quality improvement.

I thank and acknowledge the Commission's Board members for their advice and guidance over the past year. I look forward to continuing to work on our upcoming renewed direction for the Commission.

On behalf of the Board, I would like to thank the Commission's Chief Executive Officer, Conjoint Professor, Anne Duggan, the executive team and all Commission staff – who continue to provide wise guidance and national leadership to support improvements in the quality of care across Australia.

Report from the Chief Executive Officer

Conjoint Professor Anne Duggan

This year the Commission has delivered many notable achievements in continuing to lead improvements in the safety and quality of health care.

Clinical governance is central to providing the best outcomes for patients.

In 2024–25, the Commission completed a needs assessment to identify areas where the Commission could provide better clinical governance support for the system. A Clinical Governance Advisory Committee was established, which comprises health system leaders and clinical governance experts. A national model for clinical governance will be available for consultation and release in 2025–26.

The Commission is committed to ensuring all Australians receive equitable care. This includes a focus on improving cultural safety and outcomes for First Nations people. As part of our commitment to strengthening partnerships with Aboriginal and Torres Strait Islander people and improving health outcomes, the Commission released its Innovate Reconciliation Action Plan in early 2025. The Commission also recently started an important program of work to review cultural safety standards for health services, on behalf of the Department of Health, Disability and Ageing (the Department).

In October 2024, the Commission signed a historic Joint Statement on climate change and health. This is a shared commitment with the interim Australian Centre for Disease Control (interim CDC), the Council of Presidents of Medical Colleges representing all medical colleges, and the Australian Indigenous Doctors' Association. The Joint Statement outlines how the health system can reduce its environmental impact by delivering appropriate and sustainable health care.

In early 2025 the Commission and the Australian Digital Health Agency worked together to deliver the second Summit on Clinical Governance in Digital Health. The 2025 Summit demonstrated that strong clinical governance is the foundation for continuous improvement of digitally enabled health care. This collaboration focuses on shared priorities for improving discharge information, standardising terminologies, and embedding consistent health identifiers. It also seeks to drive the integration of clinical safety and quality priorities into the national digital health work program.

There is still much more work to be done to ensure patients receive integrated care throughout their healthcare journey. The increase in chronic conditions requires a whole-of-system approach to ensure continuity of care and achieve the best possible outcomes for patients. Recognising the pivotal role of primary care, we are providing quality improvement resources to general practitioners (GPs), who have a vital role in supporting patients to receive safe and high-quality care. The MedicineInsight program delivered customised practice reports to participating GPs, with data on their prescribing and patient care patterns for COPD. This included recommendations for best practice to support quality improvement in primary care and complements the advice in the COPD Clinical Care Standard.

The Commission has commenced the development of the third edition of the National Safety and Quality Health Service (NSQHS) Standards, which will incorporate new evidence-based practices, emerging evidence and contemporary clinical governance approaches. The NSQHS Standards, (third edition), is a significant opportunity to shape the future of healthcare in Australia to ensure it remains effective, safe and responsive to the evolving needs of our patients and communities.

We must be forward thinking to deliver national safety and quality standards that will continue to improve and support our healthcare system to deliver better patient outcomes well into the future.

I would like to thank the Board for their continued support and guidance as the Commission strengthens our position to adapt to the challenges and opportunities in our rapidly changing healthcare environment.

I extend my sincere appreciation to all the clinicians, health professionals, patients, organisations, staff and individuals who have contributed to the wide range of resources, events and standards delivered over the past 12 months. I appreciate your outstanding commitment to quality improvement.

I look forward to collaborating with the state, territory and Australian Government health departments and the many stakeholders and organisations who work with us to achieve our shared goal of safe and high-quality health care for all Australians.

First Nations people's health and reconciliation

The Commission recognises that reconciliation is a significant journey that will be a part of Australia's history for many years to come. The Commission works in partnership with First Nations individuals, organisations and communities, and with other health organisations, as an ally and change-maker in improving First Nations people's health outcomes and experiences of health care.

The Commission has committed to leading the health system to re-orient the delivery of health care and build the capability and capacity of its staff to act in culturally safe and responsive ways. The Commission aims to ensure that it integrates cultural safety into all its work and recognises that cultural safety is required for care to be clinically safe.

Reconciliation Action Plan

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

The Commission finalised and released the Innovate RAP in 2024–25. To support the implementation of actions within the RAP, the Commission also established the Aboriginal and Torres Strait Islander Health Advisory Group and several internal working groups and processes to review implementation and progress against the RAP objectives.

Case study: Sepsis awareness campaign

Working closely with Sepsis Australia and FleishmanHillard Australia, the Commission launched a national targeted public awareness campaign for World Sepsis Day on 13 September 2024.

Key elements of the campaign included a powerful video about sepsis, a catchy sepsis tongue twister challenge and social media content. The video and social media assets associated with this campaign:

- raised public awareness of sepsis as a life-threatening condition
- increased recognition of sepsis symptoms and the need for urgent action
- increased public engagement with sepsis information and resources.

The Commission worked closely with sepsis survivors and clinical spokespeople who shared personal stories and medical expertise in news, TV and radio interviews. Importantly, Gomeroi man Uncle Matt Priestley recorded two social media messages for First Nations people about sepsis and the sepsis challenge as part the campaign.

The Commission also worked with health services across Australia to develop complementary resources to guide frontline health staff in their responses to people concerned about sepsis.

Using the phrase 'Listen, Look and Act to recognise sepsis or rule it out', these resources reinforced important elements of diagnostic safety practice.

The national targeted awareness campaign for sepsis was overwhelmingly successful. It had an estimated reach of 319 million people, through 889 earned and social media placements, with strong multilingual coverage and First Nations engagement.

The Commission would like to thank Anna McEvoy, Aaron D'atona, Caitlin Alsop, Libby Stanley, and Uncle Matt Priestley for sharing their powerful sepsis stories to support the campaign.

Further information about the Sepsis Challenge and other sepsis awareness resources are available online.

The National Sepsis Program Extension is funded by the Department.

Working across health care

The Commission works in collaboration with a range of key stakeholders to address key cross-sectoral issues in healthcare safety and quality.

Driving better care everywhere

In 2024–25, the Commission established a Better Care Everywhere initiative to support a more equitable and sustainable healthcare system. The initiative brings together a variety of resources developed by the Commission to provide an integrated, cross-program approach focused on implementing high-quality care while reducing unnecessary and low-value care.

Promoting appropriate care and minimising unnecessary investigations and treatments contributes to the sustainability of the health system by ensuring that valuable resources are used where they are needed most.

The Commission will continue to work closely with clinicians, clinical colleges, health service organisations and consumers to support appropriate and sustainable health care and shared decision making.

Improving health care for older Australians

In 2024–25, the Commission continued its work for the Department to support the quality and safety of clinical care for older people receiving aged care services. This work was part of broader national aged care reform activity developed in response to the findings of the Royal Commission into Aged Care Quality and Safety.

As part of this reform, strengthened Aged Care Quality Standards were released to ensure safe, high-quality care and create a shared understanding of expectations in aged care. The Commission drafted guidance in 2024–25 to support aged care providers in meeting the strengthened Standard 5: Clinical Care in specific areas of clinical risk, including the:

- Aged Care Infection Prevention and Control Guide
- Preventing Falls and Harm from Falls in Older People: Best Practice Guidelines
- Clinical Care for Aboriginal and Torres Strait Islander Peoples Using Aged Care Services: A rapid review.

The Commission also updated the Integrated Health and Aged Care Services Module (IHACS Module), formerly known as the Multi-Purpose Service Aged Care Module, to align with the strengthened Aged Care Quality Standards. The IHACS Module will reduce the administrative burden for organisations that deliver both health services and aged care services.

Collaborating to support digitally enabled care

The Commission has a longstanding partnership with the Australian Digital Health Agency (ADHA) to drive:

- safe and effective use of the My Health Record system
- strong clinical governance for digitally enabled care
- integration of clinical safety and quality priorities into the national digital health work program.

This collaboration focuses on shared priorities for improving discharge information, standardising terminologies and embedding consistent health identifiers.

In 2024–25, the Commission and ADHA worked together to deliver the Summit on Clinical Governance in Digital Health. The 2025 Summit built on the success of the inaugural 2023 C3.0 Summit and illustrated how continuous improvement of digitally enabled healthcare through clinical governance is important for stakeholders involved in the planning, implementation and evaluation of digitally enabled health services and tools. Feedback from participants showed that they found the Summit informative, thought-provoking and engaging.

Working together for improved data

The Commission continued to work closely with the Australian Institute of Health and Welfare (AIHW) in 2024–25 to ensure the Commission's ongoing and timely access to data to support quality improvement activities at the national and local levels.

The Commission also provided support to the AIHW in the development of its draft Health System Performance and Assessment Framework by providing expertise and guidance on key measurement domains relating to healthcare quality.

Building partnerships to stop sepsis

The Commission worked together with The George Institute for Global Health (TGI) in 2024–25 on the development and implementation of the National Sepsis Program Extension, funded by the Department. TGI is recognised as a world leader on sepsis and is home to Sepsis Australia, a dedicated network of sepsis survivors, families and clinicians working together to prevent and reduce the impact of sepsis.

The Commission's continued strategic relationship with TGI has enabled the incorporation of peoples lived experience of sepsis into every aspect of project design and implementation. The relationship also allows the Commission to draw upon TGI's vast amount of clinical and research expertise to strengthen project governance, planning, design and delivery.

Working together has also ensured that the National Sepsis Program Extension continues to address the issues outlined in Stopping Sepsis: A National Action Plan (2017).

In 2025, the Commission's Chief Medical Officer, Dr Carolyn Hullick, joined a panel session moderated by TGI's Professor Simon Finfer on the topic 'Reducing sepsis mortality through system change – lessons from trailblazing countries' at the Fifth World Sepsis Congress.

Supporting better health for First Nations people

In 2024–25, the Commission continued working closely with the National Aboriginal Community Controlled Organisation (NACCHO), sharing information, collaborating on guidance, and connecting policies and systems with the aim of improving health outcomes for First Nations peoples.

The Commission and NACCHO worked together under a memorandum of understanding on projects to improve quality use of medicines, collaborated at the NACCHO conference and the National Medicines Symposium, and provided advice and guidance on shared committees.

NACCHO also provided support to the Commission's First Nations staff in 2024–25.

International engagement

In 2024–25, the Commission continued to represent Australia on the global stage, strengthening our leadership in healthcare safety and quality.

The Commission participated in several key strategic international forums including the:

- Organisation for Economic Co-operation and Development (OECD) Working Party on Health Care Quality and Outcomes in May 2025, where the Commission shared Australia's leadership in the OECD Women's Health Strategy and Measurement and contributed to the global discussion on cardiovascular disease burden
- OECD Patient-Reported Indicator Surveys (PaRIS) Working Party, where the Commission provided advice and helped shape future cycles of the survey to improve patient-reported measures in primary care
- 7th Global Ministerial Summit on Patient Safety in April 2025, where the Commission represented Australia. This included representation at the World Health Organization (WHO) 76th session of the Regional Committee for the Western Pacific in April 2025 and at a WHO global consultation to identify a prioritised set of global rehabilitation indicators.

Active international engagement enables the Commission to align national priorities with global standards, contribute to shaping the international health agenda and return to Australia with innovative practices that support better outcomes for patients. These efforts reinforce Australia's position as a global leader in safety and quality and ensure our health system remains responsive to emerging challenges.

Case study: The OECD Patient-Reported Indicator Surveys (PaRIS)

In 2023–24 and 2024–25, the Commission led the implementation of the Australian component of the PaRIS initiative.

This was undertaken in partnership with ORIMA Research and on behalf of the Department.

The PaRIS initiative is a landmark international study examining the care experiences and health outcomes of people living with chronic conditions. The focus of PaRIS is primary care and people aged 45 years and over living with chronic conditions.

Australia was one of 19 OECD countries that participated in the 2023 global-level survey. The survey provided valuable insights to inform quality improvement across five key areas of focus in primary health care.

In July 2025, the Commission released the *PaRIS Survey: Australian National Report 2025*, which highlights Australia's results and explores areas that are relevant and of special interest to Australia.

Inter-Jurisdictional Committee priorities

In 2024–25, the Commission's Inter-Jurisdictional Committee, which comprises representatives from Commonwealth, state and territory health departments, highlighted four priority areas for future national work over coming years. The following sections summarise key activities the Commission has undertaken to progress work in these areas.

1. Developing a national clinical governance model

Clinical governance is central to providing the best outcomes for patients. In high-performing health services, robust clinical governance focuses a health service's systems and culture to achieve consistently high-quality care.

In 2024–25, the Commission completed a needs assessment to explore the extent to which clinical governance is understood and embedded across acute healthcare settings and to identify areas in which the Commission could provide better support for the system. To guide the Commission's clinical governance work, a Clinical Governance Advisory Committee comprising health system leaders and clinical governance experts was established.

In response to the findings of the needs assessment, the Commission substantially developed a draft national model for clinical governance that is scheduled for consultation and release in 2025–26. The draft model offers national consistency in how Australia defines clinical governance and provides clear, relevant and up-to-date guidance for health services on aligning leadership, systems and culture to achieve high-quality care. New areas of focus include sustainability, workforce culture, inclusive and representative governance, and cultural safety.

2. Improving communication at transitions of care

To support the improvement of communication at transitions of care, in 2024–25 the Commission conducted an audit of the resources, tools and guidance available on the Commission's website, including a review of the Communicating for Safety Resource Portal. The Portal is a microsite that links resources developed by both the Commission and external providers to support the implementation of communicating for safety practices.

The audit aimed to identify gaps in guidance and opportunities to streamline and simplify existing guidance. It also considered the structure of the portal in terms of accessibility. Work refining the resources and the portal will continue in 2025–26 as part of the larger Digital Transformation Project.

3. Improving national coordination of clinical guidance

The Inter-Jurisdictional Committee, identified a need to scope opportunities to improve the use and coordination of robust clinical guidance at a national level. There are currently various models for developing and maintaining clinical guidance, varying definitions of guidance, and parallel and potentially duplicative development processes undertaken nationally and internationally.

In 2024–25, the Commission began work in collaboration with states and territories to help scope options for improvement and define the national problem. The Commission also conducted research on national and international clinical guidance models and engaged with broader health system stakeholders to identify opportunities for collaboration. A final report outlining key findings will be delivered in 2025–26.

4. Sharing knowledge from incident management

Throughout 2024–25, the Commission held a series of consultations on incident management systems and identified an ongoing interest in national mechanisms for sharing insights, learnings and successful approaches to incidents and incident management. Senior jurisdictional patient safety executives discussed key practical requirements of a national learning collaboration that would enable more effective knowledge sharing around incident management approaches and their implementation to support system-wide improvements.

Jurisdictions were also consulted on governance structures that would support a national approach to the identification of safety incidents and promote national collaboration in the development of system-wide solutions. This work will progress in 2025–26.

National Health Reform Agreement

The National Health Reform Agreement (NHRA) 2011 is an agreement between the state, territory and Commonwealth governments that sets out arrangements for public hospital funding, including the level of Commonwealth contributions to this funding.

Future reform considerations

The 2020–25 Addendum to the National Health Reform Agreement varied the NHRA. The Commission is referenced in the Addendum as a national body responsible for key activities that lead and coordinate safety and quality improvements within the healthcare system.

In 2023–24 a mid-term review of the NHRA was published providing a range of options for optimising the next agreement. The current variation has been extended for one year until 30 June 2026. The Addendum also sets out long-term arrangements for healthcare reforms that require the Commonwealth, states and territories to work together.

Journal articles

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2. Report on performance

This section details the Commission's achievements against its four priority areas under the 2020–25 Strategic Intent.

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Priority 1: Safe delivery of health care

This priority focuses on keeping patients safe from preventable harm.

National Safety and Quality Health Service Standards

The NSQHS Standards specify the safety and quality systems and processes a health service organisation must establish and use to support the delivery of high-quality health care.

The second edition of the NSQHS Standards was implemented in 2017 and has been assessed in health service organisations since January 2019. These standards apply in public, private and day hospitals. When fully implemented, they can improve the safety and quality of care provided and protect patients from harm.

All hospitals in Australia are required to implement the NSQHS Standards. A key requirement of the NSQHS Standards is that health service organisations implement a comprehensive and robust clinical governance framework that provides a foundation for all other clinical safety and quality processes.

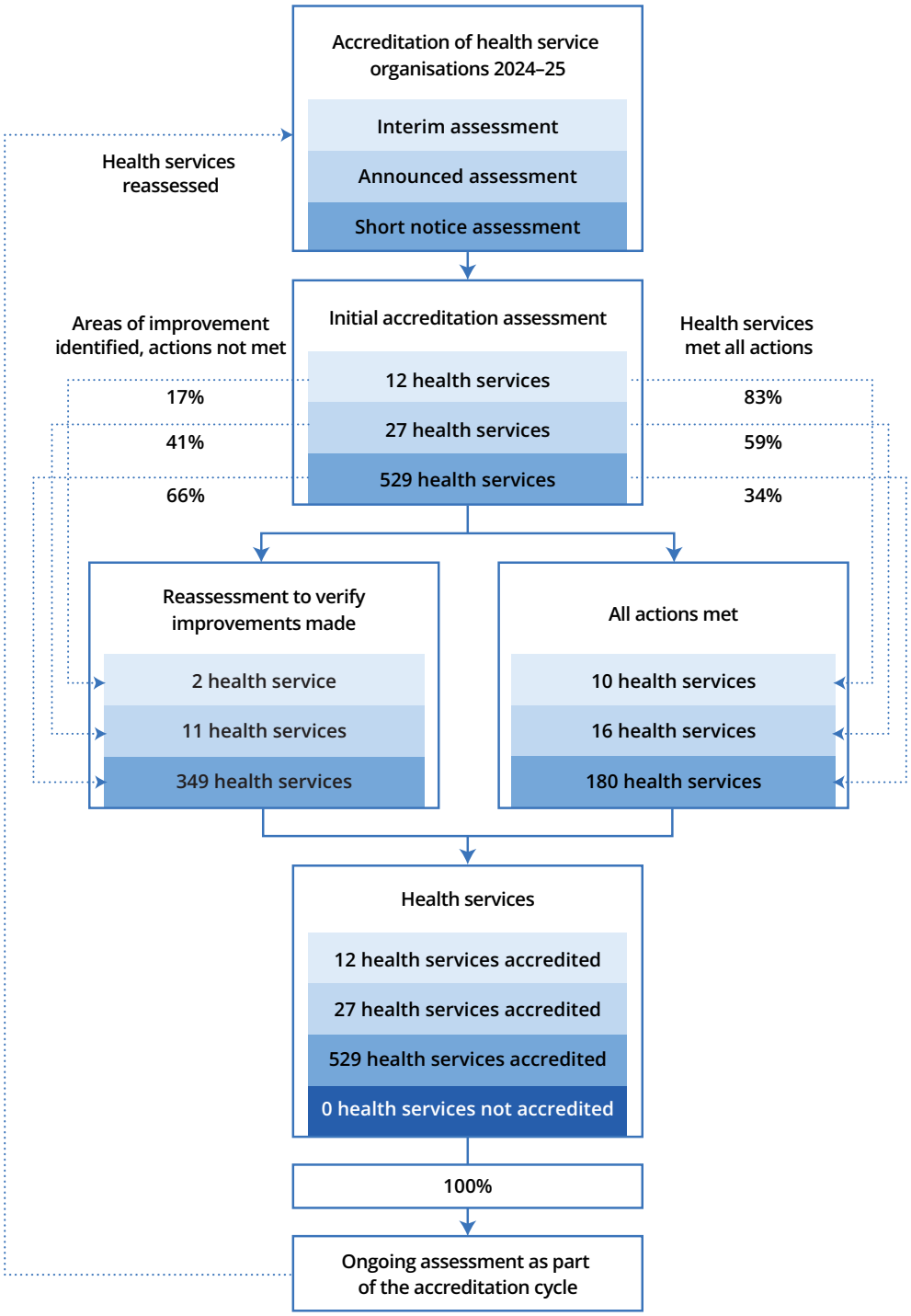
With the NSQHS Standards and clinical governance framework in place, health service organisations can improve their comprehensive care and management of acute deterioration and reduce the risk of harm to patients from common risks such as hospital-acquired infections, medication errors and lapses in communication.

