Australian Commission on **Safety and Quality** in Health Care

# Corporate Plan 2026–27

**safetyandquality.gov.au**

## Acknowledgement of Country

The Australian Commission on Safety and Quality in Health Care pays respect to the Gadigal people as the Traditional Custodians of Country where the Commission's office is located. We extend that respect to all Aboriginal and Torres Strait Islander peoples, and their deep time connections to land, water and sky.

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

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

Level 5, 255 Elizabeth Street, Sydney NSW 2000

Phone: (02) 9126 3600

Email: mail@safetyandquality.gov.au

Website: www.safetyandquality.gov.au



The Commission's preference is that you attribute this publication (and any material sourced from it) using the following citation: Australian Commission on Safety and Quality in Health Care. Corporate Plan 2026–27. Sydney: ACSQHC; 2026.

### Disclaimer

The content of this document is published in good faith by the Australian Commission on Safety and Quality in Health Care for information purposes. The Commission does not accept any legal liability or responsibility for any injury, loss or damage incurred by the use of, or reliance on, this information.

# Contents

# Introduction

**The Australian Commission on Safety and Quality in Health Care (the Commission) was originally established in 2006 by the Council of Australian Governments. The Commission commenced as an independent statutory authority on 1 July 2011, funded jointly by the Australian Government and state and territory governments to lead improvements in the safety and quality of health care, so all Australians receive better care, everywhere.**

The Commission also receives separate funding from agencies such as the Australian Government Department of Health, Disability and Ageing (the Department) to undertake specific projects which align with the Commission's strategic priorities.

The Commission's permanent status was confirmed with the passage of the *National Health and Hospitals Network Act 2011* (Cwth), while its role was codified in the *National Health Reform Act 2011* (Cwth).

The Commission is subject to the *Public Governance, Performance and Accountability Act 2013* (Cwth) (PGPA Act), which requires that Australian Government entities prepare and publish corporate plans.

The Commission's Corporate Plan 2026–27 identifies the strategic priorities that will drive the Commission's direction and work over the next four years. The Corporate Plan 2026–27 is informed by the Commission's purpose and vision, Strategic Plan 2025–30, and 2026–29 Work Plan, which is required under the National Health Reform Act. The corporate plan is updated annually and will be reported on in the Commission's annual report for 2026-27.

This document has been prepared for the 2026-27 period, in accordance with paragraph 35(1)(b) of the PGPA Act.

# Purpose

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

## Mission

The Commission:

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

## Values

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

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

These principles are embedded into staff members' performance agreements, and are reinforced through training and development, and are modelled by senior staff.

## Functions

The functions of the Commission are specified in section 9 of the *National Health Reform Act 2011*, and include:

- formulating standards, guidelines and indicators relating to healthcare safety and quality matters
- advising Health Ministers on national clinical standards
- promoting, supporting and encouraging the implementation of these standards and related guidelines and indicators
- monitoring the implementation and impact of the standards
- promoting, supporting and encouraging the implementation of programs and initiatives relating to healthcare safety and quality matters
- formulating model national schemes that provide for the accreditation of organisations that provide healthcare services and relate to healthcare safety and quality matters
- publishing reports and papers relating to healthcare safety and quality matters.

## Strategic Plan 2025–30

The Board determines the Commission's strategic direction, and under a new Strategic Plan 2025–30 identified the following four strategic priorities which will guide the work for 2026–27

1. **High-quality care in an evolving environment**

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

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

2. **Strong outcome-focused clinical governance**

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

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

3. **Empowered patients, carers and communities**

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

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

4. **An improvement-driven workforce culture**

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

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

# Environment

**The healthcare system is a complex, constantly evolving environment of rapidly changing evidence, models of care, workforce challenges, technology and patient expectations. Health service organisations deliver services across primary, secondary, tertiary and quaternary sectors. People move between these services and sectors, and risks of harm from poor quality care exist at all points on these journeys.**

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

The Commission's role is to provide vital leadership focused on the delivery of high-quality care and improvement. This includes working to harmonise safety and quality standards, guidance and practice across settings and sectors. The Commission continues to respond to new and emerging safety and quality issues within the healthcare system. The Commission is adaptable, providing guidance that reflects changes in the environment, emerging knowledge about safety and quality, and the evolving evidence-base.

