



CORPORATE PLAN
2018–2019

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INTRODUCTION

In 2006, the Council of Australian Governments (COAG) established the Australian Commission on Safety and Quality in Health Care (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*, while its role was codified in the *National Health Reform Act 2011* (National Health Reform Act). The Commission commenced as an independent statutory authority on 1 July 2011, funded jointly by the Australian Government and state and territory governments. The Commission also receives separate funding from agencies such as the Australian Government Department of Health to undertake specific projects which provide additional opportunities to improve the safety and quality of health care generally.

The primary planning document for the Commission is its annual work plan, which is required under the National Health Reform Act.

The *Public Governance, Performance and Accountability Act 2013* (PGPA Act) requires that Australian Government entities prepare and publish corporate plans. The Commission's Corporate Plan 2018–19 is based on the Commission's work plan, and summarises its priorities and work over the next four years. The Corporate Plan is updated annually and it will be reported on in the Commission's Annual Report for 2018–19.

This document has been prepared for the 2018–19 period, in accordance with paragraph 35(1)(b) of the PGPA Act.

Our mission

The Commission's mission is to lead and coordinate national improvements in the safety and quality of health care.

Our role and functions

The Commission provides health ministers with strategic advice on best practices to improve healthcare safety and quality, and makes recommendations about priority areas for action. The Commission also develops national initiatives to better inform, support and organise the delivery of safe and high-quality care in Australia, contributing to improved health outcomes for patients, consumers and communities.

The functions of the Commission are specified in Section 9 of the National Health Reform Act, 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.

These functions guide the Commission in undertaking its work, and are expressed in four strategic priorities that aim to ensure patients, consumers and communities have access to and receive safe and high-quality health care.

These priorities, and the outcomes for the health system that the Commission seeks to achieve in each area, are as follows:



PATIENT SAFETY

A health system that is designed to ensure that patients and consumers are kept safe from preventable harm



PARTNERING WITH PATIENTS, CONSUMERS AND COMMUNITIES

A health system where patients, consumers and members of the community participate with health professionals as partners in all aspects of health care



QUALITY, COST AND VALUE

A health system that provides the right care, minimises waste and optimises value and productivity



SUPPORTING HEALTH PROFESSIONALS TO PROVIDE SAFE AND HIGH-QUALITY CARE

A health system that supports safe clinical practice by having robust and sustainable improvement systems.

The delivery of health care is a complex endeavour. Contemporary models of care are sophisticated and rapidly changing, as are the expectations of patients and consumers. Health service organisations such as hospitals sit within intricate webs of different types of services across primary, secondary, tertiary and quaternary sectors. Patients and consumers move between these services and sectors, and safety and quality risks exist at all points on these journeys.

Despite this complexity, Australia performs very well in international comparisons about health, including areas such as healthcare outcomes, preventive care, provision of safe care, patient engagement, and administrative efficiency.¹

Although most health care in Australia is associated with good clinical outcomes, patients do not always receive all the care that is recommended to them, and preventable adverse events continue to occur across the Australian healthcare system. In recent years, there has been significant investment in improving the safety and quality of health care services.

The Commission is responsible for leading and coordinating national improvements in safety and quality. It is generally not responsible for the direct implementation of safety and quality systems within health services; this responsibility usually rests with clinicians, public and private health services, managers, individual executives and governments.

This means that the contribution of national initiatives led by the Commission, such as the National Safety and Quality Health Service (NSQHS) Standards, are integral to local initiatives to improve safety and quality.

The Commission uses its role as a national leader to understand the evidence on specific safety and quality issues, and uses this understanding to facilitate national agreements, and create standards and guidance to engage and support organisations and individuals to improve safety and quality within their roles in the health system.

Efforts to improve safety and quality across all stakeholders in the Australian healthcare system are collaborative: building on each other to bring about sustainable improvements. This type of approach influences the governance of the Commission and the relationships it has with other organisations.

Governance

The Commission Board, appointed by the Ministers for Health of all Australian jurisdictions, is responsible for ensuring the proper and efficient performance of the Commission's functions.

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

In addition, the Board has established sub-committees that provide specific advice and support across all relevant areas of its work. The Private Sector Committee includes nominees from key private healthcare bodies, and the Primary Care Committee provides an opportunity for advice from, and liaison with, the primary care sector. The Audit and Risk Committee advises the Commission and the Board on audit, risk and finance.