Assessment to the NSQHS Standards

At 30 June 2025, 1,307 hospitals had been assessed to the NSQHS Standards. Health service organisations must demonstrate they meet all the requirements in the NSQHS Standards to achieve accreditation. Of the 568 organisations assessed in the 2024–25 financial year, 206 organisations (36%) met all actions at the initial assessment.

Figure 1 summarises the outcomes for assessment of health service organisations in 2024–25 and provides initial trend data.

Figure 1: Health service organisation accreditation, 2024–25



Note: The term 'health service organisations' includes only hospitals and day procedure services, for which accreditation to the NSQHS Standards (second edition) is mandatory. Other services assessed to the NSQHS Standards are not included. This figure shows assessments that were finalised between 1 July 2024 and 30 June 2025. Note that there were rating scale adjustments for FY2024–25.

Providing guidance on implementation

The Commission publishes resources that support implementation of, and assessment to,, national safety and quality standards.

In 2024–25, the Commission finalised and released the NSQHS Standards Guide for Ambulance Health Services. This guide, which was developed with a broad range of industry experts, aims to interpret the NSQHS Standards for ambulance health services that are implementing them.

Throughout the year, the Commission also published additional resources that support the implementation and assessment of the NSQHS Standards, including:

- Advisory 24/01: NSQHS requirements for reprocessing of reusable medical devices in health service organisations
- NSQHS Standards Guide for Ambulance Health Services – Fact sheet
- National Inpatient Medication Chart for Day Procedure Services – Fact sheet

Safety and Quality Advice Centre

The Commission's Safety and Quality Advice Centre plays a key role in ensuring that accrediting agencies, assessors and health service organisations have a shared understanding of NSQHS Standards and assessment requirements under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme.

The data derived from the Advice Centre are one source of information used to monitor and evaluate the functions of the AHSSQA Scheme. This monitoring and evaluation includes identifying trends relating to individual safety and quality standards, monitoring emerging issues and identifying information gaps and opportunities to improve resources for the health system.

In 2024–25, the Advice Centre received 2,821 email enquiries. In January 2025, the Commission's communications processes were restructured to allow number of calls to be reported. Between 1 January 2025 and 30 June 2025, the Advice Centre received 346 phone calls.

Development of the third edition of the NSQHS Standards

In 2024–25, the Commission commenced development of the third edition of the NSQHS Standards. This edition will incorporate new evidence-based practices, emerging evidence and contemporary clinical governance approaches. It is currently scheduled for release in 2028 and implementation from 2030.

The first stage of consultation on the development of the third edition commenced in early 2025. This stage included engagement with key stakeholders such as jurisdictional health agencies, health services, clinicians, clinical experts, patients, consumers, and peak and professional bodies.

The initial consultation commenced by exploring:

- key emerging and existing safety and quality issues
- potential focus areas for the third edition of the NSQHS Standards
- key learnings from the NSQHS Standards (second edition)
- opportunities to improve the NSQHS Standards structure, and support improved engagement and implementation.

An analysis of the feedback from iterative consultation and engagement processes will inform the development of the third edition.

Improving reliability of assessment for accreditation

The Commission works with a variety of key stakeholders, including state and territory health departments, approved accrediting agencies, clinicians and consumers, to identify opportunities to improve the reliability of assessment for accreditation to the NSQHS Standards. Standardising assessment and reporting processes is key to these improvements.

In 2024–25, the Commission contributed to the professional development of assessors working for approved accrediting agencies and delivered in-person and recorded training sessions.

Standardised reporting templates were also introduced for the:

- Primary and Community Healthcare Standards
- Mental Health Standards for Community Managed Organisations
- Cosmetic Surgery Standards.

Short notice assessments

In 2023–24, the Commission introduced short notice assessments, which aim to improve the reliability and accuracy of assessment processes. Short notice assessments ensure that assessment outcomes reflect day-to-day practice, and that assessment processes support continuous implementation of the NSQHS Standards and reduce the administrative burden of preparing for an accreditation assessment.

In 2024–25, 788 of the 1,307 Australian hospitals assessed to the NSQHS Standards completed mandatory short notice assessments. Feedback from hospitals, accrediting agencies and other stakeholders is that the transition to short notice assessment has been smooth and that this assessment method is preferred by clinicians and health service organisations.

Public reporting of accreditation outcomes

A NSQHS Standards dashboard was first published in 2021 to provide an overview of accreditation assessments, outcomes, and overall performance by sector and by standard. This dashboard complements the public reporting tool on the performance of individual hospitals assessments and provides details on accreditation expiry dates and areas in which improvements are required to achieve accreditation. In 2024–25, this site had 2,930 users and 638 page views.

In May 2025, the Commission expanded its public reporting on accreditation to include a national aggregated dashboard for National Safety and Quality Digital Mental Health (NSQDMH) Standards assessment outcomes.

Oversight and feedback on accrediting agency performance

The Commission manages and oversees accrediting agency approval and performance as part of the requirements of the AHSSQA Scheme. The Commission conducts observation visits and prepares an annual performance review report for discussion with each approved accrediting agency. This report gathers insights from feedback from observers on accreditation assessment visits, feedback from health services, assessment outcome data and Safety and Quality Advice Centre data.

Ten observation visits were conducted in 2024–25. These visits reviewed assessments of the NSQHS Standards, the NSQDMH Standards and the National Clinical Trials Governance Framework.

Review of accreditation outcome data

Accrediting agencies continue to submit data on assessment outcomes monthly through the Commission's data collection portal. The portal validates the data submitted to ensure accuracy, consistency and completeness. The data are analysed in a variety of ways to report to state and territory regulators, the Department, program areas and program administrators.

In 2024–25, reports included:

- an annual report for the Productivity Commission on accredited hospitals
- assessment outcomes for day procedure services
- a report on performance against actions on pressure injuries.

An extensive analysis of assessment data has been undertaken as part of the review of the NSQHS Standards (second edition) and development of the third edition.

Assessor training

It is mandatory for assessors to complete foundational training before they participate in assessments. In 2024–25, 306 assessors completed the NSQHS Standards orientation course and 54 undertook the Australian Institute of Aboriginal and Torres Strait Indigenous Studies core competency course.

In 2024–25, a review of the NSQHS Standards orientation course was completed. The current course comprises eight modules. The review identified that the length of the course was a barrier for people wishing to become assessors, a finding that led the Commission to commence revising the course.

The Commission commenced updating the course in 2024–25, which will include three modules:

- Module 1: The AHSSQA Scheme
- Module 2: The NSQHS Standards
- Module 3: Clinical governance.

Post-assessment survey

Each organisation assessed to any set of standards developed by the Commission is invited to provide feedback on the assessment process and their accrediting agency. This online post-assessment survey is emailed directly to health service organisations once accreditation is determined.

For the NSQHS Standards, the 2024–25 response rate was 31% (111 of 356). Notable findings included:

- 87.5% strongly agreed or agreed that the lead assessor was effective at coordinating the assessment
- 70% strongly agreed the lead assessor effectively communicated findings at the end of the assessment
- 96% agreed the assessors had a comprehensive knowledge of the NSQHS Standards (second edition)
- the majority of health service organisations (80%) did not engage a safety and quality consultant to assist with preparing for assessment.

Standards across health care

Medical imaging standards and accreditation

The Commission is responsible for reviewing and managing the Diagnostic Imaging Accreditation Scheme (DIAS) and standards.

As of 30 June 2025, there were 4,949 imaging practices in the Commission's database. Almost all of these (96% or 4,769) were accredited or accredited with conditions. The vast majority (85% or 4,002) of the accredited imaging practices held full accreditation. The remaining 15% were accredited to a subset or entry level standards.

In 2024–25, the Commission progressed the review of DIAS and standards including conducting a public consultation on a draft revised set of standards and commencing a regulatory impact assessment to evaluate the implementation of these standards by the sector. The consultation on proposed changes to the DIAS included consideration of a transition from desktop assessments to a risk-based assessment process involving virtual, onsite and/or short notice assessments.

From these consultation and review processes it is expected that the name of the DIAS and standards will change to reflect the broader role of medical imaging.

In 2024–25, the Commission also revised its reporting requirements for imaging to better align with the requirements of other national accreditation collections. Before January 2024, the Commission only collected the overall accreditation status of imaging practices; however, since January 2024 data on assessment outcomes for each individual standard have also been collected.

National Pathology Accreditation Scheme

The Commission is responsible for managing and maintaining the National Pathology Accreditation Scheme (NPAS) and standards.

In 2024–25, the Commission, in collaboration with the National Pathology Accreditation Advisory Council, reviewed five national pathology standards.

In December 2024, a total of 622 laboratories were accredited against all of the NPAS standards, a small decrease from 627 in June 2024. Approximately 72% of accredited laboratories were in either Category B (Branch; 49%) or Category B Point of Care (Point of Care; 23%).

Achievements in 2024–25 for the NPAS include:

- update and release of the Requirements for Cervical Screening Standard
- inclusion of the Supervision Standard within the Requirements for Medical Pathology Services
- review and drafting of the Requirements for Point of Care Testing
- review and drafting of the Requirements for the Development and Use of In-House In Vitro Diagnostic Medical Devices
- update and release of the Requirements for Supervision in the Clinical Governance of Medical Pathology Laboratories, to ensure the standard does not expire in July 2025
- responses to 51 enquiries from the sector regarding requests for information about the standards and their interpretation or application. Of these enquiries, 44% were from pathology laboratories, 16% from government departments and 9% from the accrediting agency, with the remainder from general practice, consumers, professional colleges or research students.

National Safety and Quality Digital Mental Health Standards

In 2022, the Commission commenced implementation of the National Safety and Quality Digital Mental Health (NSQDMH) Standards, which operate under the AHSSQA Scheme. The NSQDMH Standards are a set of standards for digital mental health service providers including non-government organisations, public and private services.

At 30 June 2025, 40 digital mental health service providers had successfully been accredited to the NSQDMH Standards. In 2024–25, the Commission worked with the Department to update the Medicare Mental Health website with information about these accredited service providers. Access to a register of accredited service providers will support service users to find high-quality, safe digital mental health services.

In 2024–25, the Commission also developed two digital mental health modules to support primary and community healthcare organisations or community managed organisations that wish to be assessed to the NSQDMH Standards. These modules will be published in late 2025, along with implementation resources to support streamlined assessment processes and reduce the compliance burden.

Implementation of the National Safety and Quality Mental Health Standards for Community Managed Organisations (NSQMH CMO Standards) commenced in 2024–25, with assessments starting from September 2024. In total, 74 providers have registered for assessment against the NSQMH CMO Standards.

National Clinical Trials Governance Framework

In 2024–25, the Commission continued in its role of supporting and ensuring the successful ongoing implementation of, and assessments against, the National Clinical Trials Governance Framework (NCTGF). During 2024–25, representatives of the Commission observed assessments across the country against the NCTGF. These observation visits are critical to the Commission's ongoing commitment to continuously improving standards and assessment processes.

The learnings from these visits inform the development of supportive resources and guidance. In 2024–25, fact sheets and series of webinars were produced to support understanding and knowledge of the NCTGF and its assessment process.

National General Practice Accreditation Scheme

The Department funds the Commission to coordinate the National General Practice Accreditation (NGPA) Scheme, which supports national consistency in accreditation to the Royal Australian College of General Practitioners (RACGP) Standards for general practices.

Between 1 July 2024 and 30 June 2025, 2,266 general practices were assessed to the RACGP Standards. Ninety-nine per cent of practices met the requirements of the standards and were awarded accreditation. Twenty-two general practices were not accredited.

Of the practices assessed in 2024–2025:

- 96% were categorised as general practices; the remaining 4% were categorised as Aboriginal medical services
- 63% were in metropolitan areas, with most in New South Wales (NSW), Victoria and Queensland
- 48 general practices met the criteria for repeat assessments, a process introduced in 2024 for practices in which significant improvements were required to ensure that safety and quality strategies are embedded before accreditation is awarded.

Under the NGPA Scheme, the Commission approves and monitors the performance of accrediting agencies and develops a range of resources and information tools, including advisories and resources for the NGPA Scheme, assessment outcome data and lessons learned.

Accreditation cycle review

In 2024–25, the Department tasked the Commission with reviewing and consulting on potential changes to the NGPA Scheme, including the timing of accreditation cycles and assessment processes. The potential changes are aimed at supporting general practices to maintain compliance throughout the cycle. The views of the general practice sector were sought on these changes throughout 2024–25.

National Safety and Quality Primary and Community Healthcare Standards

The Commission developed National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards in collaboration with representatives from the sector. Accreditation to the NSQPCH Standards began on 1 May 2023 and operates under the existing AHSSQA Scheme.

Depending on the service context and previous accreditation, assessments can be conducted as desktop, virtual or onsite assessments to the NSQPCH Standards.

At 30 June 2025, 235 primary and community healthcare services have successfully completed assessment to the NSQPCH Standards. Private dental practices have begun transitioning their accreditation from the first edition of the NSQHS Standards to the NSQPCH Standards. Oral health is the most common service type in the assessment outcomes data, followed by community nursing, counselling services, cosmetic clinics and outreach services. There are currently 3,359 healthcare services registered for assessment to these standards.

A range of implementation resources continue to be developed with input from industry stakeholders. In 2024–25, these resources included guidance on assessment principles and methodology and a suite of resources to support the prevention and control of infections in primary care.

Cosmetic Surgery Standards and Module

The Commission developed the National Safety and Quality Cosmetic Surgery Standards, published in 2023–24, as part of urgent reforms to mitigate safety and quality risks specific to the cosmetic surgery industry and to reduce patient harm. The Cosmetic Surgery Module was subsequently developed for services that already implement the NSQHS Standards.

During 2024–25, several resources were published to support implementation of the Cosmetic Surgery Standards and Module, including:

- Process for accreditation to the NSQHS Standards and the Cosmetic Surgery Module – Fact sheet
- the Cosmetic Surgery Module Monitoring Tool
- two advisories on notification of significant risk and advice on actions that are not applicable to the Cosmetic Surgery Standards.

User guides on implementing the Cosmetic Surgery Standards and module have also been developed. These will undergo targeted consultation in 2025–26.

Healthcare Sustainability and Climate Resilience Module

In 2024, the Commission commenced a pilot of the Healthcare Sustainability and Climate Resilience Module with 48 health services across Australia. The pilot was concluded January 2025, and information from this process has informed refinements to the module.

Findings showed there was broad sector consensus on the need for environmental sustainability and climate resilience action. However, challenges existed in identifying and coordinating adaptation and mitigation strategies with existing safety and quality processes.

The updated version of the Module will be launched in August 2025.

Virtual care validation study

The Commission recognises that virtual care is being rapidly adopted within the healthcare system, and that there is an absence of nationally agreed guidance to support the ongoing safe use of virtual care models.

In 2024–25, the Commission published a report on a pilot of the NSQDMH Standards in virtual care. During the pilot process, it was determined that there are no nationally agreed virtual care standards for many emerging and varied models of care, including direct-to-consumer services. Unique safety risks were identified during the pilot, and the combination of these risks and the rapid expansion of virtual care following COVID-19 illustrates a need for further work in this area. The Commission will build on this work in 2025–26 by exploring development of a Virtual Care Safety Framework and through the development of requirements for virtual care in the third edition of the NSQHS Standards.

Antimicrobial use and resistance

Antimicrobial resistance (AMR) continues to be a significant issue in the safety and quality of health care. AMR contributes to a reduction in the range of antimicrobials available to treat infections and increases the morbidity and mortality associated with infections caused by multidrug-resistant organisms.

Antimicrobial Use and Resistance in Australia (AURA) project

The Commission's AURA Project supports the response to AMR in Australia with funding provided by the Department for:

- coordinating and reporting on data from the National Alert System for Critical Antimicrobial Resistances (CARAlert) and Australian Passive AMR Surveillance (APAS)
- collaborating with the Australian Group on Antimicrobial Resistance (AGAR) to report data on AMR in selected bacteria detected from blood cultures
- reporting on community antimicrobial use based on analyses of data from the Pharmaceutical Benefits Scheme (PBS)
- reporting AMR data from APAS to the WHO Global Antimicrobial Resistance and Use Surveillance System.

In 2024–25, to increase access to national AMR data, interactive Data Explorer dashboards for CARAlert and APAS were published on the Commission's website.

Analyses of data from APAS, AGAR and CARAlert published by the Commission in 2024–25 showed several key findings including:

- a continuation of the downward trend in community antimicrobial use – this declined 24.4% between 2015 and 2023
- an increase in antimicrobial use of 11.1% in aged care homes from 2022 to 2023 (compared with a 1.3% increase in the broader community)
- in 2023, older Australians in aged care homes were dispensed more than double the number of antimicrobial prescriptions per person, than were older Australians in the community
- variations across states and territories and between hospital and community settings in patterns of resistance. Overwhelmingly, the onset of episodes of bacteraemia reported to AGAR was in the community.

The Commission uses these analyses to support jurisdictions and the private, primary and community health sectors in refining and strengthening their approaches to infection prevention and control and antimicrobial stewardship. The analyses also support the implementation of the NSQHS and NSQPCH Standards.

Infection prevention and control

Over a third of all hospital-acquired complications in Australian hospitals are due to healthcare-associated infections. These infections can affect patients and healthcare workers and cause considerable harm due to increased risk of morbidity and death, prolonged hospital stays and increased health service delivery costs.

Infection prevention and control strategies reduce the risk of infections and minimise the development of multidrug-resistant resistant organisms in healthcare settings.

In 2024–25, the Commission published the following infection prevention and control resources:

- the Aged Care Infection Prevention and Control Guide, which supports the strengthened Aged Care Quality Standards
- resources to support the transition to Australian Standard 5369:2023 Reprocessing of reusable medical devices and other devices in health-related and non-health-related facilities
- guidance on prevention and control of *Candida auris*, an emerging fungus that can be transmitted in healthcare facilities and cause severe multidrug-resistant infections
- case studies to promote sustainable glove use.

National Hand Hygiene Initiative

In 2024–25, the Commission published an interactive dashboard on its website to enhance access to hand hygiene compliance data relating to jurisdictional and private hospital sector organisations. Overall, hand hygiene compliance in Australian hospitals consistently exceeds the national benchmark of 80%.

The Commission also completed an evaluation of new hand hygiene auditor training pathways that were implemented in 2023. The findings of this evaluation will support improvement of the National Hand Hygiene Initiative.