The Commission's 2025–30 Strategic Plan recognises that the next five years will be dynamic, with changes to workforce capacity, appropriate models of care, patient needs, use of technology – including virtual care and artificial intelligence, and in socio-economic and environmental impacts on health. The Commission will focus on innovation, integration of care across settings and an improvement-driven workforce culture to deliver high-quality care and better patient outcomes.

The Commission shows leadership in these areas and responsiveness to the changing environment. This includes through work such as the development of the National Model for Clinical Governance (see case study) and the third edition of the National Safety and Quality Health Service (NSQHS) Standards. It also includes scoping options and delivering national coordination of guidance, cross-sectoral work on environmental sustainability and appropriate care, clinical resources for aged care, and collaborative work in areas such as quality use of medicines. This leadership assists those responsible for the direct implementation of safety and quality systems within health services including state and territory health departments, public and private health services, and individual executives, managers and clinicians.

The next five years is also going to be a period of significant reform for the Australian health care system. The National Health Reform Agreement (NHRA) outlines the intention of the Commonwealth, and state and territory governments to work in partnership to improve health outcomes for all Australians and ensure the sustainability of the Australian healthcare system. This is an important national milestone, and the Commission has a specific role in the NHRA to work with others to set the direction for and steward safety and quality improvement.

For the first time, the NHRA also has a specific schedule focusing on better health outcomes for Aboriginal and Torres Strait Islander peoples; its development was led by the Aboriginal and Torres Strait Islander health sector. The current NHRA will continue to be a significant driver for our work through to 2031. It is anticipated that several of the NHRA related activities outlined in this Corporate Plan will remain a priority beyond 2027.

The impact of racism and discrimination, whether overt or covert, poses a significant safety and quality risk in healthcare. The Commission acknowledges the leadership, knowledge, and experiences of Aboriginal and Torres Strait Islander peoples as foundational to shaping effective anti-racism efforts. Guided by this, the Commission is committed to co-leading work to embed anti-racism, equity and cultural safety into the Australian healthcare system. This is critical to achieving high-quality care.

The Commission's operating environment in 2026–2027 is facing unprecedented challenges due to the fiscally constrained environment and emerging safety and quality issues. Continued prioritisation of the Commission's work will be required. Amidst these challenges, there are also opportunities in new models of care and digital innovation.

Efforts to improve safety and quality across the Australian healthcare system need to be collaborative to bring about sustainable improvements. The Commission uses its role as a national leader to understand and promulgate the evidence on specific safety and quality issues, to facilitate national agreements, and to create resources to engage and support organisations and individuals in improving safety and quality within their roles in the health system.

## Governance

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

As an agency funded on a cost-share basis by the Australian Government and all state and territory governments, the Commission works in partnership with others to achieve its purpose. In developing its work, the Commission is supported by an Inter-Jurisdictional Committee, which is made up of senior representatives from the Australian Government Department of Health, Disability and Ageing, and the health departments from each state and territory. The Inter-Jurisdictional Committee is responsible for advising the Commission on policy development and facilitating jurisdictional engagement.

The Board also has established sub-committees that provide specific advice and support across relevant areas of its work. The Private Hospital Sector Committee includes representatives from key private healthcare bodies, and the Primary Care Committee includes representatives from a broad range of primary and community health professions and service types. These two committees provide an opportunity to liaise with and seek advice from the private health care and primary care sectors.

The Audit and Risk Committee advises the Board on the Commission's financial reporting, non-financial performance reporting, risk and internal controls.

Program initiatives and projects are informed by external advisory committees, working groups, workshops and both targeted and public consultation. Project outcomes are referred to the Inter-Jurisdictional Committee and Board sub-committees for review and input before consideration by the Board. Major Commission projects and outcomes are forwarded to the Health Chief Executives Forum and the Health Ministers' Meeting.