Program initiatives are informed by external advisory committees, working groups, public consultation and workshops. Proposals are then referred to the Inter-Jurisdictional Committee and Board sub-committees for review and input before consideration by the Board. Major Commission proposals are forwarded to the Australian Health Ministers' Advisory Council and the Council of Australian Governments Health Council.

Partnerships

Improvements to healthcare safety and quality are best achieved through national partnerships that are supported by local activities and implementation. The work of the Commission is focused on areas that can best be improved through national action. To achieve its purpose, the Commission works in partnership with the Australian Government, states and territories, the private sector, clinical experts, and patients and carers.

Specific Commonwealth entities that the Commission works with include the Independent Hospital Pricing Authority, the National Health and Medical Research Council, the Australian Institute of Health and Welfare, the Australian Digital Health Agency, Australian Health Practitioner Regulation Agency and the National Blood Authority. The Commission also works closely with consumer groups, state and territory health departments, clinical colleges and other professional clinical organisations, complaints commissioners and universities.

The primary planning document for the Commission is the annual work plan that is required under the National Health Reform Act. This work plan sets out the Commission’s priorities for work to be undertaken during the next three financial years. The detailed activities in the work plan guide the work of the Commission and form the basis of this Corporate Plan. Figure 1 illustrates the planning and performance framework for the Commission.

Figure 1: Planning and performance framework for the Australian Commission on Safety and Quality in Health Care

| PURPOSE To lead and coordinate national improvements in the safety and quality of health care | | STRATEGIC APPROACH The Commission works in partnership with patients, consumers, consumer groups, clinicians, public and private health services, governments, and other healthcare organisations and agencies. The work of the Commission focusses on areas that can best be improved by national action | |
|--|--|---|--|
| STRATEGIC PLAN 1. Patient safety 2. Partnering with patients, consumers and communities 3. Quality, cost and value 4. Supporting health professionals to provide safe and high-quality care | | | |
| PLANNING DOCUMENTS | | REPORT ON STATE OF SAFETY AND QUALITY IN AUSTRALIA | |
| PLANNING DOCUMENT | CONTENT | REPORTING DOCUMENT | CONTENT |
| <i>Work Plan</i> Required under National Health Reform Act | Detailed deliverables for the Commission’s projects and programs | Report against deliverables for Board, sub-committees and states and territories | Achievement against each deliverable in the work plan |
| | | <i>Project Tracker</i> Reviewed by Board and Inter-Jurisdictional Committee quarterly | Progress for Commission projects and programs |
| | | Reports on specific projects and programs | Reviews and evaluations for specific projects and programs |
| <i>Corporate Plan</i> Required under the PGPA Act | Statement of purpose How the purpose will be achieved Measures to know that purpose has been achieved Based on high-level organisational priorities from within the work plan | <i>Annual Report</i> | Progress for each measure in the Corporate Plan Financial Statements |
| | | <i>Performance Tracker</i> Reviewed by the Audit and Risk Committee quarterly | Progress for each measure in the Corporate Plan Non-financial measures in the Portfolio Budget Statements |
| <i>Portfolio Budget Statements</i> | Planned financial performance Outcomes to be achieved | <i>Portfolio Budget Statements</i> | Report on achievement of outcomes |

Strategic priorities and activities

Within each of the Commission’s four strategic priorities there are a number of areas of activity. These activities include specific programs and projects that contribute to the Commission achieving its purpose. Table 1 lists high level activity areas within which specific programs and projects occur. Deliverables for these specific programs and projects are included in the Commission’s work plan. These activities also provide the basis for the Commission’s performance measures, which are set out in Table 2. The links between the activities and the performance measures are noted in Table 1.