Digitally enabled care

Medication Management at Transitions of Care Stewardship Framework

The Commission continues to recognise that transitions of care are periods of high risk for potentially harmful medication errors and miscommunications. In November 2024, the Commission produced two evidence briefings outlining strategies and digital approaches to facilitate safer medication management at transitions of care and support a stewardship approach.

The Medication Management at Transitions of Care Stewardship Framework will be published in 2025–26. This framework provides a hospital-based stewardship approach to medication management at transitions of care that can be incorporated into existing systems, processes and clinical practice. With appropriate and careful consideration, principles and elements of the framework are transferable to other settings and patient cohorts. It is the first national framework that targets the ongoing improvement of medication management to support safer transitions of care.

National Guidelines for On-Screen Display of Discharge Summaries

The Commission revised and updated the 2017 National Guidelines for On-Screen Display of Discharge Summaries, now renamed the National Guidelines for Presentation of Electronic Discharge Summaries. The revision of these guidelines was informed by extensive stakeholder consultation and constitutes part of a broader national program to uplift hospital discharge information.

The release of these guidelines was one of several activities designed to address the recommendations arising from the Royal Commission into Aged Care Quality and Safety. They are intended to be used to inform future development of technical specifications for electronic discharge summaries. The updated guidelines highlight the need for a system-wide collaborative approach to drive improvements in the national consistency and overall quality of discharge information.

Pragmatic artificial intelligence guidance for clinicians

In 2024–25, the Commission developed pragmatic AI-related guidance for clinicians in partnership with the Department. The work included an overarching AI safety guide and associated scenario-specific safety guides.

Critical results management

In February 2023, the Strengthening Medicare Taskforce Report recommended that the government modernise My Health Record to increase the health information available to consumers and their healthcare professionals. This included a recommendation that sharing by default be required for private and public practitioners and services and a recommendation to make it easier for people and their healthcare teams to use My Health Record at the point of care.

In 2024–25, on behalf of the ADHA, the Commission undertook an appraisal of guidance, policies and procedures to identify the basis for national harmonisation of critical results management to support proposed reforms to the My Health Record system. The term 'critical results' refers to life-threatening results that require urgent action.

In 2024–25, the Commission:

- convened a public consultation process to inform the development of an environment scan on national approaches to critical results management in both pathology and diagnostic imaging
- completed a literature review to compile the published literature on critical results management processes
- developed recommendations on harmonising the approach to critical results management to inform improvements to timely access to pathology and diagnostic imaging results in My Health Record.

Real-time prescription monitoring

In 2024–25, the Commission published a suite of national implementation resources to support clinicians in their use of real-time prescription monitoring (RTPM) in clinical practice. The resources included a fact sheet with clinical practice principles, a clinical risk management guide, a conversation guide and a poster. These resources were developed in collaboration with a working group comprised of jurisdictional representatives to ensure alignment with state and territory legislation and RTPM systems.

Electronic National Residential Medication Chart

In 2024–25 the Commission updated the National Residential Medication Chart (eNRMC) User Guide and Software Vendor Resource. These updates aim to clarify eNRMC implementation queries raised during the Department's eNRMC Transitional Arrangement.

Safe and quality use of medicines

The Commission has continued to implement a variety of quality use of medicine (QUM) initiatives funded under the Department's Quality Use of Diagnostics, Therapeutics and Pathology program. These activities are integrated with activities that support the safe use of medicines in the Australian health system.

National Medicines Symposium

The Commission's National Medicine Symposium was held on 19 November 2024. The symposium had the theme 'appropriate use of medicines in an ageing population' and explored the complex balance between managing disease and avoiding medication-related problems in an ageing population. There were more than 4,000 registrations and nearly 6,500 views during the broadcast. Topics discussed included strategies to reduce polypharmacy, optimal medication management and medicine-related harm.

Quality use of medicine stewardship

The Commission has continued to implement and integrate a variety of QUM activities that support safe and quality use of medicines in the Australian health system. During 2024–25, the integration of QUM functions continued, including:

- revision and archiving of National Prescribing Service MedicineWise website content to integrate content with the Commission's website as part of the Digital Transformation Project
- maintenance of access to QUM eLearning modules and the commencement of revisions to content to ensure currency
- development of a *Medical Journal of Australia* Insight+ article to consolidate the learnings gained from the National Medicines Symposium 2024.

MedicineInsight data collection

In 2024–25, the Commission continued to build the MedicineInsight data collection into a valuable and representative national longitudinal primary care data collection. The principal aim of the program is to support quality improvement activities in general practice.

In July 2024, ethics approval was granted for third-party data use to support primary care research and policy decisions. Following this, a General Practice Advisory Group was established to support quality improvement at the practice, policy and community levels.

In December 2024, the first report, *MedicineInsight GP Snapshot: Chronic Obstructive Pulmonary Disease,* which was based on aggregated participating general practice data, was released. As the data collection reached a representative state, practice reports were provided to participating practices and GPs with accompanying quality improvement activities to support best practice and contribute to RACGP continuing professional development activities.

Medicine shortages

Medicine shortages and discontinuations can compromise patient safety. The Commission has developed guidance on the conservation of medicines during shortages and on safety considerations for mitigating risks associated with medicine discontinuations.

In 2024–25, the Commission developed and published resources for acute and primary care clinicians and consumers in response to shortages of opioid medicines and intravenous fluids, oxytocin injections, and discontinuation of a range of insulin products.

Online learning modules for high-risk medicines

High-risk medicines eLearning modules have been developed to support clinicians to safely use these medicines. Currently, there are seven eLearning modules on the following topics: introduction to high-risk medicines, insulin, anticoagulants, clozapine, psychotropic medicines, opioid analgesics in acute settings, and anticancer medicines. In 2024–25, the Commission coordinated revisions of the eLearning modules on insulin and anticoagulants.

Comprehensive care

During 2024–25, the Commission undertook consultation activities with subject matter experts from Australian hospitals to better understand challenges experienced when implementing the Comprehensive Care Standard. Feedback suggested the volume and complexity of resources to support implementation of the Standard posed a challenge.

Resources were reviewed to ensure clear and consistent messaging aligned to the intent of the Standard. This included updates to Advisory AS18/15: Developing the comprehensive care plan. Feedback from these consultation activities will also inform the development of the third edition of the NSQHS Standards.

Sepsis

In 2024–2025 the Commission progressed the implementation of the National Sepsis Program, focusing on broad consultation with healthcare workers and people with lived experience of sepsis, including those bereaved by sepsis.

In May 2025, a free online learning module about sepsis in primary care was launched. The module includes three interactive case studies and three downloadable resources. Resources to promote the education included a 1-minute animation and a live webinar on 18 June 2025 that was attended by 376 people.

In 2024–25, over 400 people across Australia shared their views on the current state of sepsis coordination and post-sepsis support. Through consultations, we learned that patients, families and carers want healthcare professionals to practice deep and active listening so they are more responsive to concerns. They also want information on the risks and potential impacts of sepsis and recovery-focused explanations from care teams about what is happening and what can be expected in future.

Patients, families and carers also wanted to be empowered to be involved in care through:

- provision of plain English information on what sepsis is, what it does, and potential ongoing impacts
- active participation in decision-making about treatment and discharge planning
- provision of information and contacts to support recovery.

A draft model of care for post-sepsis care will be finalised in late 2025.

Priority 2: Partnering with consumers

This priority focuses on ensuring patients, consumers, carers and the community are engaged in understanding and improving health care for all.

Supporting consumer engagement and partnerships

Australian Charter of Healthcare Rights

In 2024–25, the Commission continued to support consumers to better understand the Australian Charter of Healthcare Rights (the Charter) and how to use it as a tool for their own care. This work included a focus on understanding the needs of consumers from diverse backgrounds and the use of new approaches to raise awareness of the Charter across these groups in the community.

In 2024–25, the Commission hosted a continuing professional development workshop on the Charter in collaboration with the Multicultural Centre for Women's Health. The workshop was attended by over 50 bilingual health educators who work with women from migrant and refugee communities to increase opportunities for better health and access to services.

The Commission also expanded its suite of community language translations of the Charter in response to stakeholder and community feedback. In 2024–25, translations in 19 additional languages were published and their availability was promoted to relevant communities.

Supporting consumers to engage with organisational design and governance

In 2024–25, the Commission launched its second series of 'person-centred care in practice' webinars, with a focus on engagement at all levels of health care. Featuring a diverse range of health services and settings, the webinars explored case studies to share practical guidance and initiatives that support improved experiences and outcomes for consumers.

A key element was the participation of consumers from each of the health services presenting at the webinars, which enabled a wide range of consumers to share their perspectives on partnerships and their expertise. The webinars, which had live audiences of up to 474 attendees on the topics:

- Take the LEAP: Harnessing Lived Experience for Best Care
- Better Together: Transforming Healthcare Complaints.

The Commission also increased membership of the Person-Centred Care Network to over 5,500, fostering peer support and collaboration in pursuit of person-centred care. Two editions of the newsletter *Person-Centred Care Insights* were published, with several articles showcasing consumer co-design and co-development initiatives to plan and deliver services that better meet the needs of the community.

Improving end-of-life care

In 2024–25, the Commission progressed a revision of the *National Consensus Statement: Essential elements for safe and high-quality paediatric end-of-life care (2016)*. It addresses paediatrics-specific considerations and best-practice approaches to caring for children and young people who are approaching the end of their lives.

Reflecting the findings of three rapid literature reviews and consultations with experts in paediatric palliative and end-of-life care, this revision of the consensus statement incorporates new evidence and current and emerging best practice in paediatric end-of-life care. The revised consensus statement is scheduled for finalisation and release in 2025–26.

Support for people with intellectual disability

In October 2024 the Commission published the *NSQHS Standards User Guide for the Health Care of People with Intellectual Disability*.

This User Guide assists health service organisations and clinicians in addressing safety and quality risks for people with intellectual disability, highlighting specific NSQHS Standards and actions that ensure systems of clinical governance and person-centred approaches are in place. It includes:

- evidence-based strategies for improvement
- recommended resources to support the strategies
- spotlight summaries of key issues affecting the health care of people with intellectual disability.

To support the user guide, three shorter fact sheets were developed on communication and positive behaviour support, transitions of care and polypharmacy.

Measuring patient experience

Patient-reported experience measures

In 2024–25, the Commission continued to support health service organisations to use the measurement of patient experience to improve safety and quality of care. This support included:

- updating the Commission's website with information on patient experience measurement across health settings
- publishing a validated adaptation of the Australian Hospital Patient Experience Question Set (AHPEQS) for parents and carers of inpatient paediatric patients
- collaborating with organisations, including Children's Health Australasia, to support the measurement of patient experience in paediatric patient populations
- supporting researchers developing and validating a patient-reported experience measure for First Nations people using primary health care
- circulating advice for health services on the implementation of AHPEQS.

Patient-reported outcome measures

The Commission continued to support health service organisations and clinicians in the use and implementation of patient-reported outcomes measures to improve the quality of care in 2024–25. This included:

- releasing patient-reported outcome measure recommendations for people with low back pain
- supporting a research project to develop and validate patient-reported outcome measures for pregnancy and childbirth.

In 2024–25, the Commission also progressed an update to a centralised list of validated patient-reported outcome measures that supports access to these measures and their use in Australia in different health settings. The updated list, which will increase the number of validated measures from 315 to nearly 700, will be published in 2025–26.

The PaRIS initiative

The Department appointed the Commission to manage the OECD Patient Reported Indicator Survey (PaRIS Survey) in Australia in May 2021.

The PaRIS Survey is the first survey of its kind to assess the outcomes and experiences of patients living with chronic conditions in primary healthcare settings across countries. In Australia, the survey was open to accredited GP practices and their patients. The national rollout of the PaRIS Survey in Australia began in June 2023 and ended on 30 November 2023.

In February 2025, the OECD published the international results of the PaRIS Survey in a global-level report. A country note on Australia was also released. *A PaRIS Survey: Australian National Report 2025* has been developed and was released in July 2025.

Priority 3: Partnering with healthcare professionals

This priority focuses on ensuring healthcare professionals, organisations and providers are engaged and supported to deliver safe and high-quality care.

Indicators, measures and dataset specifications

While most health care in Australia is associated with good clinical outcomes, preventable adverse events and complications continue to occur across the healthcare system. To assist in identifying instances of harm, the Commission has developed indicators for local monitoring of safety and quality. These indicators are used to monitor events such as hospital-acquired complications (HACs), avoidable hospital readmissions, severe acute maternal morbidity and sentinel events.

These indicators are intended to be used alongside patient-reported experience measures and patient-reported outcome measures (PROMs), which ensure the voices of patients are heard. They are typically used in conjunction with measures that capture the perspectives of hospital staff on patient safety culture.

In 2024–25, the Commission, in partnership with the Independent Health and Aged Care Pricing Authority and state and territory health departments, maintained the specifications for sets of indicators under the NHRA. This maintenance process included considering clinician advice, stakeholder requests to amend the indicators, and updates to ensure alignment with the latest data standards and definitions.

The Commission supports the healthcare system by providing national analyses of system efficiency, effectiveness and quality. The Commission continues to meet its obligations as an Accredited Data User under the *Data Availability and Transparency Act 2022*, demonstrating the strong commitment of the Commission to privacy, data security and technical best practice.

Hospital-acquired complications list

In 2024–25, the Commission continued to support local-level monitoring and improvement of patient care with the HACs list. HACs resources and a visual summary of the changing HAC goal rates over time for health services were updated on the HACs Frequently Asked Questions and Resources webpage. The HACs specification was also refined to align with the 13th edition of the Australian Modification to the International Statistical Classification of Diseases and Related Health Problems (ICD-10-AM), a change that took effect from 1 July 2025.

Avoidable hospital readmissions list

In 2024–25, the Commission continued its role under the extended 2020–2025 Addendum to the NHRA to review and maintain the list of conditions considered to be avoidable hospital readmissions.

The Commission supported health services and jurisdictions in understanding this list and interpreting it as an indicator set. This included providing advice, responding to questions about specific incidences of avoidable hospital readmissions and preparing the specifications for the implementation of the ICD-10-AM 13th edition.

Sentinel events

Sentinel events are adverse events that result in death or serious harm to a patient and signal critical failures in patient safety. The Commission's Sentinel Event Internal Steering Committee (SEISC), which comprises senior clinical and executive staff, reviews queries and provides guidance on potential sentinel events. The queries received and the Committee's determinations are reviewed regularly to identify common issues and monitor the currency and clinical validity of the sentinel event list and associated specifications.

In 2024–25, a range of queries were considered by the SEISC and final advice was provided to the relevant state and territory health departments. One key outcome of this process was a review and update of the Australian Sentinel Events List (version 2) specifications. This update ensures the guidance being provided remains valid and up to date.

Clinical Care Standard indicators

The Commission has continued its work to develop and specify indicators to support the implementation of its Clinical Care Standards. In 2024–25, the Commission:

- developed new indicators for the Chronic Obstructive Pulmonary Disease Clinical Care Standard
- reviewed and updated existing indicators in the Colonoscopy Clinical Care Standard
- continued the review of existing indicators in the Acute Stroke Clinical Care Standard
- commenced the development of new indicators for the Emergency Laparotomy Clinical Care Standard.

Patient safety culture measurement

Measuring patient safety culture from the perspective of staff can provide insights that lead to improvements in the safety of care. In 2024–25, the Commission undertook the following activities to support the measurement and improvement of patient safety culture:

- commenced a rapid literature review and environmental scan to identify needs for, and interests in, further support in patient safety culture measurement
- finalised a short question set for yearly patient safety culture measurement
- commenced recruitment to pilot and validate the short question set within existing organisational staff surveys
- continued with the ongoing refinement of the patient safety measurement toolkit and the development of additional resources to support implementation of the short question set, including the development of a data analysis tool.

The short question set for patient safety culture measurement will be published in 2025–26.

Improving reporting of safety and quality data

Aligning public reporting for public and private hospitals

At the request of health ministers, the Commission developed the Safety in Health Care web tool, which was released in July 2024. The tool allows people to view reliable, easy-to-understand safety and quality information about individual Australian hospitals through a simple national platform.

The tool currently has three safety and quality indicators:

- assessment against the NSQHS Standards
- results of the National Hand Hygiene Audits
- rates of golden staph bloodstream infection.

Data for these indicators is sourced from publicly available national databases.

Work to specify further indicators will occur in phases as indicators are refined, finalised and consulted on for public reporting and as more data become available.

Revision of the Framework for Australian Clinical Quality Registries

National Clinical Quality Registries (CQRs) make an important contribution to health care in Australia by giving clinicians, health service organisations and governments the information they need to keep making healthcare safer and better for everyone.

In August 2024, the Commission published the revised Australian Framework for National Clinical Quality Registries, a key priority under the Australian Government National CQR Program. This framework sets the standard for the establishment and operation of CQRs, ensuring they adhere to the highest standards of quality and accountability.

In 2024–25, the Commission commenced two projects funded by the Department to support the implementation of the National Strategy for Clinical Quality Registries and Virtual Registries 2020–2030. These projects aim to:

- update the prioritised list of clinical domains for CQR development
- modernise the Australian Register of Clinical Registries.

Priority 4: Quality, value and outcomes

This priority area focuses on ensuring evidence informs the delivery of safe, appropriate and high-quality care.

Identifying healthcare variation

Mapping variation is a valuable tool for understanding how our healthcare system is currently providing care and where we need to improve. The *Australian Atlas of Healthcare Variation* reports, derived from information routinely gathered by the health system, show how healthcare use differs across the country and raise important questions about why this variation might be occurring. The aim is to prompt further investigation into the underlying reasons.

Healthcare variation is not necessarily bad if it reflects differences in patients' needs or preferences. When a difference in use of health care does not reflect these factors, it is unwarranted variation and represents an opportunity for the health system to improve. This improvement may involve increasing access to treatment options that produce better outcomes for patients or reducing treatment that has little or uncertain benefit. Addressing unwarranted healthcare variation benefits patients and improves the sustainability of the health system.

Atlas Focus Report: Chronic Obstructive Pulmonary Disease

About 1 in 13 people over 40 years of age in Australia are thought to have chronic obstructive pulmonary disease (COPD) and it is a leading cause of potentially preventable hospitalisations. Accurate diagnosis and the right treatment can improve symptoms that make it hard to breathe and help avoid serious exacerbations that need emergency department care.

In June 2025, the Commission published the *Atlas Focus Report: Chronic Obstructive Pulmonary Disease*. The report examined trends in the rates of spirometry and the use of pharmacotherapy, two critical aspects of the COPD Clinical Care Standard that support high-quality, evidence-based care across the patient journey.

The Commission released three publications presenting data from different levels of the health system to shed light on how care compares with aspects of the COPD Standard:

- *MedicineInsight GP Snapshot: COPD*, which shows national data from enrolled practices
- *Atlas Focus Report: COPD*, which shows national trends and variations in care from a geographical perspective
- *MedicineInsight Practice Report: COPD*, which provides feedback directly to enrolled GPs and practices.

Joint statement on climate change

In October 2024, the Commission, in partnership with the interim Australian Centre for Disease Control (interim Australian CDC) and Australian medical colleges, released the historic *Joint Statement: Working together to achieve sustainable high-quality health care in a changing climate*. In an Australian first, all specialist medical colleges and the Australian Indigenous Doctors' Association endorsed the Joint Statement.