## Partnerships

Improvements to drive safe, high-quality health care are achieved through national partnerships that support local implementation. The Commission is focused on areas that can best be improved through national action.

The Commission works in partnership with a broad range of individual and organisational stakeholders to achieve its purpose. Specific Commonwealth entities that the Commission works with include the Independent Health and Aged Care Pricing Authority, the National Health and Medical Research Council, the Australian Institute of Health and Welfare, the Australian Digital Health Agency, the Australian Health Practitioner Regulation Agency, the Aged Care Quality and Safety Commission, the National Disability Insurance Scheme Quality and Safeguards Commission, the National Blood Authority and the Office of the National Rural Health Commissioner.

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

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

# Case study

**Case Study: A new approach to clinical governance**

In June 2026, the Commission released a new National Model for Clinical Governance (national model) that aims to drive high-quality care and better outcomes for patients in Australian hospitals.

Following extensive consultation across the health system, the national model is a short, simple, principles-based document that describes key actions and clarifies roles within acute health services to achieve high-quality care.

It identifies six foundations of clinical governance and provides practical guidance for boards and executives to set direction, build organisational culture and lead the development of best practice clinical governance systems. It is accompanied by a practical guide to implementation.

The Commission developed the national model as part of a broader program of work aimed at developing strong, outcome-focused clinical governance in the face of evolving challenges facing the health system.

The aim is to shift the main focus of clinical governance from complying with accreditation requirements to building an organisational culture in which delivery of high-quality care is everyone's core focus, every day. The national model elevates clinical governance by highlighting the crucial role of boards and executives in governing for high-quality care.

All health ministers have encouraged public and private acute health services, including day hospitals, to implement the national model. While implementation is not mandatory, the foundations of clinical governance described in the national model will form the structure of the clinical governance standard in the next NSQHS Standards (third edition).

## Reconciliation

The Commission's vision for reconciliation in Australia is to ensure Aboriginal and Torres Strait Islander peoples are kept physically, mentally and culturally safe when they receive health care, and that they receive health care that is appropriate and meets their needs.

The Commission recognises that reconciliation is a life-long and significant journey that will be a part of Australia's history for many years to come. The Commission aims to work collaboratively and in partnership with leading First Nations individuals, organisations, and communities to be an ally and change-maker in improving First Nations health outcomes and experiences of healthcare.

The Commission is committed to advancing the National Agreement on Closing the Gap through practical action and continuous improvement. We will embed the Priority Reforms in our policies, programs and ways of working by strengthening partnerships with Aboriginal and Torres Strait Islander peoples, supporting First Nations leadership, improving the cultural capability and accountability of our organisation, and promoting the transparent use of data and evidence. Through these actions, we will contribute to a health system that is more culturally safe, inclusive and responsive to the needs and aspirations of First Nations peoples.

### Reconciliation Action Plan

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

The Commission's Innovate RAP for 2025–27, aims to drive increased staff awareness, capacity and connection with First Nations people, communities, and organisations in all of the Commission's work, with the aim of improving the experience of health care for Aboriginal and Torres Strait Islander peoples. The Commission's Aboriginal and Torres Strait Islander Health Advisory Group will provide advice and support to the Commission in implementation of the RAP actions.

# Performance Planning

The primary planning document for the Commission is the work plan that is required under the *National Health Reform Act 2011* (Cwth). This work plan sets out the Commission's priorities for work to be undertaken during the next three financial years. The work plan guides the work of the Commission and forms the basis of this corporate plan. The following information outlines the performance planning and reporting framework for the Commission.

## Purpose

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

## Strategic approach

The Commission works in partnership with patients, consumers, consumer groups, clinicians, public and private health services, governments, First Nations organisations, researchers, educational bodies, and other healthcare organisations and agencies.

The work of the Commission focuses on areas that can best be improved through national action.

## Strategic Plan: Priorities

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

## Strategic priorities, work plan and key activities

The Strategic Plan 2025–30 describes the Commission's purpose and strategic priorities, and the 2026–29 Work Plan identifies key activities.