Table 1: Activity areas for the Australian Commission on Safety and Quality in Health Care

| PRIORITY AND ACTIVITY AREAS | CONTRIBUTION TO ACHIEVING THE COMMISSION’S PURPOSE | OVERVIEW OF PROGRAMS AND PROJECTS |
|--|--|--|
| PRIORITY 1: PATIENT SAFETY | | |
| National Safety and Quality Health Service (NSQHS) Standards <i>Performance measures: 1.1</i> | The NSQHS Standards: <ul style="list-style-type: none"> • Aim to protect the public from harm and improve the quality of health service provision • Provide a nationally consistent statement about the standard of care that patients and consumers can expect from health services • Provide a quality assurance mechanism that tests whether relevant systems are in place to ensure expected standards of safety and quality are met • Include evidence-based strategies for improvement in key patient safety areas | Develop and maintain the NSQHS Standards and supporting resources Undertake national safety and quality improvement projects under specific NSQHS Standards, including healthcare associated infection, medication safety, comprehensive care, communicating for safety and recognising and responding to acute deterioration |
| National coordination of health services assessment to the NSQHS Standards <i>Performance measures: 1.1, 1.2</i> | The Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme provides for the national coordination of accreditation processes. Under the AHSSQA Scheme, the Commission approves accrediting agencies to assess health service organisations to determine compliance with the NSQHS Standards | Provide ongoing national coordination of assessment to the NSQHS Standards through the AHSSQA Scheme with health system regulators, accrediting agencies and health services |
| Nationally coordinated action to address healthcare associated infections and antimicrobial resistance <i>Performance measures: 1.3</i> | Provides nationally coordinated action to address one of the most common forms of harm in health care Healthcare associated infections are the most prevalent cause of harm in hospitals, and at least half are thought to be preventable Antimicrobial Resistance (AMR) is one of the biggest threats to human and animal health today | Conduct national initiatives to prevent healthcare associated infection and improve antimicrobial utilisation, prevent and contain AMR Coordinate the Antimicrobial Use and Resistance in Australia (AURA) project, a national surveillance system for AMR and antimicrobial use |

Table 1: *Continued*

| PRIORITY AND ACTIVITY AREAS | CONTRIBUTION TO ACHIEVING THE COMMISSION'S PURPOSE | OVERVIEW OF PROGRAMS AND PROJECTS |
|--|--|--|
| PRIORITY 1: PATIENT SAFETY | | |
| Safety in e-health | My Health Record and other digital health initiatives have the potential to support safer health care by providing a platform to better collect, use and share information | <p>Build on national, state, territory and private sector investment in digital health systems</p> <p>Provide clinical safety assurance for the My Health Record</p> <p>Leverage digital health initiatives to optimise guideline and standard based patient care</p> |
| Patient safety in primary care | Most health care is provided in primary care, however there has been less focus on the safety and quality of care provided in these settings | Develop national approaches to improving patient safety in primary care, including the coordination of accreditation processes and examining the potential for applying the NSQHS Standards in primary care |
| Patient safety in acute care | Facilitates national responses to specific patient safety issues identified in individual hospitals, states, territories and by other bodies | <p>At the request of states, territories and other bodies undertake patient safety reviews to support safer patient care</p> <p>Work with relevant organisations to develop national resources and initiatives to address patient safety issues arising from these reviews</p> |
| PRIORITY 2: PARTNERING WITH PATIENTS, CONSUMERS AND COMMUNITIES | | |
| Person-centred health services <i>Performance measures: 1.4</i> | Person-centred care contributes to better experiences for patients and staff, better health outcomes, and better value care | Provide guidance and resources to health services to support them to become more person-centred in the context of the NSQHS Standards |
| Health literacy and shared decision making <i>Performance measures: 1.4</i> | <p>There is consistent evidence about the association between health literacy, health behaviours and health outcomes</p> <p>For care to be truly person-centred, people need to be active partners in their own health care</p> <p>Sharing decisions, and having good quality patient information is associated with better outcomes and experiences</p> | Support people to be partners in their own care by promoting shared decision making, championing the importance of health literacy, and developing information about safety and quality for patients and consumers |