The Joint Statement signifies a shared commitment to work together to reduce the health system's contribution to carbon emissions by delivering appropriate and sustainable health care. The Commission, interim Australian CDC and health colleges have agreed to develop a Framework for Collaborative Action on Climate Change over the next 18 months including meaningful and demonstrable actions to:

- develop low-emissions models of care that prioritise prevention, reduce low-value tests and treatments and minimise emissions from high-value care
- mobilise and support the health workforce to lead the health system response to climate change.

Improving appropriateness of care

Clinical Care Standards support the delivery of appropriate evidence-based clinical care by describing the care patients should be offered by clinicians and health services. Appropriate care maximises benefits, reduces the risk of harm and avoids the use of ineffective interventions that may have individual and health system costs.

Chronic Obstructive Pulmonary Disease Clinical Care Standard

In Australia, health care for COPD varies significantly. The *Fourth Australian Atlas of Healthcare Variation* identified that hospitalisation rates for COPD in local areas vary by a factor of up to 18. Data from the *Fourth Australian Report on Antimicrobial Use and Resistance in Human Health* shows that when antimicrobials are prescribed for COPD in inpatient settings, almost 50% of prescriptions are inappropriate.

The COPD Clinical Care Standard was finalised and published in October 2024. This Standard aims to reduce the number of hospitalisations that were potentially preventable and improve overall outcomes for people with COPD by supporting best practice in the assessment and management of COPD, including exacerbations. It also aims to encourage consideration of the palliative care needs of people with COPD to support symptom management and improve quality of life.

The COPD Clinical Care Standard was endorsed by 20 professional and peak body organisations.

Reviews of published Clinical Care Standards

The Commission has published 19 Clinical Care Standards since 2014. These standards are regularly reviewed to ensure they maintain alignment with clinical practice guidelines and relevance to clinical practice. The following work was undertaken on Clinical Care Standards in 2024–25.

- The revised Osteoarthritis of the Knee Clinical Care Standard was launched in August 2024 to update the first version of this standard, which was released in 2017. The aim of the standard is to improve how people with osteoarthritis of the knee are assessed and managed in order to optimise health outcomes for each patient and reduce the need for inappropriate interventions. The Standard was endorsed by 22 organisations, including the Royal Australasian College of Surgeons, the Australian Rheumatology Association and the Australian Physiotherapy Association.
- The Colonoscopy Clinical Care Standard review was completed and the Standard was approved for release in late 2025. The first Colonoscopy Clinical Care Standard, which was developed as part of the Safety and Quality Model for Colonoscopy, was released in 2018. This Standard is mandatory for all health services providing colonoscopy services that are accredited to the NSQHS Standards.
- The second review of the Acute Stroke Clinical Care Standard continued through consideration of the current living guidelines for stroke and consultation with key stakeholders. Redrafting of the Standard began with input from an expert working group.

Case study: 10 years of Clinical Care Standards

In November 2024, the Commission celebrated 10 years of Clinical Care Standards in Australia. This milestone was achieved in partnership with the many dedicated and passionate clinicians, researchers and consumers who have helped develop and implement the Standards over this time.

This achievement marks 10 years of delivering quality improvement to Australia's healthcare system: providing the right care, in the right place, at the right time.

As part of the celebrations, health services and clinicians were asked to submit best-practice examples of how they have successfully implemented a Clinical Care Standard and the positive impacts this implementation has had on patient outcomes.

Five health services were selected for Clinical Care Standards Excellence Awards. Their Stories of Excellence were published on the Commission's website and promoted to support other organisations' implementation efforts – for later promotion through videos, a webinar and the *Medical Journal of Australia.*

The Commission is pleased to recognise the excellent work these individuals and services have done and to share their learnings with the community:

- Acute Stroke Clinical Care Standard **Stroke Services, University Hospital Geelong, Barwon Health**
- Antimicrobial Stewardship Clinical Care Standard **Canberra Health Services Antimicrobial Stewardship Team, Canberra Hospital**
- Colonoscopy Clinical Care Standard **Northern NSW Local Health District**
- Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard **Medicines Optimisation Service, Austin Health, Heidelberg**
- Sepsis Clinical Care Standard **Flinders and Upper North Local Health Network.**

Since 2014, the Commission has published 19 Clinical Care Standards. Almost half of these have been reviewed and updated.

Annual performance statements

As the accountable authority of the Commission, the Board presents the 2024–25 annual performance statements of the Commission, as required under subsection 39(1) of the *Public Governance, Performance and Accountability Act 2013*. In the opinion of the Board, based on advice from Commission management and the Audit and Risk Committee, these annual performance statements accurately reflect the performance of the Commission and comply with subsection 39(2) of the *Public Governance, Performance and Accountability Act 2013.*

Professor Christine Kilpatrick AO
Board Chair

Our purpose

Our purpose is to contribute to better health outcomes and experiences for all patients and consumers and to 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.

The functions of the Commission are specified in section 9 of the *National Health Reform Act 2011*. They 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 enable 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.

Analysis of performance against purpose

In 2024–25, the Commission achieved its deliverables in line with the Commission's section of the Health Portfolio Budget Statements and the Commission's Corporate Plan 2024–25. The Commission continued to deliver consistently high-quality and valuable work in areas that can be improved through national coordination and action.

The Commission's Strategic Intent 2020–25 guided the Commission in undertaking its work. The Strategic Intent is 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.

Key to the Commission's strategic priorities are partnerships led at a national level, supported by local activities and implementation to improve quality, value and outcomes. To facilitate these national partnerships, the Commission works closely with patients, carers, clinicians, the Australian and state and territory health systems, the private sector, managers and healthcare organisations to achieve a safe, high-quality and sustainable health system.

The Commission works with its partners to support the implementation of safety and quality initiatives by developing guidance, resources, tools and educational materials. The Commission also supports the evaluation of its activities and the measurement of the impact on the health system of its initiatives to improve safety and quality. The Commission continually looks to identify new and emerging safety and quality issues while being responsive to the evolving needs of its partners and the healthcare system.

In 2024–25 the healthcare system continued to experience ongoing fiscal, environmental and workforce challenges. The Commission was cognisant of these pressures and prioritised work plan activities to consider the impact of its work on the health system. The Commission continually monitors the progress of projects and deliverables and has consequently been able to progress its strategic priorities as planned.

In 2024–25, some of the Commission's key achievements included:

- developing and releasing a range of resources to support health service organisations in understanding and meeting the requirements of the NSQHS Standards, including tools, guides and fact sheets
- releasing the Safety in Health Care web tool that allows people to access reliable, easy-to-understand information about individual hospitals using publicly available national datasets
- revising and releasing the Osteoarthritis of the Knee Clinical Care Standard to improve assessment, management and health outcomes including reducing inappropriate interventions
- launching a national sepsis awareness campaign for World Sepsis Day, which included production of video and social media assets and development of complementary resources to guide front-line health staff in their responses to people concerned about sepsis

- collaborating with the interim Australian Centre for Disease Control and Australian medical colleges to release a joint statement promoting a principles informed goal of achieving sustainable high-quality care in a changing climate
- releasing the Chronic Obstructive Pulmonary Disease Clinical Care Standard, which included best practice in the assessment and management, with the aims of reducing potentially preventable hospitalisations and improving overall outcomes for people with COPD,
- publishing a National Safety and Quality Health Service Standards User Guide for the Health Care of People with Intellectual Disability to assist health service organisations and clinicians address safety and quality risks for people with intellectual disability. Shorter fact sheets focusing on communication and positive behaviour support, transitions of care, and polypharmacy were also developed
- holding the National Medicines Symposium that explored the complexity of managing disease and medicine in an aging population (had more than 4,000 registrations)
- celebrating the 10-year anniversary of Clinical Care Standards and publishing an article in the *Medical Journal of Australia*
- releasing the first MedicineInsight GP snapshot report, which showed national data on COPD from enrolled GPs.

Performance against the Corporate Plan 2024–25 and Health Portfolio Budget Statements

The Commission's Corporate Plan 2024–25 was prepared under subsection 35(1)(a) of the *Public Governance, Performance and Accountability Act 2013*, and published in accordance with section 16E(3) of the Public Governance, Performance and Accountability Rule 2014.

The Corporate Plan 2024–25 identifies the strategic priorities that drive the Commission's direction and work for the four-year period to 2027–28 and specifies how the Commission will measure its performance during that period. The Corporate Plan is informed by the Commission's work plan, which is required under the *National Health Reform Act 2011*. The Corporate Plan can be accessed on the Commission's website at: www.safetyandquality.gov.au/about-us/corporate-reports/corporate-plan.

The Commission's performance criteria for 2024–25 were published in the Corporate Plan and formed the basis of the Commission's entry in the 2024–25 Health Portfolio Budget Statements. Table 1 provides a report against the performance measures set out in the Corporate Plan 2024–25 and Health Portfolio Budget Statements.

Table 1: Report against performance criteria and targets in the 2024–25 Corporate Plan and Health Portfolio Budget Statements

Performance Criteria	Target 2024–25	Result against performance criteria
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.	**Achieved** Hospitals and day procedure services were assessed against the NSQHS Standards. There was ongoing monitoring of the assessment outcome data by states, territories, the Department of Health, Disability and Ageing, program areas, Commission standing committees and Board. The Commission completed performance reports for, and meetings with, all eight approved accrediting agencies. All issues identified during performance assessments are being addressed as part of the conditions of approval. There were no substantive issues identified as part of this process.
	Develop 5 publications or other resources to provide guidance to support implementation of the second edition of the NSQHS Standards.	**Achieved** The Commission developed and maintained more than 5 publications and other resources to support the implementation of the standards including: • the Guide for Ambulance Services, and accompanying fact sheets and Advisories • accreditation fact sheets • a fact sheet on the National Inpatient Medication Chart for Day Procedure Service • fact sheets on reprocessing of reusable medical devices • updated or new advisories on hand hygiene, providing clinical information into the My Health Record system, reprocessing reusable medical devices, and comprehensive care.
	Accrediting agencies are approved to assess health services to the NSQHS Standards.	**Achieved** All eight accrediting agencies were approved, some of which were approved to assess multiple sets of standards.

Performance Criteria	Target 2024–25	Result against performance criteria

	Develop 5 publications or other resources to provide guidance to health services, health professionals and consumers about forming effective partnerships.	**Achieved**
		The Commission developed more than five publications or other resources to provide guidance on forming partnerships including:,
		• three fact sheets to support the NSQHS Standards User Guide for the Health Care of People with Intellectual Disability were drafted on communication, positive behaviour support and transitions of care
		• two webinars were held with a focus on different aspects of person-centred care
		  • Better together: Transforming healthcare complaints
		  • Take the LEAP: Harnessing lived experience for best care
		• one newsletter providing examples of person-centred care and partnerships in practice, which was sent to a network of over 4,000 people in the healthcare system in January 2025.

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.	**Achieved** The *Atlas Focus Report: Chronic Obstructive Pulmonary Disease (COPD)* was released in June 2025. It aligns with the *MedicineInsight Practice Report: COPD* and COPD Clinical Care Standard.
	Produce clinical care standards and other resources focusing on high-impact, high-burden and high-variation areas of clinical care.	**Achieved** The COPD Clinical Care Standard was launched on 17 October 2024.
	Review and revise previously released clinical care standards.	**Achieved** The revised Osteoarthritis of the Knee Clinical Care Standard was released in August 2024. The revised Colonoscopy Clinical Care Standard has been completed and will be released in September 2025.

Performance Criteria	Target 2024–25	Result against performance criteria
Evaluate to improve stakeholders' experience of working with the Commission	Use/maintain systems and processes to evaluate and improve stakeholder consultation and advisory mechanisms.	**Achieved** Teams used the Commission's systems and processes to gain feedback to improve stakeholder experience including via surveys, standing agenda items and interviews. An annual all staff stakeholder engagement workshop was held in April 2025 to share learnings with staff. Findings were also shared with the Leadership team in June 2025. Information on these processes is being used to develop guidance on best practice stakeholder engagement for staff. The Commission continues to have a high level of retention of, and engagement with, stakeholders.
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: • support and measure performance towards new clinical care standards • support and measure performance towards an enhanced patient safety culture.	**Achieved** Activity to support measurement of the Clinical Care Standards and safety culture included: • developing indicators for the COPD Clinical Care Standard • developing indicators for the Colonoscopy Clinical Care Standard • commencing development of indicators for the Emergency Laparotomy Clinical Care Standard • providing advice to health services, and state and territory health departments on implementation of projects to measure patient safety culture • commencing a literature review and environmental scan to support measurement of patient safety culture.

Performance Criteria	Target 2024–25	Result against performance criteria
	Provide further guidance and tools for health services to support the local use of data for safety and quality improvement.	**Achieved** Work to support local use of Patient Reported Outcome and Experience Measures (PROMs and PREMs) included: • completing the recommendations for PROMs for people experiencing lower back pain, complementing the Lower Back Pain Clinical Care Standard • providing advice on research to develop and implement PROMs and PREMs in maternity care • identifying core domains for a national safety and quality measurement framework • publishing new content for the PREMs webpages, including publication of the literature review on PREMs in primary care and validated adaptation of AHPEQS for parents and carers of children admitted to hospital • completing the first cycle of the OECD Patient-Reported Indicator Survey, which collects information about patient-reported measures for people living with chronic conditions in primary care.
	Maintain guidance and tools for adverse patient safety events and hospital-acquired complications.	**Achieved** The Commission maintained the hospital-acquired complications (HACs) and avoidable hospital readmissions (AHRs) lists and considered queries and suggested revisions with the Independent Health and Aged Care Pricing Authority on pricing models. The Commission continued to maintain the Australian Sentinel Events List and respond to queries received from states and territories. The Commission has: • updated the Hospital Acquired Complications (HACs) and Avoidable Hospital Readmissions (AHR) specifications which will be implemented from 1 July 2025 • updated the HAC goal rates to incorporate 2023–24 HACs data • developed an online interactive tool to showcase the trend in HAC goal rates over the past 8 years and allowing users to access to past goal rates to support local Quality Improvement activities • reviewed the Sentinel Events specification, to ensure up-to-date references and links.

Note: Wording for the performance criteria and targets reflect the Commission's Corporate Plan 2024–25. The Commission's performance criteria are on pages 16–17 of the Corporate Plan 2024–25 and pages 155-159 of the 2024–25 Portfolio Budget Statements

3. Corporate governance and accountability

This section outlines the Commission's legislative requirements, corporate governance and accountability processes, including internal and external scrutiny arrangements and procedures for risk management and fraud control. It also includes profiles of the Commission's Board and committee members.

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Legislation and requirements

The Commission is a corporate Commonwealth entity of the Australian Government. It is accountable to the Australian Parliament and the Australian Government Minister for Health, Disability and Ageing.

The Commission's principal legislative basis is the *National Health Reform Act 2011*, which sets out the Commission's purpose, powers, functions, and administrative and operational arrangements. The *National Health Reform Act 2011* also sets out the Commission's Constitution and the processes for appointing members of the Board, appointing the Chief Executive Officer (CEO), and operating Board meetings.

The Commission must fulfil the requirements of the *Public Governance, Performance and Accountability Act 2013*, which regulates certain aspects of the financial affairs of Commonwealth entities, including their obligations relating to financial and performance reporting, accountability, banking and investment and the conduct of their accountable authorities and officials.

Compliance with legislation

The Commission has complied with the provisions and requirements of the:

- *Public Governance, Performance and Accountability Act 2013*
- Public Governance, Performance and Accountability Rule 2014
- Appropriation Acts
- Other instruments defined as 'finance law', including relevant ministerial directions.

Strategic planning

The Commission's Strategic Intent 2020–2025 outlines four priority areas of focus for the Commission and describes the mechanisms used to progress them. The four strategic priorities that guide the Commission in undertaking its work are:

- **Priority 1: Safe delivery of health care** – clinical governance, systems, processes and standards ensure that patients, consumers and staff are safe from harm in all places where health care is delivered
- **Priority 2: Partnering with consumers** – patients, consumers, carers and the community are engaged in understanding and improving health care for all
- **Priority 3: Partnering with healthcare professionals** – healthcare professionals, organisations and providers are engaged and supported to deliver safe and high-quality care
- **Priority 4: Quality, value and outcomes** – evidence-based tools, guidance and technology are used to inform the delivery of safe and high-quality care that is integrated, coordinated and person-centred.

Ministerial directions

Section 16 of the *National Health Reform Act 2011* empowers the Australian Government Minister for Health, Disability and Ageing to make directions with which the Commission must comply. The Minister for Health, Disability and Ageing made no such directions during the 2024–25 reporting period.

Related-entity transactions

In accordance with the requirements prescribed by section 17BE of the Public Governance, Performance and Accountability Rule 2014 and the Australian Government Department of Finance *Resource Management Guide 136: Annual reports for corporate Commonwealth entities*, related-entity transactions for 2024–25 are disclosed in Appendix A.

Indemnity and insurance

The Commission holds directors' and officers' liability insurance cover through Comcover, the Australian Government's self-managed fund. As part of its annual insurance renewal process, the Commission reviewed its insurance coverage in 2024–25 to ensure that the coverage was still appropriate for its operations. During the year, no indemnity-related claims were made, and the Commission knows of no circumstances likely to lead to such claims. Many of the liability limits under the Commission's schedule of cover are standard Australian Government limits, such as $100 million in cover for general liability and professional indemnity and the directors' and officers' liability. The Commission's business interruption indemnity cover is for a period of up to 24 months. Motor vehicle, third-party property damage and expatriate cover have not been taken out because they do not apply to the Commission.

Commission's Board

The Commission's Board governs the organisation and is responsible for the proper and efficient performance of its functions. The Board establishes the Commission's strategic direction, including directing and approving its Strategic Plan and monitoring management's implementation of the Plan.

The Board also oversees the Commission's operations. It ensures that appropriate systems and processes are in place so the Commission can operate in a safe, responsible and ethical manner that is consistent with its regulatory requirements.

The Board was established and is governed by the provisions of the *National Health Reform Act 2011* and the *Public Governance, Performance and Accountability Act 2013*.

Board membership 2024–25

The Australian Government Minister for Health, Disability and Ageing appoints the Commission's Board in consultation with all state and territory health ministers. The Board includes members who have extensive experience and knowledge in the fields of healthcare administration, provision of health services, law, management, primary health care, corporate governance and improvement of safety and quality.

Professor Christine Kilpatrick AO (Chair)

Professor Kilpatrick has been a member of the Commission Board since 17 July 2023 and was appointed Commission Board Chair on 1 April 2024. Professor Kilpatrick brings to the Board her extensive clinical experience as a neurologist and academic, as well as hospital administration experience in both the public and private sectors. She is an experienced leader noted for building strong clinical governance and a safety culture. Her previous roles include Chief Executive, Royal Melbourne Hospital; Chief Medical Officer, Royal Melbourne Hospital; and Chief Executive, The Royal Children's Hospital. Professor Kilpatrick holds other Board appointments, including Chair of Healthdirect Australia and Board Director of the Central Adelaide Local Health Network, the Victorian Managed Insurance Authority and The Florey Institute.

Qualifications: MBBS, MBA, MD, FRACP, FRACMA, FAICD, FAHMS, FCHSM (Hon), DMedSci (Hon)

Board membership: Appointed to Board on 17 July 2023; appointed as Acting Chair 1 January 2024 to 31 March 2024; appointed as Chair 1 April 2024 to 31 March 2029.