To support action towards these priorities, the Commission has identified a range of key activities that it will undertake. These include actions allocated by governments under the National Health Reform Agreement (NHRA) These actions and the strategic plan objectives align. Table 1 lists these key activities, mapped against the four Strategic Plan 2025–2030 priority areas.

These key activities also provide the basis for the Commission's performance measures, which are set out in Table 3.

**Table 1:** Key areas of action supporting strategic priorities

| Key activities | Area of work |
|---|---|
| **High-quality care in an evolving environment** | |
| **Equip the health system to navigate change** | • Systems approach to the Australian Atlas of Healthcare Variation<br>• Engagement across governments and sectors to implement the primary health care standards and assessment processes<br>• A nationally consistent approach to the safe integration of high-quality digitally enabled care into practice |
| **Future-proof national standards** | • Third edition National Safety and Quality Health Service Standards<br>• Clinical Care Standards |
| **Measure high-quality care with consistency and value** | • Australian Atlas of Healthcare Variation Program<br>• 'Better Care Everywhere' initiative<br>• Antimicrobial use and resistance surveillance data<br>• Australian Health Performance Framework – safety and quality expertise |
| **Support sustainability of the health system** | • Healthcare Sustainability and Resilience Module<br>• National clinical guidance work<br>• Safe and quality use of medicines nationally |
| **Strong outcome-focused clinical governance** | |
| **Strengthen clinical governance** | • Clinical governance in digitally enabled care<br>• Interprofessional and multi-disciplinary teamwork |
| **Focus on anti-racism, equity and cultural safety** | • Partnerships with First Nations people and other priority populations to develop national guidance with a focus on anti-racism, equity and cultural safety<br>• Culturally appropriate and innovative models of care led by First Nations people |

| Key activities | Area of work |
|---|---|
| **Harness data to gain insights and promote transparency** | • Safety in Health Care web tool<br>• Joint Statement on the Inappropriate use of Psychotropic Medicines to Manage the Behaviour of People with Disability and Older People<br>• Patient reported outcome and experience measures |
| **Advance connected and seamless care** | • Safety and quality primary care strategic framework<br>• Safe transitions of care strategy with an equity and appropriateness focus |
| **Empowering patients, carers and communities** | |
| **Strengthen the patient voice to advance person-centred care** | • A focus on people most at risk of discrimination and unequal care in the Australian Charter of Health Care Rights<br>• National frameworks to enhance paediatric care escalation |
| **Strengthen healthcare relationships to empower patients** | • Behaviours of concern<br>• Implementation of the revised Australian Open Disclosure Framework<br>• Ask Share Know strategies as part of the 'Better Care Everywhere' initiative |
| **Improve informed patient decision-making** | • Teach Back guidance for informed decision-making<br>• Clinical Care Standards from the patient perspective for informed decision-making and consent. |
| **An improvement-driven workforce culture** | |
| Build leadership and workforce skills | • Clinical Governance capabilities<br>• Enhancement of workforce safety and quality capabilities |
| Drive improvement in patient safety culture | • National patient safety culture measurement activities<br>• Psychological safety |
| Strengthen feedback and learning loops | • Australian Health Service Safety and Quality Accreditation Scheme<br>• Australian Framework for National Clinical Quality Registries<br>• MedicineInsight program |

**Table 2:** Commission's performance planning and reporting framework

## Reporting

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

| Planning document | Content | Reporting document | Content |
|---|---|---|---|
| **National Health Reform Agreement (NHRA)** | Commission has been tasked with reform activities to be implemented over the five years of the agreement. | **Deliverables reported through Health Ministers governance structures such as Health Chief Executives Forum and its subcommittees where relevant.** | Progress and outcomes of reform implementation, including review outcomes as specified in the NHRA. |

## Performance measures of safety and quality

The Commission looks at measures and indicators of safety and quality to understand whether its aim and purpose have been achieved, and whether the experiences and outcomes for patients and consumers, and value and sustainability of the health system have been improved.

