

**AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE**

D17-15920

# **Corporate plan**

## **2017-18**

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## Introduction

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

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 2017–18* identifies the strategic priorities that drive the Commission's direction and work over the next four years. On a rolling basis, this plan will be updated annually as part of the strategic planning activities for the organisation and it will be reported on in the Commission's annual report for 2017-18.

This document has been prepared for the 2017-18 period, in accordance with paragraph 35(1)(b) of the PGPA Act.

## Overview

The overall vision of the Commission is that all patients, consumers and communities in Australia have access to, and receive, safe and high quality health care. The Commission leads and coordinates national improvements in the safety and quality of health care based on the best available evidence.

The Commission works in partnership with patients, consumers, clinicians, managers, policy makers and healthcare organisations to achieve a sustainable, safe and high-quality health system.

Over the 2017-21 period the Commission's strategic priorities are in the areas of:

- patient safety
- partnering with patients, consumers and communities
- quality, cost and value
- supporting health professionals to provide safe and high-quality care.

## **Purpose**

### ***Role***

The Commission leads and coordinates national improvements in safety and quality in health care. The Commission contributes to better health outcomes and experiences for patients, consumers and communities across Australia through the development of standards, guidelines and indicators relating to health care safety and quality matters.

The Commission provides strategic advice to Health Ministers on best practices to improve safety and quality and makes recommendations about priority areas for action. The Commission has legislative responsibility for the National Safety and Quality Health Service (NSQHS) Standards, which are a major driver of safety and quality improvements within the Australian health system.

### ***Objectives***

The Commission's work plan priorities are developed in partnership with the Commonwealth and the states and territories. The Commission's strategic approach and priorities for work are underpinned by the principle that the Commission does not duplicate existing work but focusses on areas that can best be improved through a national approach.

The Commission works towards the achievement of an Australian health system that is informed, supported and organised to deliver safe and high-quality health care that contributes to better experiences for patients and consumers and better health outcomes for patients, consumers and communities.

### ***Functions***

Under Section 9 of the NHR Act, the Commission's functions are to:

- promote, support and encourage the implementation of arrangements, programs and initiatives relating to health care safety and quality matters;
- collect, analyse, interpret and disseminate information relating to healthcare safety and quality matters;
- advise the Minister about health care safety and quality matters;
- publish (whether on the internet or otherwise) reports and papers relating to health care safety and quality matters;
- formulate, in writing, standards, relating to health care safety and quality matters;
- formulate, in writing, guidelines relating to health care safety and quality matters;
- formulate, in writing, indicators relating to health care safety and quality matters;
- promote, support and encourage the implementation of standards and guidelines;

- promote, support and encourage the use of indicators monitor the implementation and impact of standards and guidelines;
- advise the Minister and each participating state and territory Health Minister about which standards are suitable for implementation as national clinical standards;
- formulate model national schemes that provide for the accreditation of organisations that provide healthcare services and relate to health care safety and quality matters;
- consult and cooperate with other persons, organisations and governments on healthcare safety and quality matters;
- promote, support, encourage, conduct and evaluate training programs for purposes in connection with the performance of any of the Commission's functions;
- promote, support, encourage, conduct and evaluate research for purposes in connection with the performance of any of the Commission's functions; and
- do anything incidental to or conducive to the performance of any of the above functions.

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

- patient safety
- partnering with patients, consumers and communities
- quality cost and value
- supporting health professionals to provide safe and high-quality care.

### ***Alignment with Australian Government priorities***

The Australian Government aims to improve the long-term capacity and the quality and safety of Australia's healthcare system. This will be achieved in part through the work of the Commission.

The Commission is structured to meet the Australian Government outcome:

*Improved safety and quality in health care across the health system, including through the development, support for implementation, and monitoring of national clinical safety and quality guidelines and standards (Portfolio Budget Statements 2017-18, Health Portfolio).*

## **Environment**

### ***Background***

The Commission is an Australian Government entity. Initially established in 2006 by the Australian, state and territory governments to lead and coordinate national improvements in safety and quality, the Commission's permanent status was confirmed with the assent in Federal Parliament of the National Health Reform (NHR) Act on 1 July 2011. The Commission is an independent corporate Commonwealth entity under the Public Governance, Performance and Accountability Act 2013, funded jointly by the Australian, state and territory governments.