Professor Jeffrey Braithwaite

Professor Braithwaite is a leading health services and systems researcher. His work on systems reform involves 152 countries and has been used by many international bodies including the World Health Organization, the United Nations, the International Society for Quality in Health Care, the World Bank and the Organisation for Economic Co-operation and Development. He is Founding Director of the Australian Institute of Health Innovation, and Director of the Centre for Healthcare Resilience and Implementation Science at Macquarie University. He has five professorial appointments including in the UK, Denmark and Norway and teaches in two programs for Harvard Medical School on patient safety and climate change. Professor Braithwaite shares his cutting-edge knowledge on safer, high-quality care, particularly in creating an innovative, improvement-led culture.

Qualifications: BA, DipLR, MBA, MIR (Hons), PhD, FIML, FCHSM, FFPHRCP (UK), FAcSS (UK), FRACMA (Hon), FAAHMS

Board membership: 1 April 2024 to 31 March 2027.

Dr David Filby PSM

Dr David Filby has worked extensively across the Australian healthcare landscape in several significant policy and executive roles. He has held senior national health policy roles and senior executive positions in Queensland and South Australia (SA). In July 2016, he completed a term of 6.5 years as Executive Consultant for SA Health and the Australian Health Ministers' Advisory Council.

Dr Filby was a board member of the National Health Performance Authority until June 2016 and a board member of the AIHW for 14 years. In August 2016, he finished a nine-year term, including six as Chair, with Helping Hand Aged Care. He was the Sidney Sax Medal by the Australian Healthcare and Hospitals Association in 2007 and a Public Service Medal in 2008.

Previously, he sat on the board of South Australia's Child Health Research Institute Council.

Qualifications: PhD

Board membership: Appointed to the Board on 29 July 2016 (term concluded 31 March 2021); reappointed on 10 August 2021 to 31 March 2025.

Ms Christine Gee AM

Ms Christine Gee brings to the Board extensive experience in private hospital administration, having held executive management positions for more than 30 years. She is Chair of the Commission's Private Hospital Sector Committee.

Ms Gee was appointed as Director of Ramsay Mental Health Australia in March 2025. Before this, she held the position of CEO of the Toowong Private Hospital. She is involved in several state and national boards and committees, including as the National President of the Australian Private Hospitals Association.

Ms Gee is a member of the Medical Board of Australia (MBA) and is the Chair of the MBA's National Special Issues Committee (Sexual boundaries and family violence). She is also a community member of the Queensland Board of the MBA. Ms Gee was the 2021 recipient of the Gold Medal of the Australian Council on Healthcare Standards. She was appointed a Member (AM) of the Order of Australia (General Division) on 12 June 2023.

Qualifications: MBA

Board membership: Appointed as a Commission member in March 2006; appointed to the Board on 1 July 2011; reappointed from 1 July 2018 to 31 March 2022; reappointed from 1 April 2022 to 31 March 2027.

The Hon Peter McClellan AM KC

The Hon Peter McClellan was admitted to the NSW Bar in 1975 and appointed Queen's Counsel in 1985. He practised in many areas of the law, in particular environmental law. He was Counsel Assisting the Royal Commission into British Nuclear Tests in Australia and was an Assistant Commissioner of the NSW Independent Commission Against Corruption. He also appeared in and conducted several other government inquiries, including the Sydney Water Inquiry, which examined the safety of Sydney's water supply.

Mr McClellan was appointed a judge of the NSW Supreme Court in 2001. In 2003, he was appointed Chief Judge of the NSW Land and Environment Court. In 2005, he was appointed as the Chief Judge of the Common Law Division of the NSW Supreme Court. In that role, he was responsible for managing major criminal trials and appeals. He also had oversight of major civil cases, including medical negligence.

In 2013, he was appointed a Judge of Appeal. In his various judicial roles, Mr McClellan has been responsible for bringing many changes to court procedures. He was responsible for introducing the process that allows experts to give evidence concurrently.

Mr McClellan was Chair of the Royal Commission into Institutional Responses to Child Sexual Abuse, which completed its work in December 2017. He is presently Chair of the NSW Sentencing Council.

Qualifications: BA, LLB

Board membership: Commenced as acting Director on 1 April 2023; appointment from 17 July 2023 – 30 June 2026.

Dr Hannah Seymour

Dr Hannah Seymour is a practising clinician in geriatrics at Fiona Stanley Hospital in Western Australia, where she looks after older people in partnership with orthopaedic surgeons. Dr Seymour has experience in using data to improve care and has been involved in various capacities with the Australian and New Zealand Hip Fracture Registry since its formation. Dr Seymour is a past president of the Fragility Fracture Network, an international organisation with the goal of improving the care of older people with fragility fractures across the world. Her passion is improving outcomes and experience for frail older people in hospitals.

Dr Seymour has extensive clinical leadership experience. She has held positions in the Western Australian Department of Health in falls prevention and aged care. She gained experience in transformation through the Four-Hour Rule Program at Royal Perth Hospital and led the clinical commissioning of Fiona Stanley Hospital, where she was a Medical Director. Dr Seymour was the clinical nominee on the Sustainable Health Review and is currently the Clinical Director of the Western Australian Electronic Medical Records program.

Qualifications: BSc, MBBS(Hons), FRACP, GAICD

Board membership: Appointed to Board on 1 April 2022 to 31 March 2029.

Mr David Swan

David Swan has more than 25 years of experience as a Chief Executive, leading major public and private sector hospitals. He most recently served as CEO of St Vincent's Private Hospitals. From 2010 to 2016, Mr Swan was the Chief Executive of SA Health, where he was responsible for SA's health system, including hospitals, community health, mental health, the ambulance service and research facilities. Mr Swan has been Chair of the Australian Health Ministers' Advisory Council and has served as Chair and Director on numerous private and public boards.

Mr Swan is currently a Chair of Talent Quarter, Chair of Q-bital Healthcare Solutions, Director of the Board of the Northern Adelaide Local Health Network, Director of Westfund Health Insurance and a member of the Cancer Council SA.

Qualifications: BHSmgt, PGDipMExec, GAICD

Board membership: Appointed to Board from 1 April 2025 to 31 March 2030.

Dr Alicia Veasey

Dr Alicia Veasey, a Torres Strait Islander woman who grew up on the mainland, is a rural obstetrician and gynaecologist with a subspeciality fellowship in paediatric and adolescent gynaecology. As inaugural Co-Chair of the Queensland Aboriginal and Torres Strait Islander Clinical Network, she provides leadership on systemic cultural safety and health system reform that centres Aboriginal and Torres Strait Islander people's right to self-determination.

Recognising the need for health system reform to address racism and inequity in health care, Dr Veasey completed a Master of Public Health and a Master of Health Management. In 2023, she was awarded a fellowship with the prestigious Atlantic Fellows for Social Equity. Through this fellowship, she completed a Master of (Indigenous) Social Change Leadership, where her dissertation explored opportunities to embed Indigenous self-determination and sovereignty within the acute care system.

Before qualifying in medicine, Dr Veasey was a paediatric registered nurse. She has previously served as a delegate to the National Congress of Australia's First Peoples and is currently on the Editorial Advisory Board for the *Australian Health Review* and a Board Director of the Australian Indigenous Doctors' Association.

Qualifications: BNurs, MBBS, MPH, MHM, MSocChgLead, IFEPAG, FRANZCOG

Board membership: Appointed to Board from 1 April 2024 to 31 March 2029.

Adjunct Professor Kylie Ward

Adjunct Professor Kylie Ward is a transformational specialist whose story is grounded in service to others, a vision for a greater future, and a tenacity to challenge the status quo with courage and conviction. She is a multi-award-winning leader renowned for combining business acumen with a leadership style embedded in empowerment, equality, and accountability. Growing up on the lands of the Dharug Nation in Sydney's west instilled in Kylie a drive to fight for humanity, equality, diversity, and inclusion. Ministerially appointed to prominent national boards and committees, Kylie has held influential positions such as board chair, board director, and CEO, as well as many executive positions throughout her extensive career.

Her ability to lead change and influence has delivered profound results, particularly for the nursing profession and the national health policy reform agenda. She is a highly sought-after public speaker, coach, author, advocate, media commentator, and activist for women's and children's rights.

Qualifications: RN, MMgt, FAICD, FACN, FCHSM (Hon), Wharton Fellow

Board membership: Appointed to Board on 31 March 2022 to 31 March 2027.

Ms Leanne Wells

Ms Wells is a health advocate and is the former longstanding Chief Executive Officer of the Consumers Health Forum of Australia. Her appointment brings a health consumer advocacy perspective to the Board, as well as extensive governance experience. Ms Wells is also a member of the Primary Care Committee.

Ms Wells has been a member of various advisory groups, including the Strengthening Medicare Taskforce, the Primary Health Care 10 Year Plan, the National Preventive Health Strategy 2021–30, the Leadership Group for the Australian Ethical Healthcare Alliance and the Patient Advisory Group for the Australian Commission on Safety and Quality in Health Care.

Qualifications: BA(Comms), AdvDipBusMgt, MAICD, MAIML

Board membership: Appointed to Board from 1 April 2024 to 31 March 2028.

Dr Helena Williams

Dr Helena Williams brings to the Board expertise as a registered specialist general practitioner, with 35 years of experience in family practice and, more recently, refugee health and aged care. She was a Medical Director for the Silverchain Group, working in both health and aged care spaces for almost seven years, and is now working as a general practitioner in the clinical trial space for Fusion Clinical Research.

Dr Williams's governance experience includes six years as the Presiding Member (Chair) of the Southern Adelaide Local Health Network Governing Council, and she is currently a director, and Deputy Chair, for the Barossa Hills Fleurieu Local Health Network Board, for which she also chairs the Clinical Governance Committee.

Past directorships include the Southern Adelaide Health Service, the Cancer Council South Australia, Noarlunga Health Services, the South Australian Divisions of General Practice, and the Australian General Practice Network.

Qualifications: MBBS, FRACGP

Board membership: Appointed as Commission member in April 2008; appointed to Board on 1 July 2011 to 30 June 2018; reappointed on 1 April 2019 to 31 March 2024; reappointed 1 April 2024 to 31 March 2026.

Board meetings and attendance

Table 2 shows attendance at Board meetings and the beginning and ending of Board member terms.

Table 2: Attendance at Board meetings

Name	Meeting date					
	4 Jul 2024	4 Sep 2024	24 Oct 2024	5 Dec 2024[1]	11 Feb 2025	10 Apr 2025
Prof Christine Kilpatrick AO	p	p	p	p	p	p
Mr David Swan	n/a	n/a	n/a	n/a	n/a	p
Dr David Filby PSM	p	a	p	p	p	n/a
Ms Christine Gee AM	p	p	p	a	p	p
The Hon Peter McClellan AM KC	a	p	p	p	p	p
Dr Hannah Seymour	p	p	p	p	p	p
Adjunct Professor Kylie Ward	l	l	l	l	l	l
Dr Helena Williams	a	p	p	p	p	p
Professor Jeffrey Braithwaite	a	p	p	p	p	a
Ms Leanne Wells	p	p	p	p	p	p
Dr Alicia Veasey	p	p	p	a	p	p

a = absent; **l** = leave of absence; **n/a** = not applicable; **p** = present;

1. Extraordinary meeting

Board developments

The Board underwent an assessment of its performance led by the Australian Institute of Company Directors.

New Board members undertake a formal induction for their role, including a meeting with the Chair and the CEO. They receive an induction manual containing the Board operating guidelines, which inform the conduct of the Board members and describe their responsibilities and duties under legislation.

Board members are encouraged to undertake ongoing professional development relevant to, and appropriate for, the Commission's needs. The Commission supports Board members to pursue these activities.

Ethical standards

The operating guidelines for the Commission's Board provide a Board Charter that outlines the function, duties and responsibilities of the Board, as well as a code of conduct that defines the standard of conduct required of Board members and the ethics and values they are bound to uphold. The Duty to Disclose Interests Policy for Board Members requires them to recognise, declare and take reasonable steps to avoid or appropriately manage any conflicts of interest. This includes the duty to disclose material personal interests required under section 29 of the *Public Governance, Performance and Accountability Act 2013*.

Committees

The Audit and Risk Committee helps the Board discharge its responsibilities under the *National Health Reform Act 2011 and the Public Governance, Performance and Accountability Act 2013* with respect to financial reporting, performance reporting, risk oversight and management, and internal control.

The Inter-Jurisdictional Committee, Private Hospital Sector Committee and Primary Care Committee meet regularly to provide advice to the Commission and the Board on the Commission's work, and safety and quality matters in the states and territories.

Additional sector, expert and topic specific committees and reference groups provide specialised advice on the Commission's programs and projects.

Audit and Risk Committee

The Board established the Audit and Risk Committee in compliance with section 45 of the *Public Governance, Performance and Accountability Act 2013* and section 17 of the Public Governance, Performance and Accountability Rule. The primary role of the Committee is to help the Board discharge its responsibilities with respect to financial reporting, performance reporting, risk oversight and management, internal control, and compliance with relevant laws and policies.

The Committee's responsibilities include:

- reviewing the appropriateness of risk management frameworks, including identification and management of the Commission's business and financial risks (including fraud)
- monitoring the Commission's compliance with legislation, including with the *Public Governance, Performance and Accountability Act 2013* and the Public Governance, Performance and Accountability Rule
- monitoring preparation of the Commission's annual financial statements and recommending their acceptance by the Board
- reviewing the appropriateness of the Commission's performance measures and how these are assessed and reported
- assessing whether relevant policies are in place to maintain an effective internal control framework, including for security arrangements and business continuity
- reviewing the work undertaken by the Commission's outsourced internal auditors, including recommending to the Board approval of the internal audit plan and reviewing all audit reports and issues identified in the reports.

The Audit and Risk Committee Charter is available online.

The Audit and Risk Committee met five times during 2024–25. Table 3 summarises members' attendance at committee meetings.

In accordance with the Public Governance, Performance and Accountability Rule, although members of the Commission's senior management attended meetings as advisors, they were not members of the Audit and Risk Committee. The majority of members are not officials of any Commonwealth entity.

Table 3: Audit and Risk Committee attendance and remuneration, 2024–25

Committee member	Meeting attendance	Remuneration (excluding GST)
Jennifer Clark (Chair)	5/5	$42,042.00
Peter Achterstraat	4/5	$13,736.25
Lily Viertmann	5/5	Nil (Senior Official of Commonwealth entity not entitled to sitting fee)
David Filby	2/2	Nil (Commission Board Member)
David Swan	1/1	Nil (Commission Board Member)

Ms Jennifer Clark (Chair)

Ms Jennifer Clark is the Chair of the Audit and Risk Committee. Ms Clark has an extensive background in business, finance and governance through a career as an investment banker and non-executive director.

She has been the chair or member of more than 20 audit, risk and finance committees in the Australian Government and private sectors over the past 30 years. Ms Clark is a Fellow of the Australian Institute of Company Directors and has substantial experience in financial and performance reporting, audit and risk management.

Mr Peter Achterstraat AM, BCom, LLB, BEc(Hons)

Mr Peter Achterstraat is currently Commissioner of the NSW Productivity Commission. He was Auditor-General of NSW (2006–2013) and the NSW Chief Commissioner of State Revenue (1999–2006). He was President of the Australian Institute of Company Directors (NSW Division) from 2014 to 2020.

Mr Achterstraat is a fellow of Chartered Accountants Australia and New Zealand, CPA Australia and the Governance Institute of Australia. He has more than 30 years of experience in finance and governance.

Ms Lily Viertmann

Ms Lily Viertmann was the Chief Audit Executive and General Manager of Corporate and Cross Government Services in Services Australia. Ms Viertmann has been in the Senior Executive Service for over 20 years and has worked in both the Commonwealth and the Queensland public sector in various roles, including as a member of audit committees and executive boards.

Ms Viertmann is a Fellow of CPA, a graduate of the Australian Institute of Company Directors and a finalist in the 2012 Australian Capital Territory Telstra Business Women's Awards. She was a recipient of the Institute of Chartered Accountants' Leadership in Government Awards in 2018 for Outstanding Contribution in Public Administration. She has over 20 years' experience in financial management, 13 of these as Chief Finance Officer.

Ms Viertmann commenced as a member of the Audit and Risk Committee in April 2023.

Dr David Filby

Dr David Filby was a member of the Audit and Risk Committee representing the Board. Dr Filby resigned from the Board membership in March 2025. Dr Filby's skills, qualifications and experiences are included under 'Commission's Board'.

Mr David Swan

Mr David Swan is a member of the Audit and Risk Committee representing the Board. Mr Swan was appointed to the Committee in May 2025. Mr Swans skills, qualifications and experiences are included under 'Commission's Board'.

Inter-Jurisdictional Committee

The Inter-Jurisdictional Committee is made up of senior safety and quality managers from the Australian Government and state and territory governments. It is responsible for advising the Commission on policy development and facilitating engagement with state, territory and Australian Government health departments. The role of the committee members is to:

- advise the Commission on the adequacy of the policy development process, especially policy implementation
- ensure that health departments and ministries are aware of new policy directions and able to review local systems accordingly
- monitor national actions to improve patient safety, as approved by health ministers
- help collect national data on safety and quality
- build effective mechanisms in all jurisdictions to enable national public reporting.

Other committees and consultations

The Board has established two subcommittees that provide specific advice and support across all relevant areas of its work and are chaired by members of the Board. These are the:

- Private Hospital Sector Committee
- Primary Care Committee.

The Private Hospital Sector Committee is chaired by Ms Christine Gee. The Primary Care Committee is chaired by Dr Helena Williams.

To inform and support its work, the Commission works closely with a number of other expert committees, working parties and reference groups that are established for limited periods. These groups allow the Commission to draw on expert knowledge, consult with relevant key individuals and organisations, and develop appropriate implementation strategies.

The Commission consults widely with subject matter experts, peak bodies, states and territories, consumers, and other relevant organisations and individuals. This includes ongoing discussions with key organisations and with an extensive network of formal reference and advisory groups. The Commission also undertakes formal consultation on specific issues.

Internal governance arrangements

The CEO manages the Commission's day-to-day administration and is supported by an executive management team and internal management committees. The Commission's internal governance arrangements include internal management, risk management, fraud control and internal audit.

Internal management

The Commission has three internal management groups and three committees.

The Executive Group, Leadership Group and Business Group meet regularly to facilitate information sharing and support decision-making.

The Workplace Consultative Committee facilitates regular consultation and employee participation in the development and review of human resources and operational policies and procedures. The Information and Records Management Steering Committee assesses the Commission's record keeping, promotes good record management practices across the Commission and develops strategies to ensure that all records are digitised. The Reconciliation Working Group meets every two months to support the implementation of the Commission's RAP.

Risk management

Risk management is part of the Commission's strategy to promote accountability through good governance and robust business practices. The Commission is committed to embedding risk management principles and practices consistent with the Australian Standard Risk Management – Principles and Guidelines (ISO 31000:2018) and the Commonwealth Risk Management Policy into its:

- organisational culture
- governance and accountability arrangements
- reporting, performance review, business transformation and improvement processes.

Through the risk management framework and supporting processes, the Commission formally establishes and communicates its approach to ongoing risk management. This framework also guides employees in their actions and their decisions in relation to accepting and managing risks.