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

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

The Productivity Commission includes the number of Australian Sentinel Events in its annual report on government services,[iii] and the Australian Bureau of Statistics publishes patient experience survey data annually.[iv] The Australian Institute of Health and Welfare also publishes some hospital safety and quality data in the Australia's hospitals at a glance series,[v] and Australia participated in the first cycle of the Organization of Economic Cooperation and Development's Patient-Reported Indicator Surveys in 2024-25.[vi]

We are developing a Quality Assessment Framework. The Quality Assessment Framework defines high-quality care as person-centred, safe, effective, accessible and integrated, provided in a way that is equitable, efficient and sustainable. Cultural safety, as determined by Aboriginal and Torres Strait Islander peoples, is necessary for high-quality care.

This includes cultural safety, as determined by Aboriginal and Torres Strait Islander peoples. This definition provides a shared framework for assessing and improving safety and quality across Australia's health system.

The Commission is continuing to develop the Quality Assessment Framework to align policy, reporting, and national performance frameworks while enabling consistent, outcome-focused measurement to support accountability, system-wide improvement, and a structured understanding of healthcare quality.

## Performance criteria for the Commission

The delivery of health care is complex, and the Commission is just one of many stakeholders that influence the safety and quality of health care in Australia.

To look specifically at the performance of the Commission within a financial year, it is necessary to look at whether it carries out its functions in such a way that enables it to achieve its purpose. Assessment of the performance of the Commission should consider:

- **Whether the Commission has delivered what it said it would:** information about this comes from reviews of the deliverables included in the Commission's work plan. The Commission's work plan covers all activities that are funded on a cost-share basis by the Australian Government and the state and territory governments, under the Multiparty funding agreement. Within the wider work plan, which includes requirements under the NHRA, the performance criteria included are based on the high-level organisational priorities for the Commission for each year.
- **Whether the work of the Commission meets the needs of stakeholders:** information about this comes from feedback from the Commission's consultation and survey processes, and from members of the Commission's advisory groups.

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

In addition, for specific projects and programs the Commission evaluates the impact of its work, including whether there have been improvements in safety and quality. For example, the Commission developed the new national model for clinical governance to shift the main focus of clinical governance from complying with accreditation requirements to building an organisational culture in which delivery of high-quality care is everyone's core focus, every day.

With the development of the Commission's new Strategic Plan 2025–2030, the Commission recognises that its performance measures must align with the new plan while appropriately measuring the Commission's processes and impact on influencing the safety and quality of health care in Australia.

## Performance measures 2026–27

In the context of this strategic approach, the Commission has specified performance measures for 2026–27 (Table 3)[1]. These performance measures do not cover the complete scope of the Commission's activities as set out in Table 1; they are based on the high-level priorities for 2026–27 and will be reviewed annually to ensure that they reflect the priorities for each year.

**Table 3:** The Commission's performance measures

| Performance measure | 2026–27 Target | 2027–28 Target | 2028–29 Target | 2029–30 Target | Links to strategic priorities |
|---|---|---|---|---|---|
| Adoption of principle/s from the Clinical Governance Model by health service organisations. | Establish baseline for adoption through the National Safety and Quality Health Service (NSQHS) Standards annual attestation statements. | To be determined after the baseline is established in 2026–27. | | | Strategic priority 1<br>Strategic priority 2 |
| Cost per number of attendees for an event. | Establish a cost baseline using the 2026 National Medicines Symposium. | To be determined at the time of reporting. | | | Strategic priority 3<br>Strategic priority 4 |
| The number of external stakeholder groups engaged by the Commission for the development of the third edition of the National Safety and Quality Health Service Standards. | Conduct a minimum of 50 focus group sessions with external stakeholder groups. | To be determined based on yearly program plan and activities. | | | Strategic priority 1<br>Strategic priority 3<br>Strategic priority 4 |
| Responds to the evolving health system environment by developing national reporting and guidance to reduce unwarranted healthcare variation. | 5 publications or resources providing guidance or information to address unwarranted healthcare variation. | To be finalised closer to the reporting period, informed by the current state and emerging changes within the health system environment. | | | Strategic priority 1<br>Strategic priority 4 |
| Percentage of stakeholders rating engagement as meaningful. | Establish baseline for effective engagement through the survey results. | To be determined based on baseline established in 2026–27. | | | Strategic priority 3<br>Strategic priority 4 |