### ***Governance***

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

In developing its work the Commission is supported by the Inter-Jurisdictional Committee (IJC), which is made up of senior representatives from the Australian Government Department of Health, and the Department of Health from each state and territory. In addition, the Board has established sub-committees in the form of the Private Hospital Sector Committee and the Primary Care Committee that provide a valuable connection with representatives from the private and public health sectors, and the Audit and Risk Committee which provides independent assurance and advice to the Board on the Commission's risk, control and compliance framework and its financial management responsibilities.

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

### ***Relationships***

The NHR Act requires that the Commission develop a three year rolling work plan, and that it be provided to the Australian Government Minister for Health for consultation with state and territory Health Ministers by 31 October each year. This annual consultation process ensures agreement among all Australian health ministers and health departments on the goals and objectives of the Commission's work, and a coordinated approach to safety and quality in health care across the country.

The Commission works in collaboration and consultation with other Commonwealth entities, such as the Independent Hospital Pricing Authority, the National Health and Medical Research Council, the Australian Institute of Health and Welfare, the Australian Digital Health Agency, and the Australian Health Practitioner Regulation Agency. In addition, the Commission works closely with universities and other academic bodies, clinical colleges and other professional clinical organisations, and consumer representative and consumer groups. The Commission values the input and expertise provided by these individuals and organisations, in shaping its work and providing support to the Commission's initiatives.

## ***Safety and quality***

Safety and quality are complex fields that are integrated into all aspects of health care.

Most people who receive health care in Australia receive care that is safe, and of high quality. Unfortunately, some people are harmed as a result of the care they receive. An important way to minimise harm occurring is to ensure good processes are in place. Health services should have systems in place to ensure patient safety, and to make sure people working in health services are appropriately skilled, and are aware of those systems and use them properly. One of the most important roles of the Commission is ensuring that good safety and quality systems are in place across Australia.

## ***National Safety and Quality Health Service Standards***

The NSQHS Standards were developed by the Commission to protect the public from harm and improve the quality of health care in Australia. The 10 NSQHS Standards provide a nationally consistent statement about the level of care consumers can expect from health service organisations.

Health Ministers have endorsed the NSQHS Standards and a national accreditation scheme. This has created a national safety and quality accreditation scheme for health service organisations. As at 30 June 2017 all health service organisations in Australia have been assessed to the NSQHS Standards.

The NSQHS Standards cover areas where patients experience higher levels of harm, and where there is good evidence of how safe and better care could be provided.

The NSQHS Standards are:

- NSQHS Standard 1: Governance for Safety and Quality in Health Service Organisations
- NSQHS Standard 2: Partnering with Consumers
- NSQHS Standard 3: Preventing and Controlling Healthcare Associated Infections
- NSQHS Standard 4: Medication Safety
- NSQHS Standard 5: Patient Identification and Procedure Matching
- NSQHS Standard 6: Clinical Handover
- NSQHS Standard 7: Blood and Blood Products
- NSQHS Standard 8: Preventing and Managing Pressure Injuries
- NSQHS Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care
- NSQHS Standard 10: Preventing Falls and Harm from Falls.



### *The NSQHS Standards (second edition)*

The Commission commenced a review of the NSQHS Standards (first edition) in 2015. The objectives of the review were: to ensure the NSQHS Standards reflect contemporary best clinical practice; and that only those actions that have improved patient outcomes are retained.

Following an initial national consultation process, the Commission developed a draft version of the NSQHS Standards (second edition). This draft was refined following piloting and further sector-wide consultation. The draft second edition of the NSQHS was then subject to a COAG RIS process.

In the second edition of the NSQHS Standards, the overall number of standards has been reduced from 10 to 8, and the number of actions within the Standards has been reduced from 256 to 148.

The NSQHS Standards (second edition) have been improved by:

- reducing the duplication in edition one of the NSQHS Standards
- addressing safety gaps in cognitive impairment, mental health, end-of-life care, and care of Aboriginal and Torres Strait Islander people
- updating the evidence base
- adapting and clarifying the language to improve the applicability of the NSQHS Standards to a broader range of health service organisations.

The NSQHS Standards (second edition) were endorsed by the Australian Health Ministers' Advisory Council (AHMAC) in December 2016, and approved for release by the COAG Health Council in June 2017.

The Commission began developing resources to support the NSQHS Standards (second edition) in 2016. It consulted with clinicians, consumers and content experts on the draft resources to ensure they meet the needs of the target audience, which includes consumers, hospitals, day procedure services, multi-purpose services, small rural hospitals and governing bodies such as boards.