Fraud and corruption control

The Commission recognises the responsibility of all Australian Government entities to develop and implement sound financial, legal and ethical decision-making. The Commission's Fraud Control and Anti-Corruption Plan complies with the Attorney-General's Commonwealth Fraud and Corruption Control Framework. The plan minimises the potential for instances of fraud and corruption within the Commission's programs and activities by employees or people external to the Commission. Fraud and corruption risk assessments help the Commission understand fraud and corruption risks, identify internal control gaps or weaknesses, and develop strategies to mitigate the risks. These assessments are conducted regularly across the organisation, taking into consideration the Commission's business activities, processes and accounts. The Commission also delivers regular fraud and corruption awareness training to staff.

Internal audit

Internal audit is a key component of the Commission's governance framework, providing an independent, ongoing appraisal of the organisation's internal control systems. The internal audit process provides assurance that the Commission's financial and operational controls can manage the organisation's risks and are operating in an efficient, effective and ethical manner.

The Commission has appointed Crowe Australasia as its internal auditor. The firm provides assurance of the overall state of the Commission's internal controls and advises on any systemic issues that require management's attention.

External scrutiny

Freedom of information

Agencies subject to the *Freedom of Information Act 1982* are required to publish information for the public as part of the Information Publication Scheme. In accordance with Part II of the Act, each agency must display a plan on its website showing the information it publishes in accordance with the requirements of the scheme. The Commission's plan and freedom of information disclosure log are available on its website.

See Table 12 in Appendix B for a summary of freedom of information activities for 2024–25.

Judicial decisions and reviews by external bodies

No judicial decisions or external reviews significantly affected the Commission in 2024–25.

There were no reports on the operations of the Commission by the Auditor-General (other than the reports on financial statements), parliamentary committees, the Commonwealth Ombudsman or the Office of the Australian Information Commissioner in 2024–25.

Parliamentary and ministerial oversight

The Commission is a corporate Commonwealth entity of the Australian Government and part of the Health portfolio. As such, it is accountable to the Australian Parliament and the Australian Government Minister for Health, Disability and Ageing.

Executive remuneration

Remuneration and other benefits for the CEO and Board members are set by the Remuneration Tribunal. Employees are covered by either the Commission's Enterprise Agreement 2019–2022 or other employment legislation (determinations). Any employee covered by the Enterprise Agreement may also have an individual flexibility agreement in operation.

See Table 4 for remuneration paid to key management personnel, Table 5 for remuneration paid to executives and Table 6 for remuneration paid to other highly paid staff for 2024–25.

Table 4: Remuneration paid to key management personnel, 2024–25

Name	Position title	Short-term benefits ($)			Post-employment benefits ($)	Long-term benefits ($)		Termination benefits ($)	Total remuneration ($)
		Base salary	Bonuses	Other benefits and allowances	Superannuation contributions	Long service leave	Other long-term benefits		
Anne Duggan	Chief Executive Officer	486,038	-	11,948	29,985	15,379	-	-	543,350
Christopher Leahy	Chief Operating Officer	250,426	-	66,979	46,195	8,679	-	-	372,278
Suchit Handa	A/g Chief Operating Officer	241,173	-	-	37,780	7,618	-	-	286,571
Christine Kilpatrick	Board Chair	85,508	-	-	9,834	-	-	-	95,342
Christine Gee	Board Member	28,221	-	-	3,245	-	-	-	31,466
David Filby	Board Member	22,027	-	-	2,533	-	-	-	24,561
Helena Williams	Board Member	28,221	-	-	3,245	-	-	-	31,466
Kylie Ward	Board Member	28,221	-	-	3,245	-	-	-	31,466
Peter McClellan	Board Member	28,221	-	-	3,245	-	-	-	31,466
Leanne Wells	Board Member	28,221	-	-	3,245	-	-	-	31,466
Alicia Veasey	Board Member	28,221	-	-	3,245	-	-	-	31,466
Jeffrey Braithwaite	Board Member	28,221	-	-	3,245	-	-	-	31,466
David Swan	Board Member	6,193	-	-	712	-	-	-	6,905
Hannah Seymour	Board Member	27,396	-	-	3,151	-	-	-	30,546
Total		**1,316,305**	**-**	**78,927**	**152,907**	**31,675**	**-**	**-**	**1,579,815**

Table 5: Remuneration paid to executives, 2024–25

Total remuneration bands ($)	Number of SES staff [1]	Short-term benefits ($)			Post-employment benefits ($)	Long-term benefits ($)		Termination benefits ($)	Total remuneration ($)
		Average base salary	Average bonuses	Average other benefits and allowances	Average superannuation contribu-tions	Average long service leave [2]	Average other long-term benefits	Average termination benefits [3]	Average total remuneration
0-220,000	-	-	-	-	-	-	-	-	-
220,001-245,000	1	176,441	-	11,268	28,889	10,209	-	-	226,807
245,001-270,000	-	-	-	-	-	-	-	-	-
370,001-395,000	1	316,633	-	263	49,568	10,672	-	-	377,136

Notes:

1. Any employee who held a substantive senior executive service or equivalent position during 2024–25 is represented as one., This excludes those executives who have been disclosed in Table 3.
2. Excludes bond rate impact on long service leave
3. No termination payments were made to senior executive service or equivalent employees during 2024–25.

Table 6: Remuneration paid to other highly paid staff, 2024–25

Total remuneration ($)	Number of other highly paid staff [1]	Short-term benefits ($)			Post-employment benefits ($)	Long-term benefits ($)		Termination benefits ($)	Total remuneration ($)
		Average base salary	Average bonuses	Average other benefits and allowances	Average superannuation contribu-tions	Average long service leave [2]	Average other long-term benefits	Average termination benefits [3]	Average total remuneration
260,001-270,000	-	-	-	-	-	-	-	-	-
270,001-295,000	3	233,309	-	2,792	36,575	8,628	-	-	281,305
295,001-320,000	-	-	-	-	-	-	-	-	-
320,001-345,000	1	263,041	-	11,948	49,710	9,749	-	-	334,449
345,001-370,000	2	282,112	-	19,431	50,791	9,776	-	-	362,111
370,001-395,000	-	-	-	-	-	-	-	-	-
395,001-420,000	-	-	-	-	-	-	-	-	-

Notes:

1. Excludes bond rate impact on long service leave.
2. No termination payments were paid to employees who terminated during 2024–25.

Developments and significant events

The Commission is required under section 19(1) of the *Public Governance, Performance and Accountability Act 2013* to keep the Minister for Health, Disability and Ageing and the Minister for Finance informed of any significant decisions or issues that have affected, or may affect, its operations. In 2024–25, there were no such decisions or issues.

Environmental performance and ecologically sustainable development

Section 516A of the *Environment Protection and Biodiversity Conservation Act 1999* requires Australian Government organisations and authorities to include information in their annual reports about their environmental performance and their contribution to ecologically sustainable development. The Commission is committed to making a positive contribution to ecological sustainability. The Commission's compliance with ecologically sustainable development is detailed in Appendix C.

Advertising and market research

Section 331A of the *Commonwealth Electoral Act 1918* requires Australian Government departments and agencies to include particulars in their annual reports of amounts over $13,200 that were paid to advertising agencies, market research organisations, polling organisations, direct mail organisations or media advertising organisations. In 2024–25, the Commission did not make any payments over $13,200 to these types of organisations.

National Health Reform Act 2011 amendments

No amendments to the *National Health Reform Act 2011* were made during 2024–25.

Government policy orders

No new government policy orders applicable to the Commission were issued in 2024–25.

4. Our organisation

The Commission employs a diverse range of highly skilled professionals with experience across the healthcare industry. Because of the nature of its work, the Commission has a strong national presence in safety and quality in both the public and private sectors.

The Commission is committed to managing and developing its staff members to achieve the objectives and outcomes in its work plan.

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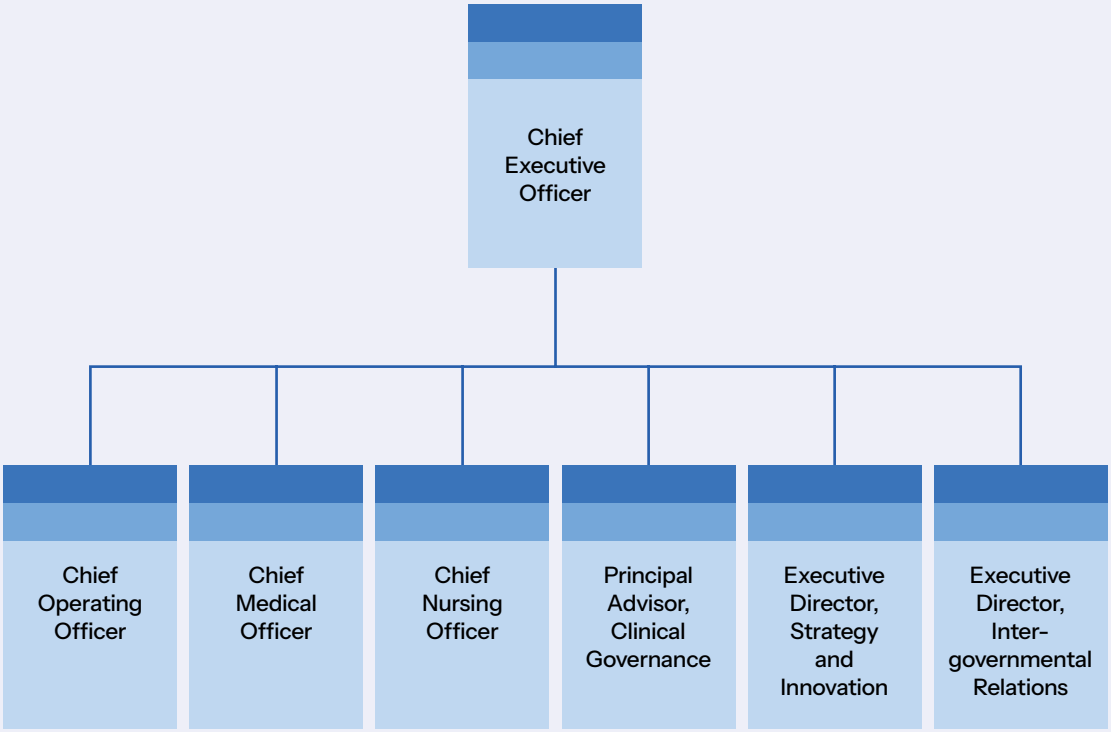
Organisational structure

Figure 2: Organisational structure



People management

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.

The Commission continues to deliver high performance by providing ongoing support through its performance management systems and embedding a strong sense of direction across the organisation.

The Commission's performance development scheme places emphasis on employees and managers having regular, meaningful performance discussions. All employees are required to have an individual performance and development plan in place. Managers and employees have joint accountability for capability and career development.

The Commission participates in the online induction program offered by the Australian Public Service Commission, which gives new employees the opportunity to learn how the Australian Public Service operates and the behaviour expected of all staff.

In May 2025, the Commission encouraged all staff members to participate in the Australian Public Service Commission's employee census survey.

Staff profile

As of 30 June 2025, the Commission's headcount was 149 employees. Most employees are located in Sydney. Tables 7, 8, 9 and 10 provide a breakdown of the Commission's employee profile by classification, gender, state or territory of residence, full-time or part-time status, and ongoing or non-ongoing status.

Table 7: Total employee headcount profile, as of 30 June 2025

	Female				Male				Non-binary				
	Non-ongoing		Ongoing		Non-ongoing		Ongoing		Non-ongoing		Ongoing		
Classification	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Total
CEO	1	0	0	0	0	0	0	0	0	0	0	0	1
MO6	0	0	1	1	0	0	0	0	0	0	0	0	2
EL2	3	1	23	6	1	0	11	0	0	0	0	0	45
EL1	14	0	28	5	0	0	15	0	0	0	0	0	62
APS6	7	0	18	1	1	0	6	0	0	0	0	0	33
APS5	1	0	2	0	0	0	2	0	0	0	0	0	5
APS4	0	0	0	1	0	0	0	0	0	0	0	0	1
Total	**26**	**1**	**72**	**14**	**2**	**0**	**34**	**0**	**0**	**0**	**0**	**0**	**149**

Table 8: Female employee headcount profile by state and territory, as of 30 June 2025

Female Classification	Non-ongoing			Ongoing			Total
	Full-time	Part-time	Total	Full-time	Part-time	Total	
NSW	26	1	27	72	13	86	**112**
Qld	0	0	0	0	0	0	**0**
SA	0	0	0	0	0	0	**0**
Tas	0	0	0	0	0	0	**0**
Vic	0	0	0	0	1	0	**1**
WA	0	0	0	0	0	0	**0**
ACT	0	0	0	0	0	0	**0**
External territories	0	0	0	0	0	0	**0**
Overseas	0	0	0	0	0	0	**0**
Total	**26**	**1**	**27**	**72**	**14**	**86**	**113**

Table 9: Male employee headcount profile by state and territory, as of 30 June 2025

Male Classification	Non-ongoing			Ongoing			Total
	Full-time	Part-time	Total	Full-time	Part-time	Total	
NSW	2	0	2	34	0	34	**36**
Qld	0	0	0	0	0	0	**0**
SA	0	0	0	0	0	0	**0**
Tas	0	0	0	0	0	0	**0**
Vic	0	0	0	0	0	0	**0**
WA	0	0	0	0	0	0	**0**
ACT	0	0	0	0	0	0	**0**
External territories	0	0	0	0	0	0	**0**
Overseas	0	0	0	0	0	0	**0**
Total	**2**	**0**	**2**	**34**	**0**	**34**	**36**

Table 10: Non-binary employee headcount profile by state and territory, as of 30 June 2025

Non-binary Classification	Non-ongoing			Ongoing			Total
	Full-time	Part-time	Total	Full-time	Part-time	Total	
NSW	0	0	0	0	0	0	**0**
Qld	0	0	0	0	0	0	**0**
SA	0	0	0	0	0	0	**0**
Tas	0	0	0	0	0	0	**0**
Vic	0	0	0	0	0	0	**0**
WA	0	0	0	0	0	0	**0**
ACT	0	0	0	0	0	0	**0**
External territories	0	0	0	0	0	0	**0**
Overseas	0	0	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Work health and safety

The Commission promotes a healthy and safe workplace and is committed to meeting its obligations under the *Work Health and Safety Act 2011* and the *Safety, Rehabilitation and Compensation Act 1988*. All new staff are required to complete online work health and safety training as part of their induction, as well as regular refresher training.

The Commission undertook a number of activities during 2024–25 to encourage employees to adopt healthy work practices (see 'Highlights').

Highlights

- Ergonomic workstation assessments were conducted for all new staff and existing staff as required
- Access was provided to standing desks
- Biannual workplace inspections were conducted
- All staff members were encouraged to report incidents and hazards in the workplace
- Access to an Employee Assistance Program (EAP) was made available to all staff
- Regular online webinar sessions on wellbeing were conducted by the Commission's EAP provider for all staff, including for R U OK? Day
- Access to the Fitness Passport program was made available to all staff
- Influenza vaccinations were made available to all staff
- Flexibility was provided for staff to obtain COVID-19 vaccinations during work hours
- Access was provided to reimbursement of eyewear costs for use with screen-based equipment

Three work health and safety incidents were reported in 2024–25. There were no notifiable incidents in 2024–25. No notices were issued to the Commission and no investigations were initiated under the *Work Health and Safety Act 2011*.

Learning and development

The Commission values the talents and contributions of its staff members and recognises the importance of building expertise and capability within the organisation.

Learning and development needs and opportunities are primarily identified through the performance development scheme. The Commission promotes learning and development by delivering regular continuing professional development sessions and by providing all staff members with access to online learning platforms.

During 2024–25, the Commission's study support and training arrangements ensured the ongoing development of staff members' skills and capabilities. Twelve staff accessed study support assistance to study a range of tertiary courses. These included Master of Public Health, Master of Health Leadership and Management and Master of Business Administration. Forty-seven staff completed external training courses. In addition to mandatory training such as privacy, security and fraud awareness, internal training was provided to staff on appropriate workplace behaviour, leadership, neurodiversity awareness and plain English writing.

Workplace diversity

The Commission's Workplace Diversity Program supports its ongoing commitment to creating a diverse and inclusive workplace that strongly values the skills, expertise and perspectives of all people.

The Commission's Workplace Diversity Program aims to increase workplace representation of under-represented groups, retain and support emerging talent, and educate staff to facilitate an inclusive work environment.

During 2024–25, program initiatives continued to be implemented to broaden diversity in the workplace and support a wide range of diversity dimensions. The Commission renewed its membership with ACON Pride in Health + Wellbeing and the Diversity Council Australia. Further, all Commission staff complete the Australian Institute of Aboriginal and Torres Strait Islander Studies online Core Cultural Learning: Aboriginal and Torres Strait Islander Australia (CORE) Foundation Course.

Commission staff have access to the Department's staff diversity networks, which provide networking opportunities, information, and valuable workplace and peer support. These networks include:

- Culturally and Linguistically Diverse Network
- Disability and Carers Network
- Gender Equality Network
- Health Pride (LGBTQIA+) Network
- National Aboriginal and Torres Strait Islander Network, including Friends of the National Aboriginal and Torres Strait Islander Network.

First Nations employment

The proportion of the Commission's workforce who identified as being of First Nation origin during 2024–25 was 0.9% full time equivalent employees.

The Commission is committed to improving the recruitment, retention and career development of First Nations employees. The Commission undertook a number of recruitment processes to fill Affirmative Measure – Indigenous positions during 2024–25 and was successful in filing one of these positions.

5. Financial statements

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Australian National Audit Office

INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Ageing

Opinion

In my opinion, the financial statements of the Australian Commission on Safety and Quality in Health Care (the Entity) for the year ended 30 June 2025:

(a) comply with Australian Accounting Standards – Simplified Disclosures and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and

(b) present fairly the financial position of the Entity as at 30 June 2025 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2025 and for the year then ended:

- Statement by the Directors, Chief Executive and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement; and
- Overview and Notes to the Financial Statements, comprising material accounting policy information and other explanatory information.

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and their delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the Directors are responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Simplified Disclosures and the rules made under the Act. The Directors are also responsible for such internal control as the Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an administrative restructure or for any other reason. The Directors are also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless the assessment indicates that it is not appropriate.

GPO Box 707, Canberra ACT 2601
38 Sydney Avenue, Forrest ACT 2603
Phone (02) 6203 7300

Auditor's responsibilities for the audit of the financial statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office

Michael Bryant

Senior Director

Delegate of the Auditor-General

Canberra

4 September 2025

Financial statements

Australian Commission on Safety and Quality in Health Care

Statement by the Directors, Chief Executive and Chief Financial Officer

In our opinion, the attached financial statements for the year ended 30 June 2025 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the Australian Commission on Safety and Quality in Health Care will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the directors.