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

1 The Commission's performance criteria are outlined in the 2025-26 Portfolio Budget Statements.

# Capability

**The continuing commitment, flexibility and resilience of Commission staff, has allowed the Commission to continue to lead national efforts to improve the health care that Australians receive.**

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

## Staff capability

The Commission employs a diverse range of qualified, skilled and professional staff with experience in safety and quality improvement, public sector policy and healthcare planning and delivery. Commission staff contribute a range of highly specialised healthcare knowledge and skills and are committed to delivering safety and quality improvements in their area of healthcare expertise.

The Commission proactively addresses challenges in the recruitment of appropriately skilled and experienced staff to prevent delays in the delivery of key elements of its work plan. To mitigate the potential risks that can be posed by recruitment challenges, the Commission uses a range of recruitment techniques to suit specific requirements in addition to merit-based recruitment processes. These include temporary secondments of specialist staff from jurisdictional agencies, casual contracts with clinical experts and fee for service arrangements with topic area experts for short term projects.

The Commission has enhanced its strategies to promote the successful recruitment, retention and development of staff. The Commission promotes staff engagement by providing ongoing support through performance management systems and by embedding a strong sense of commitment to the Commission's purpose.

The Commission values the talent and contribution of its staff and recognises the importance of building expertise within the organisation. Learning and development needs and opportunities are primarily identified through the performance development scheme.

The Commission has study support and training arrangements in place that ensure the ongoing development of staff skills and capabilities.

### Capability Review

In 2026 the Commission began a capability review to determine current leadership capability and to identify any gaps to support delivery of the Commission's Strategic Plan 2025–30. The leadership capability review is designed as a collective leadership system, including patterns of thinking, behaviour, and interaction that shape culture.

Following completion of the review, the Commission commenced a Leadership Development and Alignment program, which included workshops focused on systems thinking and adaptive leadership and leading and influencing change.

The next phase of work will focus on identifying organisational and leadership capability priorities to inform future capacity development.

## Strategic commissioning

The Commission complies with the APS Strategic Commissioning Framework and undertakes workforce capability planning in alignment with the seven principles of the Framework.

The Commission has identified its core work as predominantly comprising activities aligned with the Portfolio, Program and Project Management Job Family, including:

- drafting standards and guidance for safe and high-quality health care
- leading policy and strategy formulation for healthcare safety and quality
- measuring, monitoring, and reporting on the safety and quality of health care
- providing expert advice on policy, pricing, funding and models of safe and high-quality health care
- undertaking procurement and contract management.

In 2026–27, the Commission will undertake steps to further embed the APS Strategic Commissioning Framework and strengthen capability. To embed the framework, steps include continuing to promote strategic commissioning practices, supporting knowledge transfer from external providers to APS employees, and reinforcing the use of guidance and standard operating procedures to support informed sourcing and workforce decisions. To strengthen capability to deliver core work, steps include strategically investing in staff training and development, recruiting employees with priority skills, transferring critical knowledge from external workers to APS employees, and upskilling staff through tailored guidance and standard operating procedures.

## Relationships

As noted earlier, the Commission works in partnership with a broad range of individuals and organisations to collaborate on improvements to the quality of health care. This is undertaken through formal and informal engagement processes and includes relationships through a range of committees including the Inter-Jurisdictional Committee, the Private Hospital Sector Committee, and the Primary Care Committee.

The Commission also works in close partnership with more than 40 advisory committees and working groups that directly relate to key aspects of individual work programs and provide expert input to specific Commission projects. These involve key stakeholder groups including patients, carers and consumers, medical colleges, health system managers, professional bodies, public and private sector representatives, and health professionals.

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

The Commission is also actively working to strengthen its connection and capability to support the delivery of culturally safe care for First Nations people, which includes development and evolution of relationships with First Nations organisations and communities.