The Commission is also developing an interactive online resource for the NSQHS Standards (second edition) that is designed to provide frontline clinicians, managers, and safety and quality coordinators with direct access to relevant information. The Commission expects that this resource will be available from mid-2018, and that its content will be expanded as the need for additional resources arises and new resources become available.

The Commission will launch the NSQHS Standards (second edition) in November 2017, together with supporting resources and measures. Assessment to the NSQHS Standards (second edition) will commence on 1 January 2019.

## Performance

The Commission focuses its work on areas that can best be improved through national action. Improvements to healthcare safety and quality are best achieved through national partnerships that are supported by local activities and implementation. The Commission achieves its objectives through the maintenance of strong, positive relationships with its partners, including patients and consumers, consumer groups, healthcare providers, public and private healthcare organisations, governments and other healthcare organisations and agencies. The Commission works in partnership with its stakeholders to support the implementation of safety and quality initiatives through the development of guidance, resources, tools and educational material.

***The Commission works to ensure that the resources, guidance and educational materials it produces are suitable for the intended audience***

To mitigate the risk of not achieving this objective, the Commission:

- seeks involvement of and contributions from key stakeholder groups and topic area experts during all stages of the development of guidance, resources and educational material
- conducts public consultations, pilot studies, and/or proof of concept studies prior to recommending implementation of practices
- seeks endorsement of national recommendations from representatives of the Australian Government and state and territory governments, as well as the support of the private and primary health sectors.

### ***Strategic priorities***

The four strategic priorities for the Commission over the 2017-21 period are:

1. **Patient safety** – having a health system that is designed to ensure patients and consumers are kept safe from preventable harm
2. **Partnering with patients, consumers and communities** – having a health system where patients, consumers and members of the community all participate with health professionals as partners in all aspects of health care
3. **Quality, value and cost** – having a health system that provides the right care, minimises waste, and optimises value and productivity
4. **Supporting health professionals to provide safe and high quality care** – having a health system that supports safe clinical practice by having robust and sustainable improvement systems.

### ***Work plan 2017–21***

The Commission's work plan is developed in conjunction with the Board and in consultation with the Australian, state and territory governments. The Commission's planned activities over the following four year period are directed by emerging health issues and current evidence and align with the functions of the Commission set out in the NHR Act.

### *1. Patient safety*

The aim of this priority area is to have a health system that is designed to ensure that patients and consumers are kept safe from preventable harm. There are six main program areas within this priority:

1. National Safety and Quality Health Service (NSQHS) Standards
2. National coordination of health services assessment to the NSQHS Standards
3. Nationally coordinated action to address healthcare associated infections and antimicrobial resistance
4. Safety in e-health
5. Patient safety in primary care
6. Patient safety in acute care.

In 2017-18 the second edition of the NSQHS Standards will be released, together with a suite of supporting resources to help health service organisations. Training materials for health service organisations and accrediting agencies will be developed in 2017-18, and delivered from this time onwards. The process of embedding the NSQHS Standards across the health system will continue in a bid to reduce patient harm and variation in care. Within a number of areas of the NSQHS Standards, work will be undertaken to explore specific safety and quality issues in more depth; this will enable health service organisations to further improve patient care.

The Commission will continue to provide national coordination and reforms of assessment processes with health system regulators, accrediting agencies and health services and amending the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme. Ensuring safety for patients and effectively assessing safety and quality in health service organisations requires ongoing negotiation with accrediting agencies to ensure the consistent application of processes and monitoring of assessment outcomes. It also requires ongoing coordination and reporting to jurisdictions responsible for regulating the accreditation scheme and monitoring its impact on safety and quality for patients. From 2017-18 the accreditation reforms that have been agreed with AHMAC will be progressively implemented.

To support the NSQHS Preventing and Controlling Healthcare Associated Infection Standard and the National Antimicrobial Resistance Strategy, this priority will continue to advance initiatives to prevent and contain antimicrobial resistance (AMR), to prevent and support healthcare associated infection (HAI) strategies, and improve appropriate antimicrobial utilisation, informed by AURA (Antimicrobial Use and Resistance in Australia). These programs provide support to states and territories, at all levels, to achieve an effective response to AMR through the information gained from AURA and program development in HAI. Through effective networking with jurisdictions and the private sector, the Commission will develop and promote improved practices. These activities will promote the benefits of an integrated approach to national surveillance, reporting and strategy development. The deliverables included in this program will result from both the cost-share budget

provided by the jurisdictions and through additional support from the Australian Government Department of Health.

