



On the Radar

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Editor: Dr Niall Johnson
Contributors: Niall Johnson

Reports

NHS Leadership and Management Framework
London: NHS College of Leadership and Management

URL	https://lmframework.leadershipacademy.nhs.uk/
Notes	Framework developed by the NHS College of Leadership and Management in the UK that seeks to establish expectations for all NHS leaders and managers. The framework is designed to apply across clinical and non-clinical leadership and management roles and defines the principles, behaviours and skills the NHS expects from all its leaders and managers. The framework includes a code of practice along with leadership and management standards. A self-assessment tool for evaluation against the standards is also available.

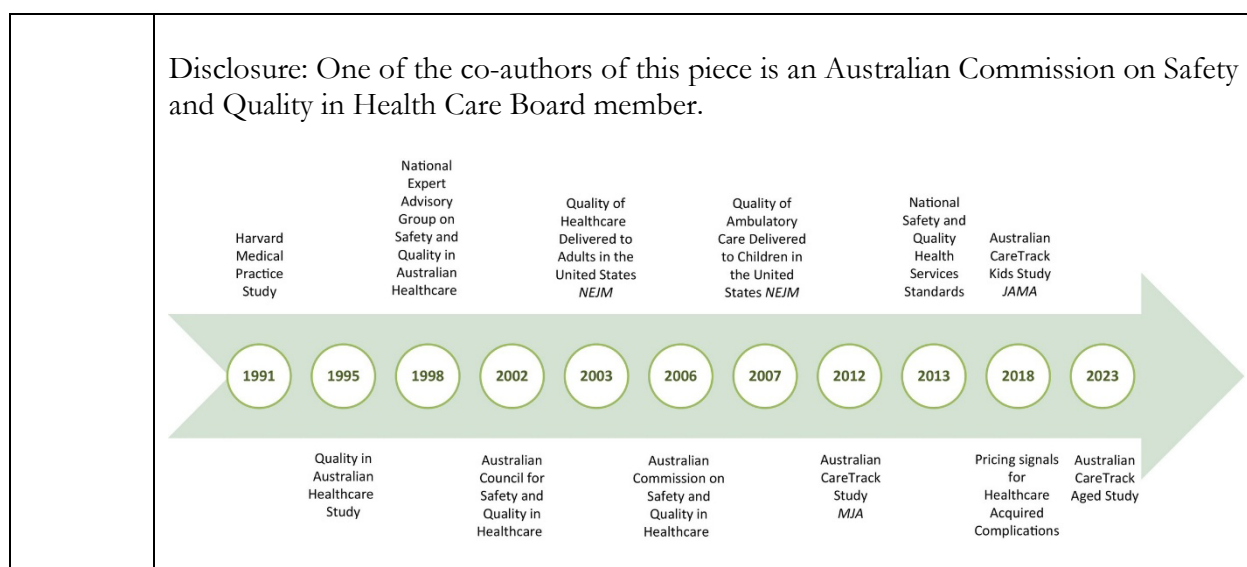
Global status report on cancer 2026: The future we choose together
World Health Organization
Geneva: WHO; 2026. p. 280.

URL	https://www.who.int/publications/i/item/9789240123977
Notes	Report from the World Health Organization (WHO) that offers an assessment of the global burden of cancer, progress in cancer prevention and control, and the systemic challenges that continue to limit equitable outcomes. It includes new data on the burden of disease, the capacity of health systems to respond, and the lived experiences of people affected by cancer. The report examines trends in incidence, mortality, survival, risk factors and health system performance, as well as the human, social and economic consequences of cancer. The authors observe that ‘although the cancer burden is near-universal in its reach, people’s lived experience of the disease is highly inequitable, with significant variation both between and within countries.’ This variation reveals ‘profound inequity’ and the authors assert that ‘The future of cancer control will be shaped by the choices we make together as we define what we value, what we measure, whom we listen to, and what we are willing to finance.’

Journal articles

Quality in Australian Health Care Study 2: a national imperative for safer care
Hibbert PD, Westbrook JI, Braithwaite J
Internal Medicine Journal. 2026.