## Shared services

The Commission has adopted the Department's outsourced business model where services including finance, IT, property management, mail services, payroll and human resource reporting are provided under a memorandum of understanding arrangement.

Individual services are negotiated and agreed under a service level agreement between the Commission and the Department, which details the services to be provided, the price of each service and the timeframe for the services to be provided.

The Commission considers the outsourced arrangement with the Department to be the most cost-effective and efficient method of procuring these services.

# Risk oversight and management

**Risk influences every aspect of every organisation's operation, including the Commission's. Understanding risks and managing them appropriately enhances the Commission's ability to make better decisions, deliver on objectives, improve performance and achieve its purpose.**

The Commission's Risk Management Framework is based on the ISO 31000:2018 Risk management – principles and guidelines as well as the Commonwealth Risk Management Policy. The Commission's Risk Management Framework aims to embed risk management principles and practices into its organisational culture, governance and accountability arrangements, reporting and performance review processes, and business transformation and improvement processes.

Through the Commission's Risk Management Framework and its supporting processes, the Commission formally establishes and communicates its approach to ongoing risk management, and guides staff in their actions and abilities to accept and control risks.

The Commission's Board has established the Commission's Risk Appetite Statement, which is used to determine the Commission's enterprise risks. Risks identified at the strategic and operational level are listed and maintained in the Commission's Operational Risks Register. Mitigation strategies are put in place for the identified risks, and they are monitored and reviewed on an ongoing basis by the Board, the Audit and Risk Committee and the Commission's executive staff.

The Commission recognises that acceptance of some risks is necessary to foster innovation and efficiencies in business practices and will take some risks in pursuit of its strategic objectives. However, there is a low appetite to accept risks that could undermine the Commission's ability to function as an organisation and its reputation within the health sector and the general public.

Key risk areas for the Commission are:

- strategic risks such as failure to achieve the Commission's Strategic Priorities or failure to recognise and respond to significant changes to the healthcare environment
- financial sustainability of the organisation
- ICT systems, including system failures, data availability and security breaches, and advancements in ICT such as misuse of AI
- procurement and contractual decisions that affect the quality of outcomes and use of public monies
- project management activities undertaken by the Commission to achieve the deliverables specified in its work plan
- unmanaged expectation gap with the Commission's stakeholders with regards to the Commission's deliverables
- quality of the deliverables produced by the Commission, where poor quality advice can have an impact on the Commission's reputation
- corporate governance, including compliance with legislation, statutory obligations and government policy
- fraud and corruption
- global factors, such as pandemic and fuel supply shortages
- work health and safety and workforce risks, such as talent retention and succession planning
- shared risks with organisations that work together with the Commission.

These risk areas will be regularly monitored, and progress will be documented through the Commissions risk management systems and annual reports.

# References


i Blumenthal D, Gumas ED, Shah A, Munira ZG, Williams II RD. Mirror, Mirror 2024: A portrait of the failing US healthcare system. New York: Commonwealth Fund; 2024.

ii Australian Commission on Safety and Quality in Health Care. Safety in Health Care web tool. Sydney: ACSQHC, 2026. https://www.safetyinhealthcare.gov.au/

iii Productivity Commission. Report on government services 2026. Canberra: Productivity Commission; 2026 12 Public hospitals - Report on Government Services 2026 | Productivity Commission.

iv Australian Bureau of Statistics. Patient experiences (2024-25). Canberra: ABS; 2025. https://www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release

v Australian Institute of Health and Welfare. Australia's hospitals at a glance (2024-25). Canberra: AIHW; 2025. https://www.aihw.gov.au/hospitals/overview/hospitals-at-a-glance#safety

vi Australian Commission on Safety and Quality in Health Care. Patient-Reported Indicator Survey (PaRIS) 2025. Sydney: ACSQHC; 2025. https://www.safetyandquality.gov.au/our-work/indicators-measurement-and-reporting/patient-reported-indicator-survey-paris

Australian
Commission on
**Safety and Quality**
in Health Care

**T.** +612 9126 3600
Level 5, 255 Elizabeth St
Sydney NSW 2000 Australia

**safetyandquality.gov.au**