Table 1: *Continued*

| PRIORITY AND ACTIVITY AREAS | CONTRIBUTION TO ACHIEVING THE COMMISSION'S PURPOSE | OVERVIEW OF PROGRAMS AND PROJECTS |
|--|---|---|
| PRIORITY 3: QUALITY, COST AND VALUE | | |
| Healthcare variation <i>Performance measures: 1.5</i> | Understand variation in healthcare use to inform strategies to promote appropriate care | Examine variation by mapping the use of health care, investigating reasons for variation that may be unwarranted, and working to reduce unwarranted variation to improve the appropriateness of care |
| Clinical care standards <i>Performance measures: 1.5, 1.6</i> | Provide evidence-based guidance about appropriate care for specific conditions | Develop clinical care standards based on information emerging from the Atlas of Healthcare Variation and other sources |
| PRIORITY 4: SUPPORTING HEALTHCARE PROFESSIONALS TO PROVIDE SAFE AND HIGH-QUALITY CARE | | |
| Clinical and other measures to support safety and quality improvement <i>Performance measures: 1.7, 1.8</i> | Nationally agreed indicators and measures for safety and quality that support local improvement efforts and national policy | Develop and maintain clinical and other measures to support safety and quality, including condition-specific indicators, healthcare acquired complications, patient report measures, staff experience and sentinel events |
| Patient safety learning model | Safety and quality data is fragmented and complex, and health services need a framework to help them know how to best use their local data for improvement | Develop and support a model for local monitoring of safety and quality |
| Public reporting | Public information about safety and quality has been found to improve performance Transparency about safety and quality is an important principle for good performance | Support public reporting about safety and quality |
| Pricing and funding | Including safety and quality in pricing and funding models provides an important signal to the health system that these issues are important | Support inclusion of safety and quality into national funding and pricing models |
| Clinical quality registries | Clinical quality registries can provide data about safety and quality that is not available elsewhere | Support the use of clinical quality registries |

Strategic approach to performance measurement

The Commission's mission is to lead and coordinate national improvements in the safety and quality of health care.

The Commission provides health ministers with strategic advice on best practices to improve healthcare safety and quality, and makes recommendations about priority areas for action. The Commission also develops national initiatives to better inform, support and organise the delivery of safe and high-quality care in Australia, contributing to improved health outcomes for patients, consumers and communities.

To understand whether this purpose has been achieved, and whether there are better outcomes and experiences for patients and consumers, and better value and sustainability for the health system as a whole, it is necessary to look at national measures of safety and quality.

Currently there are very few measures of safety and quality that are reported nationally. The Productivity Commission includes the number of sentinel events* in their annual report on government services.² In addition, the My Hospitals website reports rates of *Staphylococcus aureus* bloodstream infections for public hospitals.³ Australia has a new health performance framework⁴ and work is underway to identify measures of safety and quality within this. As they are developed relevant measures from this framework will be incorporated in future corporate plans for the Commission.

While these national measures are important for understanding the overall impact of efforts to improve safety and quality across the health system, they cannot be used as the sole measures of performance for the Commission. As noted earlier, the delivery of health care is complex, and there are many stakeholders that influence the safety and quality of health care in Australia.

Assessment of the performance of the Commission should consider:

- **Outcomes of the implementation of the NSQHS Standards:** The Commission has examined the impact of the first edition of the NSQHS Standards on systems for safety and quality and on patient outcomes. These are detailed in *Creating safer, better health care – The impact of the National Safety and Quality Health Service Standards*.⁵
- **Whether the Commission has delivered the work plan:** Information about this comes from reviews of the deliverables included in the Commission's work plan. The Commission's work plan covers all activities that are funded on a cost-share basis by the Australian Government and the state and territory governments. Within this wider work plan, the performance measures 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 processes and from members of the Commission's advisory groups.

* Sentinel events are a subset of adverse events that result in death or serious harm to a patient.

Performance measures 2018–19 to 2021–22

In the context of this strategic approach, the Commission has specified performance measures for 2018–19 (Table 2). 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 2018–19 and will be reviewed annually to ensure that they reflect the priorities for each year.

Table 2: Performance measures for the Australian Commission on Safety and Quality in Health Care