Building on national, state and territory and private sector investment in electronic health systems, the Commission will continue to assure patient safety in the My Health Record, and leverage digital health investments to optimise guideline- and standard-based patient care. Clinical information systems in the acute and primary care sector, including electronic medication management (EMM), discharge summary (EDS), medical record (EMR) and electronic health record (EHR) systems, offer significant benefits in the provision of safe, high-quality patient-centred care. In particular, digital health systems can enhance medication safety and reconciliation, and transfers of care. Secure access by authorised healthcare providers and consumers to imaging and pathology results can improve the appropriateness of care and of ordering, and potentially reduce costs. The deliverables in this program will result from both the cost-share budget provided by the jurisdictions, and as part of the Commission's clinical safety program funded by the Australian Digital Health Agency.

In 2016-17 the Commission started to examine how the NSQHS Standards could be used as a framework for patient safety improvement in primary care settings. This work will continue from 2017-18 with the development of mechanisms to implement the NSQHS Standards in primary care, and tools and resources to support their use for quality improvement. This work will align with a project funded by the Australian Government where the Commission is working with the Royal Australian College of General Practitioners and other stakeholders to implement a framework for accreditation of general practices nationally. The Commission will also continue to explore opportunities to improve patient safety in primary care across its entire work plan.

The Commission will continue to work on matters when requested by the Council of Australian Governments' Health Council and AHMAC. As a result, in 2017-18 the Commission will be working on National Health Reform Agreement Addendum topics, including hospital acquired complications, avoidable hospital readmissions and sentinel events.

## *2. Partnering with patients, consumers and communities*

The aim of this priority area is to have a health system where patients, consumers and members of the community participate with health professionals as partners in all aspects of health care. This priority area includes the Commission's work that is focussed specifically on partnering with consumers, such as supporting health services to meet NSQHS Partnering with Consumers Standard, shared decision making and health literacy; as well as partnerships in specific areas, such as care for people at the end of life. Supporting and enabling people to be effective partners in their own care is one way to increase the appropriateness of care, therefore this priority area is closely linked with Priority 3.

In 2017-21 the Commission will build on existing work to identify the attributes of high-performing person-centred healthcare organisations. Resources based on these attributes will be developed for health services, clinicians and consumers. This work will help health services meet the requirements of the NSQHS Standards, and support a move towards a more person-centred healthcare system in future years.

The Commission will also continue work in specific areas to support effective partnerships with consumers, including health literacy, shared decision-making, and the development of resources to support consumers to be partners in safety. Many of these issues have been included in the NSQHS Standards (second edition) and work will be undertaken as part of this priority to support health services to meet these requirements.

### *3. Quality, cost and value*

The aim of this priority area is to have a health system that provides the right care, minimises waste and optimises value and productivity. The Commission's work to improve quality, cost and value uses a number of approaches. These include mapping healthcare variation, examining whether identified variation is unwarranted and developing strategies such as clinical care standards and patient decision aids. Another major piece of work for the Commission in 2017-18 is the development of a corporate governance framework. This priority links with Priority 2, which supports approaches to give people better information about healthcare choices, such as through the use of shared decision-making.

From 2017-18 the Commission will continue its rolling program to identify data items, commission analysis of data, and publish atlases of variation or similar reports. Based on recommendations from the atlases, the Commission will develop implementation strategies and work with consumer and clinical groups, states, territories, the Australian Government Department of Health, and other healthcare organisations to support investigation of variation and reduction of unwarranted variation. This will include producing interactive atlases with associated recommendations for action.

The Commission's rolling program to develop clinical care standards will continue in 2017-18. Key components of the clinical care standards are the development of quality statements that describe the clinical care that a person should be offered for a specific clinical condition, indicators to support their measurement, and promotion of resources. In conjunction with the Partnering with Consumers program, shared decision making tools for consumers and clinicians may be developed to support clinical care standards in reducing unwarranted variation in practice.

The selection of topics for new clinical care standards will be based on issues identified from the findings of the atlases of healthcare variation, consultation with the states, territories and Australian Government Department of Health, and the findings of safety and quality and other reviews.

From 2017-18 a process of evaluation of the clinical care standards will continue, together with ongoing assessment of the need to review the clinical care standards released in previous years.

### *4. Supporting health professionals to provide safe and high-quality care*

The aim of this priority is to have a health system that supports safe clinical practice by having robust and sustainable improvement systems. The key areas of work for the Commission in this priority are:

- the development and maintenance of clinical measures to support safety and quality improvement

- the development and support of a model for local monitoring of patient safety
- working with partners on national clinical quality registries.