DOI	https://doi.org/10.1111/imj.70485
Notes	Paper calling for ‘a second Quality in Australian Health Care Study (QAHCS2), 30 years after the original landmark study.’ The authors note that ‘The original Quality in Australian Health Care Study (QAHCS), published in the <i>Medical Journal of Australia</i> in 1995, remains the most cited article in that journal's history.¹ It found that 16.6% of hospital admissions were associated with patient harm (adverse events), with about half felt to be preventable, placing patient safety firmly on the national agenda.’ That original study led to ‘Subsequent milestones included establishing a National Expert Advisory Group (1998), the Australian Council for Safety and Quality in Health Care (2000), and, later, as the quality of care and patient safety field matured, the Australian Commission on Safety and Quality in Health Care (ACSQHC) in 2006, legislated in 2011.⁷ The introduction of the National Safety and Quality Health Service (NSQHS) Standards in 2013 and the creation of state-based safety bodies such as the Clinical Excellence Commission (NSW) and Safer Care Victoria illustrate the enduring influence of QAHCS’ The authors assert that ‘A second national study is overdue’ and that a new study would provide: • ‘A benchmark across 30 years... • Contemporary relevance: expanding to primary care would recognise the central role of general practice and out-of-hospital care. • Methodological innovation: with digitised records, automated algorithms and trigger tools can be evaluated alongside manual review. • International comparison... • Evaluation of existing metrics: e.g. comparing HACs with manual review would test the robustness of current national mechanisms for safety monitoring and incentivising hospitals to improve via punitive pricing signals.’



More than an ally: becoming an accomplice to cultural safety for Australian First Nations people and Indigenous knowledge

Rix E, Brown SL, Rotumah D

Critical Public Health. 2026;36(1):2674389.

DOI	https://doi.org/10.1080/09581596.2026.2674389
Notes	Piece calling for those working in health to be more than allies in the drive for cultural safety. While recognising that ‘Culturally safe practice is a foundational requirement of all Australian health professionals and is now mandated within their codes of practice’, the authors offer four guiding principles to influence a ‘journey towards accompliceship’: ‘(1) reality is complex, (2) Ready to learn, (3) Action and being brave, and (4) Reflection.’ As the authors observe, a health system that offers cultural safety, equity, inclusion and rights, is a better system for everyone involved: ‘Racism and discrimination towards <i>any</i> minority have no place in healthcare. Instead, ethics of dignity, respect and fair treatment create conditions for improving health outcomes for those with the worst statistics and outcomes in Australia. As health settings become increasingly diverse, culturally safe professional skills are crucial. Not just in relationship with First Nations peoples, for all minorities. This includes wellbeing in the workplace for both recipients of care <i>and</i> practitioners.

Towards responsible digital health implementation: A mixed-methods exploratory study developing a tool to assess workforce experience

Tom B, Oerbekke MS, Heus P, Kusters MPT, Dongelmans DA, Visser A, et al.

DIGITAL HEALTH. 2026;12:20552076261450419.

DOI	https://doi.org/10.1177/20552076261450419
Notes	Report of a Dutch project that sought to ‘To develop a tool to support policymakers, hospital administrators, and implementation teams in considering workforce experience and well-being implications of DHTs [Digital Health Technologies] on HCPs [healthcare professionals].’ The paper reports on a ‘mixed-methods study conducted in three Dutch university medical centres that included the re-analysis of a scoping review, a prioritisation survey and focus groups and interviews with stakeholders, including healthcare workers. This all contributed to the development of a ‘reflective checklist to support structured consideration of conditions shaping workforce experience in DHT-implementation’ that has 14 items in 6 themes.

Norwegian clinical dashboard: updated and expanded versions may lead to further Nordic collaboration
Tjomsland O, Thoresen C, Ingebrigtsen T, Jensen JW, Møller H, Frich JC, et al
BMJ Leader. 2026:leader-2026-001581.

DOI	https://doi.org/10.1136/leader-2026-001581
Notes	Paper in <i>BMJ Leader</i> describing the development and possible future direction for the Norwegian clinical dashboard. This is ‘a national safety, quality and utilisation dashboardS... developed from routinely reported data to be used by executive boards and senior leaders’. The dashboard ‘dashboard focuses on two core domains: (a) effective care and patient safety and (b) preference-sensitive and supply-sensitive care’. The article describes the first and subsequent versions of the dashboard as the topics included expanded along with the ‘experience with its use in governance within the South-Eastern Norway Regional Health Authority (HSO) and the growing national and international interest in its application.’

BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<i>BMJ Quality & Safety</i> has published a number of ‘online first’ articles, including: • When emergency physicians meet patients displaying irritable behaviours: a randomised vignette-based experiment investigating physicians’ emotions and clinical reasoning (Linda M Isbell, Nathan R Huff1 Guanyu Liu1, Howard Bessen, Vincent Kan, Isabella Levesque, Matthew Bird, Peter Smulowitz) • Editorial: Interprofessional learning as a mechanism for quality improvement and patient safety (Andreas Xyrichis, Merrick Zwarenstein)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	<i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including: • Patient and Family Activated Escalation Systems: a systematic review (Noémie Déom, John Welch, Cecilia Vindrola-Padros)

Online resources

Guidance

A number of guidelines or guidance have recently been published or updated These include:

- National Guidance Working Group. *National guidance for doctors assessing workers exposed to respirable crystalline silica dust*. Canberra: Australian Centre for Disease Control; 2026. p. 64. <https://www.cdc.gov.au/resources/publications/national-guidance-doctors-assessing-workers-crystalline-silica-dust-practice-guide>
- Council of Australian Therapeutic Advisory Groups. *Rethinking medicines decision-making: Guiding Principles for the off-label use of medicines in Australian healthcare settings*. Version 2. CATAG, 2026. p.44. <https://catag.org.au/resource/off-label-guiding-principles/>
- Monash Centre for Health Research and Implementation, *International Evidence-based Guideline for the assessment and management of polyendocrine metabolic ovarian syndrome (formerly PCOS)* <https://www.monash.edu/medicine/mchri/pcos/guideline>

Infection prevention and control resources

The Australian Commission on Safety and Quality in Health Care has developed a number of resources to assist healthcare organisations, facilities and clinicians. These resources include:

- **Poster – Combined contact and droplet precautions**
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-prevention-and-control-poster-combined-contact-and-droplet-precautions>



VISITOR RESTRICTIONS MAY BE IN PLACE

For all staff
Combined contact & droplet precautions*
in addition to standard precautions

Before entering room/care zone

**1**

Perform hand hygiene

**2**

Put on gown

**3**

Put on surgical mask

**4**

Put on protective eyewear

**5**

Wear gloves, in accordance with standard precautions

At doorway prior to leaving room/care zone

**1**

Remove and dispose of gloves if worn

**2**

Perform hand hygiene

**3**

Remove and dispose of gown

**4**

Perform hand hygiene

**5**

Remove protective eyewear

**6**

Perform hand hygiene

**7**

Remove and dispose of mask

**8**

Leave the room/care zone

**9**

Perform hand hygiene

What else can you do to stop the spread of infections?

- Always change gloves and perform hand hygiene between different care activities and when gloves become soiled to prevent cross contamination of body sites
- Consider patient placement
- Minimise patient movement

*e.g. Acute respiratory tract infection with unknown aetiology, seasonal influenza and respiratory syncytial virus (RSV)

For more detail, refer to the Australian Guidelines for the Prevention and Control of Infection in Healthcare and your state and territory guidance.

- *Poster – Combined airborne and contact precautions*
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-prevention-and-control-poster-combined-airborne-and-contact-precautions>


VISITOR RESTRICTIONS MAY BE IN PLACE

For all staff
Combined airborne & contact precautions
 In addition to standard precautions

Before entering room/care zone

- 1



Perform hand hygiene
- 2



Put on gown
- 3



Put on a particulate respirator (e.g. P2/N95) and perform fit check
- 4



Put on protective eyewear
- 5



Wear gloves in accordance with standard precautions

At doorway prior to leaving room/care zone

- 1



Remove and dispose of gloves if worn
- 2



Perform hand hygiene
- 3



Remove and dispose of gown
- 4



Leave the room/care zone
- 5



Perform hand hygiene (in an anteroom/outside the room/care zone)
- 6



Remove protective eyewear (in an anteroom/outside the room/care zone)
- 7



Perform hand hygiene (in an anteroom/outside the room/care zone)
- 8



Remove and dispose of particulate respirator (in an anteroom/outside the room/care zone)
- 9