| NO. | MEASURE | 2018–19 TARGET | PBS PAGE | 2019–20 | 2020–21 | 2021–22 |
|--|--|--|----------|---------|---------|---------|
| 1. HAS THE COMMISSION DELIVERED THE WORK PLAN? | | | | | | |
| PATIENT SAFETY | | | | | | |
| 1.1 | Implement the NSQHS Standards and coordinate the Australian Health Service Safety and Quality Accreditation Scheme | Implementation of the second edition of the NSQHS Standards | 183 | N/A | N/A | N/A |
| | | Provision of guidance and resources to support health services to meet the second edition of the NSQHS Standards | 183 | ✓ | ✓ | ✓ |
| | | Accrediting agencies approved to assess health services to the NSQHS Standards | 183 | ✓ | ✓ | ✓ |
| 1.2 | Percentage of hospitals and day procedure services assessed to the NSQHS Standards | 100% | 183 | 100% | 100% | 100% |
| 1.3 | Percentage of public hospitals meeting the benchmark for hand hygiene compliance | ≥80% | 183 | ≥80% | ≥80% | ≥80% |
| PARTNERING WITH PATIENTS, CONSUMERS AND COMMUNITIES | | | | | | |
| 1.4 | Support health services, health professionals, patients and consumers to form effective partnerships | Provision of guidance to health services and health professionals about forming effective partnerships with patients and consumers | 183 | ✓ | ✓ | ✓ |
| | | Australian Charter of Healthcare Rights reviewed | 183 | N/A | N/A | N/A |

Table 2: Continued

| NO. | MEASURE | 2018–19 TARGET | PBS PAGE | 2019–20 | 2020–21 | 2021–22 |
|--|--|---|----------|---|---------|---------|
| 1. HAS THE COMMISSION DELIVERED THE WORK PLAN? | | | | | | |
| QUALITY, COST AND VALUE | | | | | | |
| 1.5 | Examine healthcare variation and work to reduce unwarranted variation to improve quality and appropriateness of care | Release of the Third Australian Atlas of Healthcare Variation | 184 | N/A | N/A | N/A |
| | | Release of interactive maps of healthcare variation | 184 | Production of a rolling program of reports on healthcare variation in Australia | ✓ | ✓ |
| | | Production of clinical care standards and other resources focussing on high impact, high burden and high variation areas of clinical care | 184 | ✓ | ✓ | ✓ |
| 1.6 | Clinical care standards developed or reviewed | 3 | 184 | 3 | 3 | 3 |
| SUPPORTING HEALTH PROFESSIONALS TO PROVIDE SAFE AND HIGH-QUALITY CARE | | | | | | |
| 1.7 | Identify, specify and refine clinical and patient-reported measures and safety and quality indicators | Provision of nationally agreed health information standards, measures and indicators for safety and quality | 184 | ✓ | ✓ | ✓ |
| | | Provision of guidance and tools for health services to support local use of data for safety and quality improvement | 184 | ✓ | ✓ | ✓ |
| 1.8 | Condition specific clinical indicator sets developed | 3 | 184 | 3 | 3 | 3 |
| 2. DOES THE WORK OF THE COMMISSION MEET THE NEEDS OF STAKEHOLDERS? | | | | | | |
| 2.1 | Percentage of consumers participating in the Commission's consultation and advisory processes who report positively on the work of the Commission | 70% | N/A | 80% | 90% | >90% |
| 2.2 | Percentage of clinicians participating in the Commission's consultation and advisory processes who report positively on the work of the Commission | 70% | N/A | 80% | 90% | >90% |

✓ Indicates reporting periods where qualitative performance measures will be assessed against an unchanged target.

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

Staff capability

The Commission employs a diverse range of qualified, skilled and professional staff with experience as health care clinicians (doctors, nurses and allied health), and experience in public and private sector health management and public administration, safety and quality improvement and public policy development and service delivery.

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

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

The Commission has study support and training arrangements in place that ensure the ongoing development of staff skills and capabilities. The Commission has high rates of participation in study and training with around one in five staff accessing study support assistance and around one in two employees completing external training courses annually.

Relationships

As noted earlier, the Commission works closely with a number of committees including the Inter-Jurisdictional Committee, the Private 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 consumers, clinical colleges, professional bodies 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.

Shared services

The Commission has adopted the Australian Government Department of Health'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 of Health, 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 of Health to be the most cost-effective and efficient method of procuring these services.

Risk influences every aspect of the Commission's operations. 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 AS/NZS ISO 31000:2009 Risk management – principles and guidelines. It 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 members in their actions and abilities to accept and control risks.

Risks identified at the strategic and operational level are listed and maintained in the Commission's Risk 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 risk 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

- Financial sustainability of the organisation
- ICT systems, including system failures and data and security breaches
- 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
- 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
- Work health and safety.

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