Professor Christine Kilpatrick AO Chair	Conjoint Professor Anne Duggan Chief Executive Officer	Chris Leahy Chief Operating Officer / Chief Financial Officer
Date: 2 September 2025	Date: 2 September 2025	Date: 2 September 2025

Statement of Comprehensive Income

for the period ended 30 June 2025

	Notes	2025 $'000	2024 $'000	Original Budget $'000	
NET COST OF SERVICES					
Expenses					
Employee benefits	1.1A	**22,568**	19,833	18,618	1a
Suppliers	1.1B	**15,388**	17,235	14,522	1b
Depreciation and amortisation	2.2A	**1,722**	1,753	1,558	
Finance costs		**41**	60	41	
Total expenses		**39,719**	38,881	34,739	
Own-source income					
Revenue from contracts with customers	1.2A	**16,823**	17,070	11,917	1b
Commonwealth Government contributions	1.2A	**13,046**	12,670	13,046	
State and Territory Government contributions	1.2A	**9,484**	9,108	9,485	
Interest		**994**	1,196	550	1d
Total own-source income		**40,347**	40,044	34,998	
Net contribution by services		**628**	1,163	259	1e
Operating surplus		**628**	1,163	259	1e
Total comprehensive income		**628**	1,163	259	1e

The above statement should be read in conjunction with the accompanying notes.

[1] Explanations for major variances to budget are made in note 6.2, with the letter denoting the relevant explanation for the variance in the note.

Statement of Financial Position

as at 30 June 2025

	Notes	2025 $'000	2024 $'000	Original Budget $'000	
ASSETS					
Financial Assets					
Cash		**22,571**	22,097	19,849	[1b]
Trade and other receivables	2.1A	**1,031**	2,246	2,756	[1g]
Total financial assets		**23,602**	24,343	22,605	
Non-Financial Assets					
Property, plant and equipment[2]	2.2A	**2,729**	4,168	2,902	
Prepayments		**508**	303	325	[1g]
Total non-financial assets		**3,237**	4,471	3,227	
Total assets		**26,839**	28,814	25,832	
LIABILITIES					
Payables					
Trade creditors and accruals	2.3A	**2,174**	1,624	1,257	[1g]
Unearned income	2.3A	**9,352**	11,342	-	[1b,c]
Other payables	2.3B	**694**	547	12,104	[1c,g]
Total payables		**12,220**	13,513	13,361	
Interest bearing liabilities					
Leases	2.4A	**2,673**	4,310	2,673	
Total interest bearing liabilities		**2,673**	4,310	2,673	
Provisions					
Employee provisions	4.1	**4,287**	3,960	3,641	[1a]
Total provisions		**4,287**	3,960	3,641	
Total liabilities		**19,180**	21,783	19,675	
Net assets		**7,659**	7,031	6,157	
EQUITY					
Contributed equity		**1,836**	1,836	1,836	
Reserves		**298**	298	298	
Retained surplus		**5,525**	4,897	4,023	[1e]
Total equity		**7,659**	7,031	6,157	

The above statement should be read in conjunction with the accompanying notes.

[1] Explanations for major variances to budget are made in note 6.2, with the letter denoting the relevant explanation for the variance in the note.

[2] Right of use assets are included in the line item, Property, plant and equipment.

Statement of Changes in Equity

for the period ended 30 June 2025

	2025	2024	Original Budget	
	$'000	$'000	$'000	
CONTRIBUTED EQUITY				
Opening balance	**1,836**	1,836	1,836	
Closing balance attributable to the Australian Government as at 30 June	**1,836**	1,836	1,836	
RETAINED EARNINGS				
Opening balance	**4,897**	3,734	3,764	
Comprehensive income				
Surplus for the period	**628**	1,163	259	1e
Total comprehensive income	**628**	1,163	259	
Closing balance attributable to the Australian Government as at 30 June	**5,525**	4,897	4,023	
ASSET REVALUATION RESERVE				
Opening balance	**298**	298	298	
Closing balance attributable to the Australian Government as at 30 June	**298**	298	298	
TOTAL EQUITY				
Opening balance	**7,031**	5,868	5,898	
Comprehensive income				
Surplus for the period	**628**	1,163	259	1e
Total comprehensive income	**628**	1,163	259	
Closing balance attributable to the Australian Government as at 30 June	**7,659**	7,031	6,157	

The above statement should be read in conjunction with the accompanying notes.

[1] Explanations for major variances to budget are made in note 6.2, with the letter denoting the relevant explanation for the variance in the note.

Cash Flow Statement

for the period ended 30 June 2025

	2025	2024	Original Budget	
	$'000	$'000	$'000	
OPERATING ACTIVITIES				
Cash received				
Receipts from Federal Government	**13,046**	12,670	13,046	
State and Territory contributions	**9,484**	9,108	9,485	
Rendering of services	**16,109**	15,610	9,617	1b
Interest	**994**	1,181	550	1d
GST received	**1,374**	1,595	902	1f
Total cash received	**41,007**	40,164	33,600	
Cash used				
Employees	**(22,091)**	(19,216)	(18,532)	1a
Suppliers	**(15,046)**	(17,358)	(15,663)	
Interest payments on lease liabilities	**(41)**	(60)	(41)	
GST paid	**(1,435)**	(1,517)	-	1f
Total cash used	**(38,613)**	(38,151)	(34,236)	
Net cash from (used by) operating activities	**2,394**	2,013	(636)	
INVESTING ACTIVITIES				
Cash used				
Purchase of property, plant and equipment	**(283)**	(49)	(200)	
Total cash used	**(283)**	(49)	(200)	
Net cash used by investing activities	**(283)**	(49)	(200)	
FINANCING ACTIVITIES				
Cash used				
Principal repayments of lease liability	**(1,637)**	(1,529)	(1,637)	
Total cash used	**(1,637)**	(1,529)	(1,637)	
Net cash used by financing activities	**(1,637)**	(1,529)	(1,637)	
Net increase (decrease) in cash held	**474**	435	(2,473)	
Cash and cash equivalents at the beginning of the reporting period	**22,097**	21,662	22,322	
Cash at the end of the reporting period	**22,571**	22,097	19,849	

The above statement should be read in conjunction with the accompanying notes.

[1] Explanations for major variances to budget are made in note 6.2, with the letter denoting the relevant explanation for the variance in the note.

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Overview

Basis of Preparation of the Financial Statements

The financial statements are required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

The financial statements have been prepared in accordance with:

a) *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015* (FRR); and

b) Australian Accounting Standards and Interpretations – including simplified disclosures for Tier 2 Entities under AASB 1060 issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are presented in Australian dollars rounded to the nearest thousand dollars unless otherwise specified.

Taxation

The Commission is exempt from all forms of taxation, except for Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

Events after the reporting period

No events after the reporting period were identified that impact the financial statements.

1 Financial Performance

1.1 Expenses

1.1A: Employee Benefits

	2025 $'000	2024 $'000
Wages and salaries	**16,292**	14,380
Superannuation:		
Defined contribution plans	**2,646**	2,310
Defined benefit plans	**268**	243
Leave and other entitlements	**3,293**	2,796
Separation and redundancies	**5**	4
Other employee benefits	**64**	100
Total employee benefits	**22,568**	19,833

Accounting Policy
Accounting policies for employee related expenses are contained in Section 4 People and Relationships of the notes to the financial statements.

1.1B: Suppliers

Goods and services		
Contracts for services	**7,718**	9,287
Staff travel	**270**	178
Committee expenses	**730**	636
Information and communication	**4,976**	5,209
Printing, publishing and postage	**450**	656
Property outgoings	**277**	238
Audit fees (paid)	**55**	55
Other	**812**	829
Total goods and services	**15,288**	17,088
Goods and services are made up of:		
Goods supplied	**493**	667
Services rendered	**14,795**	16,421
Total goods and services	**15,288**	17,088
Other supplier expenses		
Workers compensation expenses	**100**	147
Total other supplier expenses	**100**	147
Total supplier expenses	**15,388**	17,235

1.2 Own-Source Revenue and Gains

OWN-SOURCE REVENUE

1.2A: Revenue from contracts with customers

	2025	2024
	$'000	$'000
Rendering of services	**16,823**	17,070
Commonwealth Government Contributions	**13,046**	12,670
State and Territory Government contributions	**9,484**	9,108
Total rendering of services	**39,353**	38,848

Disaggregation of revenue from contracts with customers

Service line		
Work Plan – Health Chief Executives Forum (HCEF) Multi Party Funding Agreement	**18,968**	18,216
Other funded projects	**16,823**	17,070
Smaller government measures	**3,562**	3,562
	39,353	38,848
Customer type		
Commonwealth Department of Health, Disability and Aging – Work Plan and other government measures	**13,046**	12,670
State and Territory Governments	**9,484**	9,108
Other funded projects – Commonwealth Government entities	**16,823**	17,070
	39,353	38,848
Timing of transfer of services		
Annually based on agreed plan	**22,530**	21,778
Over time aligned with project costs incurred	**16,823**	17,070
	39,353	38,848

Accounting Policy

Revenue from the rendering of services is recognised when control has been transferred to the buyer. The Commission reviews all contracts with customers to assess performance obligations are enforceable and sufficiently specific to determine when they have been satisfied. Revenue from contracts meeting these requirements are recognised using AASB 15.

The following is a description of principal activities from which the Commission generates its revenue:

Workplan

Workplan funding is received based on the inter-jurisdictional funding agreement between all Australian States and Territories and the Commonwealth government under the Health Chief Executives Forum (HCEF) Multi Party Funding Agreement for the provision of the agreed annual workplan of activities. The completion of the annual Workplan activities represents the timing of revenue recognition.

Other funded projects:

Other funded projects is funding received from other entities for the Commission to perform specific projects relating to safety and quality in health care. Project costs, as an input measure, toward completion of projects are used to measure the timing and amount of revenues recognised.

Smaller government measures

The Corporate Commonwealth entity payment item – Smaller government measures, received from the Department of Health, Disability and Aging is provided to deliver specific functions of the former National Health Performance Authority (NHPA) that were transferred to the Commission. Revenue is recognised on the annual performance of these functions.

The transaction price is the total amount of consideration to which the Commission expects to be entitled in exchange for transferring promised services to a customer. The consideration promised in a contract with a customer may include fixed amounts, variable amounts, or both.

Funding received in advance of the satisfactory completion of performance obligations is recognised as unearned revenue liability on the balance sheet.

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any impairment allowance account. Collectability of debts is reviewed at end of the reporting period. Allowances are made when collectability of the debt is no longer probable.

1.2B: Unsatisfied obligations

The Commission expects to recognise as income any liability for unsatisfied obligations associated with revenue from contracts with customers within the following periods:

	$'000
Within 1 year	9,352
Total unsatisfied obligations	**9,352**

The liability for unsatisfied obligations is represented on the Statement of Financial Position as 'Unearned Income' and is disclosed in Note 2.3A.

2 Financial Position

2.1 Financial Assets

	2025 $'000	2024 $'000
2.1A: Trade and Other Receivables		
Good and services receivables:		
Goods and services	**575**	1,801
Total goods and services receivable	**575**	1,801
Other receivables:		
Receivable from the Australian Taxation Office	**381**	356
Interest	**75**	89
Total other receivables	**456**	445
Total trade and other receivables (gross)	**1,031**	2,246
Total trade and other receivables (net)	**1,031**	2,246

No receivables were impaired at 30 June 2025 (2024: Nil).

Accounting Policy
Financial Assets
Trade receivables and other receivables that are held for the purpose of collecting the contractual cash flows, where the cash flows are solely payments of principal, that are not provided at below-market interest rates, are measured at amortised cost using the effective interest method adjusted for any loss allowance.

2.2 Non-Financial Assets

2.2A: Reconciliation of the opening and closing balances of property, plant and equipment

	Leasehold improvements	Property, plant and equipment	Intangible assets	Total
		$'000	$'000	$'000
As at 1 July 2024				
Gross book value	-	8,376	706	9,082
Accumulated amortisation, depreciation and impairment	-	(4,213)	(701)	(4,914)
Total as at 1 July 2024	**-**	**4,163**	**5**	**4,168**
Additions:				
By purchase	206	77	-	283
Depreciation and amortisation expense	(69)	(51)	(5)	(125)
Depreciation on right-of-use assets	-	(1,597)	-	(1,597)
Disposal	-	(286)	-	(286)
Write back depreciation on disposal	-	286	-	286
Total as at 30 June 2025	**137**	**2,592**	**-**	**2,729**
Gross book value	206	8,167	706	9,079
Accumulated amortisation, depreciation and impairment	(69)	(5,575)	(706)	(6,350)
Total as at 30 June 2025	**137**	**2,592**	**-**	**2,729**
Carrying amount of right of use assets	-	2,414	-	2,414

Accounting Policy
Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Asset Recognition Threshold
Purchases of property, plant and equipment are recognised initially at cost in the statement of financial position, except for purchases of leasehold improvements costing less than $50,000, intangible assets costing less than $75,000, and for all other purchased of property, plant and equipment costing less than $4,500, which are expensed in the year of acquisition.

Accounting Policy continued

Lease Right of Use (ROU) Assets
Leased ROU assets are capitalised at the commencement date of the lease and comprise of the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by Commonwealth lessees as separate asset classes to corresponding assets owned outright, but included in the same column as where the corresponding underlying assets would be presented if they were owned.

Following initial application, an impairment review is undertaken for any right of use lease asset that shows indicators of impairment and an impairment loss is recognised against any right of use lease asset that is impaired. Lease ROU assets continue to be measured at cost after initial recognition in Commonwealth agency, GGS and Whole of Government financial statements.

Revaluations
Following initial recognition at cost, property, plant and equipment (excluding ROU assets) are carried at fair value. Valuations are conducted to ensure that the carrying amounts of assets do not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations will depend upon the volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reversed a previous revaluation decrement of the same asset class that was previously recognised in the surplus/deficit. Revaluation decrements for a class of assets are recognised directly in the surplus/deficit except to the extent that they reversed a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

Depreciation
Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the Commission using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

Depreciation rates applying to each class of depreciable asset are based on the following useful lives:

Asset Class	2025	2024
Leasehold improvements	Lease term	Lease term
Plant and equipment	5 years	5 years
Property – right-of-use	Lease term	Lease term

Impairment
All assets were assessed for impairment at 30 June 2025. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount. There were no indicators of impairment at 30 June 2025.

Accounting Policy continued

The recoverable amount of an asset is the higher of its fair value less costs to sell and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the Commission were deprived of the asset, its value in use is taken to be its depreciated replacement costs.

Derecognition
An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

Intangibles
The Commission's intangibles comprise internally developed software for operational use. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of the entity's software is 5 years (2024: 5 years).

All software assets were assessed for indications of impairment as at 30 June 2025. There were no indications of impairment as at 30 June 2025.

2.3: Payables

2.3A: Suppliers

	2025	2024
	$'000	$'000
Trade creditors and accruals	**2,174**	1,624
Unearned income - contract liabilities	**9,352**	11,342
Total suppliers	**11,526**	12,966

Settlement of trade creditors and accruals is usually made within 30 days.

Unearned income contract liabilities are associated with other funded projects contracted with Commonwealth government agencies that provide funds in advance of project work being completed by the Commission. Revenue for these projects is recognised as costs are incurred.

2.3B: Other Payables

Salaries and wages	**560**	437
Superannuation	**101**	74
Other	**33**	36
Total other payables	**694**	547

2.4: Interest bearing liabilities

2.4A: Leases

	2025	2024
	$'000	$'000
Lease liabilities	**2,673**	4,310
Total lease liabilities	**2,673**	4,310

Total cash outflow for leases for the year ended 30 June 2025 was $1,678,398 (2024: $1,588,705).

Maturity analysis – contractual undiscounted cash flows		
Within 1 year	**1,771**	1,678
Between 1 to 5 years	**924**	2,695
Total leases	**2,695**	4,373

The Commission has a lease of Level 5 and part of Level 6 of 255 Elizabeth Street that is due to expire 31 December 2026; and a lease of a suite within 287 Elizabeth Street that is due to expire 20 January 2027.

The above lease disclosures should be read in conjunction with the accompanying note 2.2.

Accounting Policy

For all new contracts entered into, the Commission considers whether the contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'.

Once it has been determined that a contract is, or contains a lease, the lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the department's incremental borrowing rate.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification to the lease. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset or profit and loss depending on the nature of the reassessment or modification.

3 Funding

3.1 Net cash arrangements

	2025	2024
	$'000	$'000
Total comprehensive income – as per the Statement of Comprehensive Income	**628**	1,163
Plus: depreciation right-of-use assets	**1,597**	1,597
Less: principal repayments - leased assets	**(1,637)**	(1,529)
Net Cash Operating Surplus	**588**	1,231

The inclusion of depreciation/amortisation expenses related to ROU leased assets and the lease liability principal repayment amount reflects the cash impact of AASB 16 Leases.

4 People and Relationships

	2025	2024
	$'000	$'000

4.1 Employee Provisions

Leave	**4,287**	3,960
Total employee provisions	**4,287**	3,960

Accounting Policy
Liabilities for 'short-term employee benefits' and termination benefits expected within twelve months of the end of the reporting period are measured at their nominal amounts.

Leave
The liability for employee benefits includes provision for annual leave and long service leave.

The leave liabilities are calculated on the basis of employees' remuneration at the estimated salary rates that will be applied at the time the leave is taken, including the Commission's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The liability for long service leave has been determined by the Department of Finance shorthand method as described under the FRR. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Superannuation
The Commission's staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS), the PSS accumulation plan (PSSap) or other superannuation funds held outside the Australian Government.
The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported by the Department of Finance's administered schedules and notes.

The Commission makes employer contributions to the employees' defined benefit superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government. The Commission accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions.

4.2 Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Commission, directly or indirectly, including the Portfolio Minister and any board member (whether executive or otherwise) of the Commission. For the purposes of the following table, the Commission has determined the key management personnel to be the Chief Executive Officer, Chief Operating Officer and Board Members. Key management personnel remuneration is reported in the table below:

	2025	2024
	$'000	$'000
Short-term employee benefits	**1,218**	1,106
Post-employment benefits	**125**	106
Other long-term benefits	**26**	27
Termination benefits	**-**	-
Total key management personnel remuneration expenses[1]	**1,369**	1,239

The total number of key management personnel that are included in the above table are 15 (2023-24: 14). This includes those fulfilling the roles of the CEO and COO during the year (including significant periods of acting) and 12 board members during 2024-25. One board member waived their right or was not eligible to receive remuneration during 2024-25 for all or part of the year (2023-24: 2).

[1]The above key management personnel remuneration excludes the remuneration and other benefits of the Portfolio Minister. The Portfolio Minister's remuneration and other benefits are set by the Remuneration Tribunal and are not paid by the Commission.

4.3 Related Party Disclosures

Related party relationships

The Commission is an Australian Government controlled entity. Related parties to this entity are Key Management Personnel including the Portfolio Minister and Executive.

Transactions with related parties

Given the breadth of Government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. These transactions have not been separately disclosed in this note.

Several board members of the Commission hold directorships with other organisations. All transactions between the Commission and organisations with a board member common to the Commission, or any dealings between the Commission and board members individually, are conducted using commercial and arms-length principles.

The following transactions with related parties occurred during the financial year:

- Dr Helena Williams received payment as co-chair of a Commission committee during 2024-25 and has previously provided project support and expert advice. Fees paid by the Commission for these services were $1,442 (2024: $1,524).
- Professor Jeffrey Braithwaite is also a Director of the Australian Institute of Health Innovation (AIHI). The Commission made payments to AIHI of $306,181 for literature review and environmental scan services.

5 Managing Uncertainties

5.1 Contingent Assets and Liabilities

As at 30 June 2025, the Commission had no quantifiable, unquantifiable or significant remote contingencies (2024: nil).