The Commission works closely with national partners including the Australian Institute of Health and Welfare and the Australian Bureau of Statistics. The Commission aligns its work with existing data governance arrangements and data specifications and definitions that have already been agreed nationally.

In 2017-18 the Commission will continue the specification, review and maintenance of health information standards and indicators that underpin the effective introduction of the Performance and Accountability Framework, the National Health Performance Framework, the Report on Government Services, Australian Health Service Safety and Quality Accreditation Scheme and the clinical care standards. This area also includes the development of a range of measures to improve understanding of safety and quality at local, regional and national levels.

In 2017-18 the Commission will develop a national model for hospital patient safety measurement, reporting and learning. In future years, this model will be piloted, reviewed and evaluated. The Commission will build on other work about patient safety in primary care to examine how a patient safety and learning model could be developed for primary care.

In 2017-21 the Commission will continue existing work on national clinical quality registries to support their use through the facilitation of prioritisation, governance and indicator development. The Commission will also encourage the development and use of clinical quality registries when clinical guidelines are developed.

### ***Measuring and reporting on performance***

#### ***Work plan performance***

The Commission measures its work plan performance at the project level within its comprehensive project management system, which monitors budgets, timeframes, deliverables and risks for each project. Project reports are actively managed by the Commission's executive staff and regularly provided to the Audit and Risk Committee, and the Commission's Board. Progress and performance are monitored and measured against the work plan and budget, which is agreed at the jurisdictional level. The key goal for the Commission is to achieve all planned deliverables on time and within budget.

***The Commission puts in place effective processes to appropriately plan, monitor and manage performance against the work plan and budget.***

The Commission has the following effective controls in place to mitigate the risk of not achieving this objective:

- the establishment of the Commission's work plan follows a specific process to ensure that intended outcomes are aligned with funding requirements
- consistent monitoring of progress against the work plan by executive staff, Audit and Risk Committee and the Commission's Board, and

- the use of a project management tool which highlights all areas of risk to project timeframes.

### *Implementation of Commission initiatives*

The Commission provides a national approach to the improvement of safety and quality within the Australian healthcare sector. The Commission works closely with its partners and stakeholders to support the implementation of safety and quality initiatives through the development of guidance, resources, tools and educational materials. Additionally, the Commission has undertaken both internal and external evaluation of its activities and supports health services in measuring the impact of safety and quality improvements to the health system.

### **Key performance indicators**

The Commission has developed key performance indicators for the period 2017-18 which relate to the strategic priorities for the organisation's upcoming program of work. These key performance indicators were published in the *2017–18 Portfolio Budget Statements, Health Portfolio*.

<b>Strategic Priority 1: Patient safety</b>						
Qualitative indicator	2016-17 result		2017-18 Target		2018-19 (& beyond) Target	
Successful implementation of the NSQHS Standards and ongoing monitoring of safety and quality performance of hospitals and day procedure services.	Revised NSQHS standards developed. Hospital Acquired Complications (HACs) methodology finalised. Refinement of tools to enable local monitoring of safety and quality completed. Standardised questions to measure experience (PEx) completed and Patient Reported Outcome Measures (PROMs) developed.		Launch of the revised NSQHS standards by the end of November 2017.  Monitoring of HACs for safety and quality.  Tools in use for local monitoring.  Implementation of PEx and pilot testing of PROMs.		Implementation of Version 2 of the NSQHS Standards.  Review and refinement of the HACs.  Review and refinement of tools.  Review and refinement of PEx and PROMs.	
Quantitative indicators	2016-17	2017-	2018-19	2019-20	2020-21	

		2018			
Percentage of hospitals and day procedure services assessed to the NSQHS Standards.	100%	100%	100%	100%	100%
Percentage of public hospitals meeting the benchmark for hand hygiene compliance.	≥75%	≥80%	≥80%	≥80%	≥80%
Number of clinicians completing the healthcare associated infection online education modules.	≥13 000	≥14 000	≥15 000	≥16 000	≥16 000

### Strategic Priority 2: Partnering with patients, consumers and communities

Qualitative indicator	2016-17 result	2017-18 Target	2018-19 (& beyond) Target
Provide safety and quality information to the general public.	<p>ACSQHC's 2015-16 Annual Report was released on 18 October 2016.</p> <p><i>Vital Signs 2016</i> was released on 2 November 2016.</p> <p>Regular newsletters and website publications were released throughout 2016-17.</p>	Reporting in the annual report on the state of safety and quality in health care for release by the end of October 2017, in the report for the general public, <i>Vital Signs 2017</i> to be released by the end of November 2017, and to the general public through regular Commission newsletters and website publications.	Reporting in the annual report on the state of safety and quality in health care, in the report for the general public, <i>Vital Signs 2018</i> (and future years), and to the general public through regular Commission newsletters and website publications.