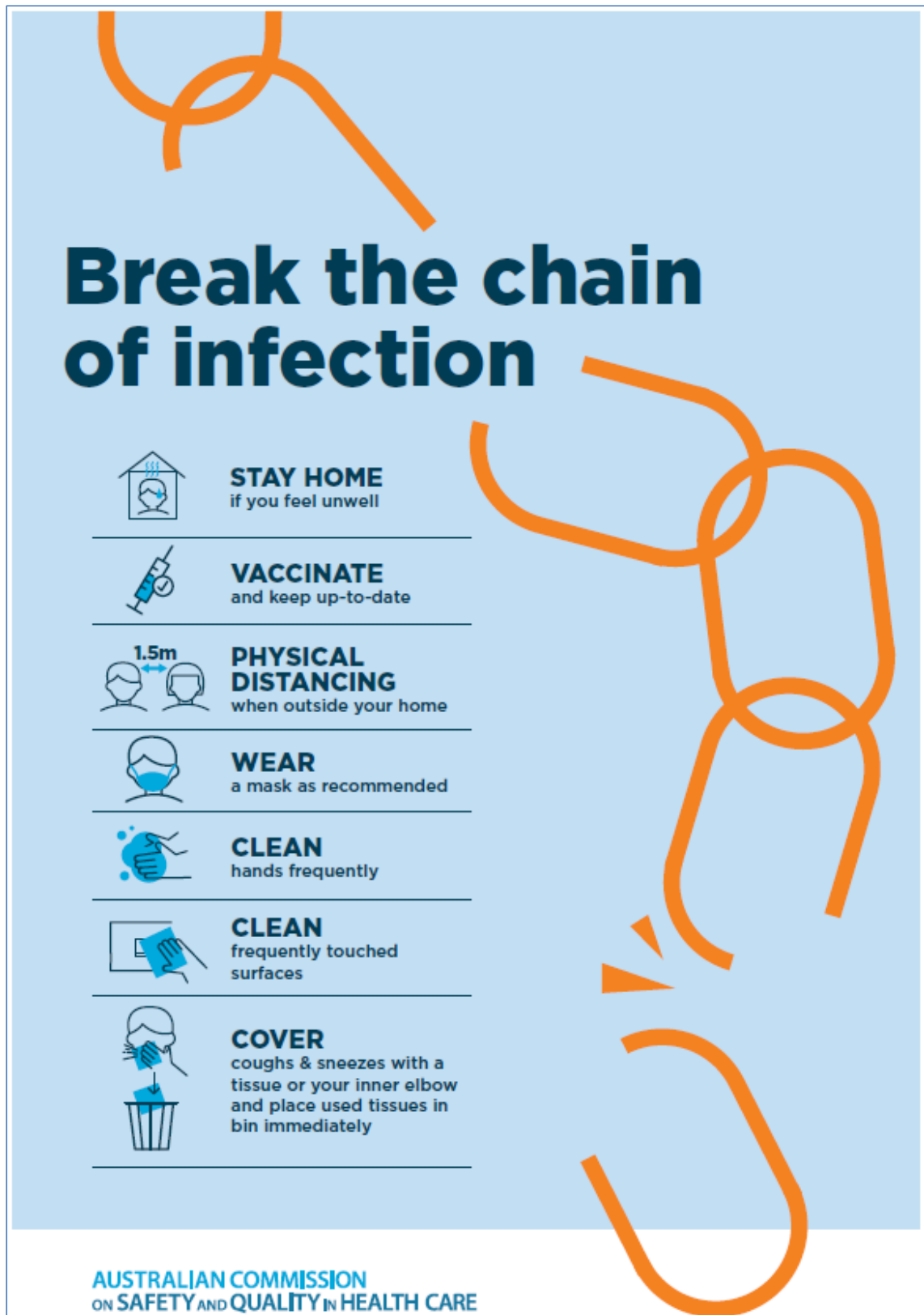
Perform hand hygiene

What else can you do to stop the spread of infections?

- Always change gloves and perform hand hygiene between different care activities and when gloves become soiled to prevent cross contamination of body sites
- Consider patient placement
- Minimise patient movement

KEEP DOOR CLOSED AT ALL TIMES

- *Environmental Cleaning and Infection Prevention and Control*
www.safetyandquality.gov.au/environmental-cleaning
- *Break the chain of infection* poster
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/break-chain-infection-poster>



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