5.2 Financial Instruments

5.2A: Categories of financial instruments

	2025	2024
	$'000	$'000
Financial assets at amortised cost		
Cash	**22,571**	22,097
Trade and other receivables	**650**	1,890
Total financial assets	**23,221**	23,987
Financial liabilities		
Financial liabilities measured at amortised cost:		
Trade creditors and accruals	**2,174**	1,624
Total financial liabilities	**2,174**	1,624

5.2B: Net gains or losses on financial instruments

	2025	2024
	$'000	$'000
Financial assets at amortised cost		
Interest revenue	**994**	1,196
Net gain from financial assets at amortised cost	**994**	1,196

The Commission holds only cash and receivables as financial assets and trade creditors and accruals as financial liabilities.

Accounting Policy
Financial Assets at Amortised Cost
Financial assets included in this category need to meet two criteria:
1. the financial asset is held in order to collect the contractual cash flows; and
2. the cash flows are solely payments of principal and interest (SPPI) on the principal outstanding amount.

Amortised cost is determined using the effective interest method.

Effective Interest Method
Income is recognised on an effective interest rate basis for financial assets recognised at amortised cost.

Financial Liabilities at Amortised Cost
Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

6 Other information

6.1: Aggregate Assets and Liabilities

	2025	2024
	$'000	$'000
Assets expected to be recovered in:		
No more than 12 months		
Cash	**22,571**	22,097
Trade and other receivables	**1,031**	2,246
Prepayments	**508**	303
Property, plant and equipment	**1,674**	1,659
Total no more than 12 months	**25,784**	26,305
More than 12 months		
Property, plant and equipment	**1,055**	2,509
Total more than 12 months	**1,055**	2,509
Total assets	**26,839**	28,814
Liabilities expected to be settled in		
No more than 12 months		
Trade creditors and accruals	**2,174**	1,624
Unearned income	**9,352**	10,900
Other payables	**694**	547
Leases	**1,750**	1,636
Employee provisions	**1,444**	1,082
Total no more than 12 months	**15,414**	15,789
More than 12 months		
Unearned income	**-**	442
Leases	**923**	2,674
Employee provisions	**2,843**	2,878
Total more than 12 months	**3,766**	5,994
Total liabilities	**19,180**	21,783

6.2: Budget Variances

The table below provides explanations for major variances between the Commission's unaudited original budget estimates, as published in the 2024-25 Portfolio Budget Statements (PBS), and the actual financial performance and position for the year ended 30 June 2025. Explanations are considered to be major if they are greater than 3% of total expenses ($1,192,000) or 10% (if material in value or nature) are provided in the table below.

Major Variances

	Line items impacted	Major variance explanations
a	**Statement of Comprehensive Income** Employee benefits. **Cash Flow Statement** Employees.	Staffing levels at the time of budget preparation did not include the conversion of contracted staff to APS roles which occurred during the year.
b	**Statement of Comprehensive Income** Revenue from contracts with customers, Suppliers. **Statement of Financial Position** Cash, Unearned income. **Cash Flow Statement** Rendering of services.	The budget was based on executed contracts for projects in March 2024. During the year, additional projects were contracted and completed , leading to increased cash received, project expenditure and associated project revenue.
c	**Statement of Financial Position** Other payables, Unearned income.	Unearned income was disclosed in 'Other payables' in the budget. The variance in unearned income was due to the lower value of contracts in place when the budget was prepared. Actual project expenses were more than forecast, as noted above, reducing the balance of budgeted unearned income.
d	**Statement of Comprehensive Income** Interest. **Cash Flow Statement** Interest.	Interest rates received and the value of deposits were higher than the forecast when the budget was prepared.
e	**Statement of Comprehensive Income** Surplus, Total comprehensive income. **Statement of Financial Position** Retained surplus. **Statement of Changes in Equity** Surplus for the period.	The timing of actual expenditure and delivery of workplan projects has resulted in a surplus.
f	**Cash Flow Statement** GST received, GST paid.	The budget was prepared based on net GST basis, while actuals are grossed up to GST received and GST paid.

	Line items impacted	Major variance explanations
g	**Statement of Financial Position** Trade and other receivables, Prepayments, Trade creditors and accruals, Other payables.	The budget in Statement of Financial Position was prepared based on prior year balances adjusted for forecast project activity. Actual results represented the agreements entered into during the financial year as supported by invoices and contracts.

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6. Appendices

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Appendix A: Related-entity transactions

Table 11: Related-entity transactions, 2024–25

Vendor no.	Commonwealth entity	Number of transactions	Transaction value	Description
100362	Department of Health, Disability and Ageing	11	$1,249,979.55	Payments processed in 2024–25 for corporate services received from the Department of Health, Disability and Ageing under the shared services agreement.

Appendix B: Freedom of information summary

Table 12 summarises freedom of information requests and their outcomes for 2024–25, as discussed on page 92.

Table 12: Freedom of information summary, 2024–25

Activity	Number
Requests	
On hand at 1 July 2024	0
New requests received during 2024–25 FY period	4
Total requests handled during 2024–25 FY period	4
Total requests completed as at 30 June 2025	4
Total requests on hand as at 30 June 2025	0
Action of request	
Access granted in full	3
Access granted in part	0
Access refused	0
Access transferred in full	0
Request withdrawn	0
No records	1
Response time	
0–30 days	3
30–60 days	1

Appendix C: Compliance with ecologically sustainable development

The Commission is committed to making a positive contribution to ecological sustainability. Table 13 details the Commission's activities in accordance with section 516A(6) of the *Environment Protection and Biodiversity Conservation Act 1999.*

Table 13: Summary of the Commission's compliance with ecologically sustainable development

***Environment Protection and Biodiversity Conservation Act 1999* requirement**	**Commission response**
Activities of the Commission during 2024–25 accord with the principles of ecologically sustainable development	The Commission ensures that its decision-making and operational activities mitigate environmental impact. The principles of ecologically sustainable development are embedded in the Commission's approach to its work plan and in corporate, purchasing and operational guidelines.
Outcomes specified for the Commission in an Appropriation Act for 2024–25 contribute to ecologically sustainable development	The Commission's single appropriations outcome focuses on improving safety and quality in health care across the Australian health system. As such, the Commission does not directly contribute to ecologically sustainable development.
Effects of the Commission's activities on the environment	The Commission's offices are located in a 5-star[1] building, and the Commission works proactively with building management to achieve energy savings where possible. The Commission continues to improve the dissemination of publications, reports and written materials through electronic media to minimise printing.
Measures the Commission is taking to minimise its impact on the environment	To reduce its environmental impact, the Commission is improving its website functionality and increasing the use of multi-channel strategies to distribute information electronically. To reduce travel, the Commission uses remote meeting attendance options wherever feasible. The Commission advocates responsible use of materials, electricity and water and disposal of waste. This behaviour is expected of all staff and visitors.
Mechanisms for reviewing and increasing the effectiveness of these measures	The Commission has established mechanisms to review current practices and policies. Staff are encouraged to identify initiatives to adopt behaviours, procedures and policies that can minimise their environmental impact, the impact of their team and the impact of the Commission more broadly.

Note:

1. According to the National Australian Built Environment Rating System

The Commission is committed to making a positive contribution to ecological sustainability. Table 14 details the Commission's activities in accordance with section 516A(6) of the *Environment Protection and Biodiversity Conservation Act 1999* and the Australian Government's APS Net Zero 2030 target. Greenhouse gas emissions reporting uses a methodology consistent with the whole-of-Australian Government approach as part of the APS Net Zero 2030 target.

Table 14: 2024–25 Greenhouse gas emissions inventory

Emission source	Scope 1 (t CO_2-e)	Scope 2 (t CO_2-e)	Scope 3 (t CO_2-e)	Total (t CO_2-e)
Electricity (location based approach)	N/A	128.31	7.78	136.09
Natural gas	-	N/A	-	-
Solid waste	-	N/A	-	-
Refrigerants	-	N/A	N/A	-
Fleet and other vehicles	-	N/A	-	-
Domestic commercial flights	N/A	N/A	60.00	60.00
Domestic hire car	N/A	N/A	-	-
Domestic travel accommodation	N/A	N/A	9.46	9.46
Other energy	-	N/A	-	-
Total t CO_2-e	**-**	**128.31**	**77.23**	**205.54**

Note: The table above presents emissions related to electricity usage using the location-based accounting method. CO_2-e = Carbon Dioxide Equivalent. N/A = not applicable

Solid waste data was unable to be separated from landlord data and has not been included.

Emissions from hire cars for 2024–25 are incomplete due to reliance on shared services data. The quality of data is expected to improve over time as emissions reporting matures.

Efforts were made to separate the data; however, a small portion of the Australian Commission on Safety and Quality in Health Care's domestic travel emissions may be included in the Department of Health, Disability and Ageing's annual report due to shared services agreements.

Table 15: 2024–25 Electricity greenhouse gas emissions

Emission source	Scope 2 (t CO_2-e)	Scope 3 (t CO_2-e)	Total (t CO_2-e)	Electricity (kWh)
Electricity (location based approach)	128.31	7.78	136.09	194,410.37
Market-based electricity emissions	128.82	17.49	146.31	159,037.41
Total renewable electricity consumed	**N/A**	**N/A**	**N/A**	**35,372.97**
Renewable power percentage[1]	N/A	N/A	N/A	35,372.97
Jurisdictional renewable power percentage [2, 3]	N/A	N/A	N/A	-
Greenpower [2]	N/A	N/A	N/A	-
Large-scale generation certificates [2]	N/A	N/A	N/A	-
Behind the meter solar [4]	N/A	N/A	N/A	-
Total renewable electricity produced	**N/A**	**N/A**	**N/A**	**-**
Large-scale generation certificates [2]	N/A	N/A	N/A	-
Behind the meter solar[4]	N/A	N/A	N/A	-

Note: The table above presents emissions related to electricity usage using both the location-based and the market-based accounting methods. CO_2-e = Carbon Dioxide Equivalent. Electricity usage is measured in kilowatt hours (kWh).

1. Listed as Mandatory renewables in 2023–24 Annual Reports. The renewable power percentage (RPP) accounts for the portion of electricity used, from the grid, that falls within the Renewable Energy Target (RET).
2. Listed as Voluntary renewables in 2023–24 Annual Reports.
3. The Australian Capital Territory is currently the only state or territory with a jurisdictional renewable power percentage (JRPP).
4. Reporting behind-the-meter solar consumption and/or production is optional. The quality of data is expected to improve over time as emissions reporting matures.

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Acronyms

Acronym	Description
AC	Companion of the Order of Australia
AGAR	Australian Group on Antimicrobial Resistance
AHPRA	Australian Health Practitioner Regulation Agency
AHSSQA Scheme	Australian Health Service Safety and Quality Accreditation Scheme
AM	Member of the Order of Australia
AMR	antimicrobial resistance
AO	Officer of the Order of Australia
AURA	Antimicrobial Use and Resistance in Australia
CEO	Chief Executive Officer
FCNA	Fellow of the College of Nursing, Australia
FRACGP	Fellow of the Royal Australian College of General Practitioners
FRACS	Fellow of the Royal Australasian College of Surgeons
IHPA	Independent Hospital Pricing Authority
MD	Doctor of Medicine
NDIS	National Disability Insurance Scheme

Acronym	Description
NSQDMH Standards	National Safety and Quality Digital Mental Health Standards
NSQHS Standards	National Safety and Quality Health Service Standards
NSQMH CMO Standards	National Safety and Quality Mental Health Standards for Community Managed Organisations
PBS	Pharmaceutical Benefits Scheme
QUM	Quality Use of Medicines
PSM	Public Service Medal

Glossary

Word	Description
Accreditation	A status that is conferred on an organisation or individual after being assessed as having met specified standards. The two conditions for accreditation are compliance with an explicit definition of quality (a standard) and successful completion of an independent review process aimed at identifying the level of congruence between practices and quality standards.
Adverse event	An incident that results in harm to a patient or consumer.
Antimicrobial	A chemical substance that inhibits or destroys bacteria, viruses or fungi, including yeasts and moulds.[1]
Antimicrobial resistance	A property of organisms – including bacteria, viruses, fungi and parasites – that allows them to survive and/or grow in the presence of antimicrobial levels that would normally suppress growth of or kill susceptible organisms.
Antimicrobial stewardship	A program implemented in a health service organisation to reduce the risks associated with increasing antimicrobial resistance and extend the effectiveness of antimicrobial treatments. Antimicrobial stewardship may incorporate a broad range of strategies, including monitoring and reviewing antimicrobial use.
Clinical Care Standards	Standards developed by the Commission and endorsed by health ministers that identify and define the care people should expect to be offered or receive for specific clinical conditions or procedures. The Clinical Care Standards highlight best-practice care and priority areas for quality improvement and include indicators to support quality improvement.
Clinical governance	The set of relationships and responsibilities established by a health service organisation between its department of health (for the public sector), governing body, executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes. Strong clinical governance provides confidence to community and health service organisations that systems are in place to deliver safe and high-quality health care and continuously improve services.
Clinician	A healthcare provider, trained as a health professional. Clinicians include registered and non-registered practitioners, or teams of health professionals, who spend the majority of their time delivering direct clinical care.
Consumer	A person who has used, or may potentially use, health services. A healthcare consumer may also act as a consumer representative to provide a consumer perspective, contribute consumer experiences, advocate for the interests of current and potential health service users, and/or take part in decision-making processes.[2]

Word	Description
End of life	The period when a patient is living with, and impaired by, a fatal condition, even if the trajectory is ambiguous or unknown. This period may be years, in the case of patients with chronic or malignant disease, or very brief, in the case of patients who suffer acute and unexpected illnesses or events such as sepsis, stroke or trauma.[3]
Hand hygiene	A general term referring to any hand-cleansing action.
Healthcare-associated infections	Infections that are acquired in healthcare facilities (nosocomial infections) or that occur as a result of healthcare interventions (iatrogenic infections). Healthcare-associated infections may manifest after people leave healthcare facilities.[4]
Healthcare variation	A situation in which patients with the same condition receive different types of care. For example, in a group of patients with the same condition, some may have no active treatment, some may be treated in the community and others in hospital, and some may have surgery while others receive medication. Some variation in how health care is provided is desirable because of differences in patients' needs, wants and preferences (see 'unwarranted healthcare variation').
Hospital-acquired complication	A complication for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring.
My Health Record	A secure online summary of a consumer's health information that is managed by the System Operator of the national e-health record system (the Secretary of the Department of Health). Healthcare providers can share health records to a consumer's My Health Record in accordance with the consumer's access controls. This may include information such as medical history, treatments, diagnoses, medications and allergies.
National Safety and Quality Health Service (NSQHS) Standards	Standards developed by the Commission in consultation and collaboration with states and territories, technical experts, health service organisations and patients that aim to protect the public from harm and improve the quality of health services. The NSQHS Standards provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that minimum safety and quality standards are met, and a quality improvement mechanism that allows health service organisations to realise aspirational or developmental goals.

Word	Description
Partnering with consumers	A type of relationship with consumers that involves treating consumers and carers with dignity and respect; communicating and sharing information between consumers, carers (when relevant) and health service organisations; encouraging and supporting consumers' participation in decision-making; and fostering collaboration between consumers, carers and health service organisations in planning, designing, delivering and evaluating health care. Other terms used internationally to describe a similar concept include 'patient-based care', 'consumer-centred care', 'person-centred care', 'relationship-based care', 'patient-centred care' and 'patient-and-family-centred care'.
Patient	A person receiving health care. Synonyms for 'patient' include 'consumer' and 'client'.
Patient safety	Minimising the risk of unnecessary harm associated with health care.
Patient safety incident	An event or circumstance that could have resulted, or did result, in unnecessary harm to a patient.
Person-centred care	A type of care in which patients, consumers and members of the community are treated as partners in all aspects of healthcare planning, design, delivery and evaluation. Person-centred care is the foundation for achieving safe, high-quality care (see 'partnering with consumers').
Shared decision making	The integration of a patient's values, goals and concerns with the best available evidence about the benefits, risks and uncertainties of treatment to achieve appropriate healthcare decisions.[5]
Standard	Agreed attributes and processes designed to ensure that a product, service or method will perform consistently at a designated level.
Unwarranted healthcare variation	Variations in care across patients that are not attributed to a patient's needs, wants or preferences. Unwarranted healthcare variation may reflect differences in clinicians' practices, the organisation of health care or people's access to services. It may also reflect instances of poor-quality care that is not in accordance with evidence-based practice.

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Compliance index

The Commission is bound by legislative requirements to disclose certain information in this annual report.

The operative provisions of the *Public Governance, Performance and Accountability Act 2013* came into effect on 1 July 2014. The Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 prescribes the reporting requirements for the Commission (Table 15).

Table 16: Mandatory reporting orders as required under legislation

Requirement	Reference	Page listing of compliant information
Accountable authority	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsection 17BE(j)	67
Amendments to the Commission's enabling legislation and to any other legislation directly relevant to its operation	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsection 17BE(a)	95
Approval by the accountable authority	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, section 17BB	67
Assessment of the impact of the performance of each of the Commission's functions	*National Health Reform Act 2011,* subsection 53(a)	33–73
Assessment of the safety of healthcare services provided	*National Health Reform Act 2011,* subsection 53(b)(i)	33–52
Assessment of the quality of healthcare services provided	*National Health Reform Act 2011,* subsection 53(b)(ii)	62–73
Audit Committee	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Report) Rule 2016, subsection 17BA(taa)	86–88
Board committees	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsection 17BE(j)	86, 89

Requirement	Reference	Page listing of compliant information
Ecologically sustainable development and environmental performance	*Environment Protection and Biodiversity Conservation Act 1999*, section 516A	98, 137–8
Enabling legislation, functions and objectives	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsection 17BE(a)	12, 75, 86
Financial statements	*Public Governance, Performance and Accountability Act 2013,* subsection 43(4)	109–133
Financial statements certification: a statement, signed by the accountable authority	*Public Governance, Performance and Accountability Act 2013,* subsection 43(4)	109
Financial statements certification: Auditor-General's Report	*Public Governance, Performance and Accountability Act 2013,* subsection 43(4)	107–8
Government policy orders	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsection 17BE(e)	95
Indemnities and insurance premiums for officers	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsection 17BE(t)	76
Information about remuneration for key management personnel	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Report) Rule 2016, subsection 17CA	93
Information about remuneration for senior executives	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Report) Rule 2016, subsection 17CB	92, 94
Information about remuneration for other highly paid staff	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Report) Rule 2016, subsection 17CC	94
Judicial decisions and decisions by administrative tribunals	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsection 17BE(q)	92

Requirement	Reference	Page listing of compliant information
Key activities and changes that have affected the Commission	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsection 17BE(p)	16–19
Location of major activities and facilities	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsection 17BE(l)	Inside front cover, 99
Ministerial directions	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsection 17BE(d)	76
Organisational structure	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsection 17BE(k)	97
Related-entity transactions	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsections 17BE(n) and (o)	76, 135
Reporting of significant decisions or issues	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsection 17BE(f)	95
Reports about the Commission by the Auditor-General, a parliamentary committee, the Commonwealth Ombudsman or the Office of the Australian Information Commissioner	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsection 17BE(r)	92
Responsible minister	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsection 17BE(c)	75
Review of performance	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsection 17BE(g)	67–73
Statement on governance	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsection 17BE(m)	74–95

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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