### Strategic Priority 3: Quality, value and cost

Qualitative indicator	2016-17 result	2017-18 target	2018-19 (& beyond) Target
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Production of a second <i>Australian Atlas of Healthcare Variation</i> covering clinical topic areas agreed by Commonwealth, states and territories.	Disseminated maps of health care variations in Australia for a set of topic areas.  Produced clinical resources focusing on high impact, high burden and high variation areas of care.	Disseminate maps of health care variations in Australia for a set of topic areas.  Production of clinical resources focussing on high impact, high burden and high variation areas of clinical care.	As per 2017-18.
Develop Clinical Care Standards for consultation, informed by outcomes from the work on health care variation.	Developed Clinical Care Standards for consultation, informed by outcomes from the work on health care variation.	Develop Clinical Care Standards for consultation informed by outcomes from the work on health care variation.	As per 2017-18.

<b>Strategic Priority 4: Supporting health professionals to provide safe and high quality care</b>						
Qualitative indicator	2016-17 result	2017-18 Target			2018-19 (& beyond) Target	
Provide safety and quality information and resources to health professionals.	Provided safety and quality information and resources to health professionals such as: clinical care standards; medication charts; antimicrobial use and resistance data; and audit tools.	Provide safety and quality information and resources to health professionals such as: clinical care standards; medication charts; antimicrobial use and resistance data; and audit tools.			As per 2017-18.	
Quantitative indicators		2016-17 result	2017-18	2018-19	2019-20	2020-21

		Target	Target	Target	Target
Condition specific clinical indicator sets developed	2	2	3	3	3

### **NSQHS Standards**

There are currently nine approved accrediting agencies within Australia that report monthly to the Commission on accreditation results against the NSQHS Standards. The Commission uses the data to track and monitor the percentage of required hospitals and day procedure services that have been assessed against the NSQHS Standards. At each Board meeting, the Board is provided with a report that details the percentage of health services that have been accredited.

### **Hand hygiene compliance**

The Commission has engaged Hand Hygiene Australia to implement the National Hand Hygiene Initiative. Hand Hygiene Australia reports data quarterly to the Commission on hand hygiene compliance rates, including the percentage of public hospitals meeting the benchmark.

### **Online education modules**

The Commission's healthcare associated infection online education modules are hosted by E3learning. Clinicians register for the online modules using an email address that identifies them within the system. Commission staff have access to the E3learning portal and generate comprehensive reports on the number of clinicians who have registered for the online modules within a specified timeframe.

### Key deliverables

In addition to its key performance indicators, the Commission has key deliverables over the coming four year period.

	2017-18	2018-19	2019-20	2020-21
Priority 1	<p>Release resources to support the implementation of the NSQHS Standards (second edition), with information sessions for health service organisations, training for accrediting agencies and assessors</p> <p>Develop an interactive online resource to provide information for clinicians and others on the NSQHS Standards (second edition)</p>	<p>Develop specialist resources for implementation of the NSQHS Standards including:</p> <ul style="list-style-type: none"> <li>• LGBTQI</li> <li>• CALD</li> <li>• Prison health</li> <li>• Transport Services</li> <li>• Mental health</li> </ul>	<p>Develop further specialist resources as needed to address issues identified during the implementation of the NSQHS Standards (second edition)</p> <p>Provide training and support for the implementation of the NSQHS Standards (second edition) in health services</p>	<p>Use metrics from the interactive resources and other data sources continually review the application and effectiveness of the NSQHS Standards (second edition) implementation resources</p> <p>Review and update content of the interactive resource to ensure its currency and completeness</p> <p>Provide ongoing support for issues management of the NSQHS Standards (second edition) via the Advice Centre and mediation services</p>
Priority 1	<p>Consult with the primary care sector to introduce and support the application of the NSQHS Standards (second edition) for Primary Care into this sector</p>	<p>Develop, amend and maintain resources and tools for implementing the NSQHS Standards (second edition) for primary care</p>	<p>Ongoing monitoring of the effectiveness of the implementation of the NSQHS Standards (second edition) for primary care</p>	<p>Ongoing monitoring and review of the effectiveness of the implementation of the NSQHS Standards (second edition) for primary care</p>

Priority 1	<p>Finalise the national model clinical governance framework</p> <p>Develop resources for specialist settings and target groups supporting the national model clinical governance framework</p> <p>Establish a consultative network of Chairs of governing bodies in Australia</p>	<p>Develop resources for the implementation of national model clinical governance framework and plan the education and information program for the national model clinical governance framework</p>	<p>Conduct the education and information program for the national model clinical governance framework</p> <p>Develop resources to support better clinical governance in primary care settings</p>	<p>Maintain, review and where required revise guidance, tools and resources for supporting the Clinical Governance Standard</p> <p>Review the national model clinical governance framework for currency and potential to extend to primary care settings</p>
Priority 1	<p>Continue support for the National Antimicrobial Resistance Strategy and the dissemination of data and reports for jurisdictional and local AMR and antibiotic usage AU strategies</p>	<p>Develop guidance and training through priority resources to promote the prevention and containment of HAI and AMR in the context of advice provided by AURA and the National Antimicrobial Resistance Strategy</p>	<p>Promote and maintain resources and guidance to promote the prevention and containment of HAI and AMR in the context of advice provided by AURA and the National Antimicrobial Resistance Strategy</p>	<p>Maintain, review and where required revise guidance, tools and resources for supporting the Preventing and Controlling HAI Standard</p>

Priority 2	<p>Draft resources for consumers, clinicians, health services and policy makers on attributes of high-performing person-centred healthcare organisations</p> <p>Map these attributes against the requirements of the NSQHS Standards (second edition)</p>	Finalise resources for consumers, clinicians, health services and policy makers on fostering attributes of high-performing person-centred healthcare organisations	Develop, consult on and commence implementation plan for a system for partnering with consumers	Implement strategies to support the spread and sustainability of attributes of a high –performing person-centred healthcare organisation across the health system
Priority 2	Finalise, disseminate and distribute tools and resources to help primary care settings improve their health literacy environment	Develop tools and resources to support Aboriginal and Torres Strait Islander organisations to improve their health literacy environment	Develop tools and resources to guide health services on how to develop high quality health information for consumers to support implementation of actions in the NSQHS Standards (second edition)	<p>Maintain, review and where required revise guidance, tools and resources for supporting the Partnering with Consumers Standard</p> <p>Review and maintain existing decision support tools</p>

Priority 2	<p>Finalise report on validation study for end-of-life audit tool</p> <p>Finalise toolkit to support measurement of quality end-of-life care in hospitals</p> <p>Draft and consult on indicators for measuring the safety and quality of end-of-life care</p>	<p>Finalise indicators for safety and quality in end-of-life care</p> <p>Work in partnership with the primary care sector to identify actions to support improved end-of-life care in primary care settings</p>	<p>Review the National consensus statement: Essential elements for safe and high-quality end-of-life care</p>	<p>Maintain, review and where required revise end-of-life toolkit for hospitals</p> <p>Finalise and disseminate guidance on end-of-life care in primary care settings</p>
Priority 3	<p>Implement a rolling program based on feedback from key users and health sector participants to publish further atlases or similar reports, identify themes and clarify data items for further atlases/reports, undertake time series analysis of key data items.</p>	<p>Implement a rolling program based on feedback from key users and health sector participants to publish further atlases or similar reports, identify themes and clarify data items for further atlases/reports, undertake time series analysis of key data items.</p>	<p>Implement a rolling program based on feedback from key users and health sector participants to publish further atlases or similar reports, identify themes and clarify data items for further atlases/reports, undertake time series analysis of key data items.</p>	<p>Implement a rolling program based on feedback from key users and health sector participants to publish further atlases or similar reports, identify themes and clarify data items for further atlases/reports, undertake time series analysis of key data items.</p>
Priority 3	<p>National release of clinical care standards developed in 2016-17, including those on heavy menstrual bleeding and venous thromboembolism</p>	<p>National release of clinical care standards developed in 2017-18, and undertake evaluation process to measure the impact on process and outcomes of existing clinical care standards</p>	<p>National release of clinical care standards developed in 2018-19, and implement national metrics for reporting patient safety</p>	<p>National release of clinical care standards developed in 2019-20, and implement national metrics for reporting patient safety</p>

Priority 4	Progress the <i>Patient safety and learning model</i> , including implementation of the set of hospital-acquired complications, AHPEQs and continuing the development of national core patient reported outcome measures	Progress work on the <i>Patient safety and learning model</i>	Finalise resources and mechanisms to support the implementation of the <i>Patient safety and learning model</i>  Finalise implementation of the <i>Patient safety and learning model</i>	Evaluate implementation of the <i>Patient safety and learning model</i>
Priority 4	Finalise development of a best practice governance model for registry development	Review, and where required revise, the Framework for Australian clinical Quality Registries, incorporating the governance policy	Finalise and support implementation of a national standard for clinical quality registries passed on the Framework for Australian clinical quality registries	Finalise the development and support implementation of a national system which supports the national standard for clinical quality registries

## Capability

To meet its objectives and functions the Commission requires strong proficiency in public sector policy and health sector experience, which is achieved through the engagement of appropriately qualified and skilled staff. The Commission's work is informed by specialist clinical and consumer expertise, which is often met through engagement with a variety of stakeholders across the health sector. Stakeholder engagement provides a level of expertise and oversight to Commission activities, which contributes to the achievement of a national consensus for Commission-led initiatives and reinforces the integrity of the Commission's work.

### Staff Profile

The Commission employs a diverse range of highly skilled and professional staff from across the healthcare industry with experience in public sector governance. Commission staff have 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 the 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.

***Strengthening capabilities***

The Commission has enhanced its people management strategies to promote the successful recruitment, retention and development of staff now and into the future. The Commission promotes staff engagement by providing ongoing support through performance management systems and by embedding a strong sense of direction across the organisation.

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. Tertiary courses being undertaken include Masters of Public Health, Master of Health Service Management, Masters of Health Policy and various graduate certificates in health related fields.

***Stakeholder engagement***

The Commission works closely with a number of committees including the Inter-Jurisdictional Committee, with representatives from the Australian Government and each state and territory governments, the Private Hospital Sector Committee, with nominees from key private healthcare bodies, and the Primary Care Committee, which provides primary care advice and liaison with the primary sector.

The Commission also works in close partnership with around 35 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 adequately addressed. The structure under which the Commission was established creates a strong environment for effective stakeholder engagement practices, and provides a high degree of oversight and input from leading external health representatives through their participation 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 oversight and management**

### ***Risk oversight***

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 and subsequently improve performance. Risk management is part of the Commission's strategy to promote accountability through good governance and sound business practices.

The Commission has developed a Risk Management Framework that aligns with the commonwealth Risk Management Policy. This framework is an essential component of effective governance. The Commission is committed to embedding risk management principles and practices into its:

- organisational culture
- governance and accountability arrangements
- reporting and performance review processes
- business transformation and improvement processes
- Risk appetite statement

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.

### ***Risk management***

The Commission has adopted a risk management approach based on the *AS/NZS ISO 31000:2009 Risk management – principles and guidelines*. The risk management process ensures that decisions are based on a robust approach, assessments are conducted in a consistent manner, and a common language is used and understood across the Commission.

Risk identification, assessment and management are undertaken formally at four levels across the Commission:

- strategic level – risks that could affect the achievement of the Commission's vision and objectives
- operational level – risks that may affect the objectives of one or more business areas
- program level – risks that have the potential to impact on a set of projects that are grouped and managed together to deliver a combined outcome
- project level – risks that could affect the time, cost, scope or quality of a project.

Risks identified at the strategic and operational level are listed and maintained in the Commission's Risk Register. These risks are monitored and reviewed on an ongoing basis by the Board, the Audit and Risk Committee and the Commission's executive staff.

### ***Compliance with legislation***

The Commission is committed to achieving its compliance requirements, meeting its statutory obligations and maintaining the highest of ethical standards. The Commission's *Legislative and policy compliance framework* helps to identify and manage its obligations around compliance, and establishes a system for reviewing its performance on compliance. The compliance framework establishes the overarching principles and commitment to action for the Commission to achieve compliance, and promotes the understanding and awareness of compliance obligations for all staff.

The compliance framework includes measures such as:

- stating key compliance obligations in policy documents and position descriptions
- incorporating compliance training in appropriate staff development activities
- providing specific training to staff with specific responsibilities before or when there are legislative changes
- incorporating relevant compliance components into the Commission's strategic planning and review processes

Reporting any significant breaches on compliance to the Minister for Health and the Minister for Finance. Compliance is achieved through the actions of staff and the executive. The compliance framework prevents non-compliance through a structured and planned program. The Commission's compliance framework includes:

- identifying compliance obligations and promoting awareness
- allocating responsibility to the relevant officers to facilitate staff and organisational compliance with obligations
- undertaking a risk assessment of obligations, when necessary, to identify actions and strategies to prevent or minimise risks of non-compliance
- establishing monitoring mechanisms to provide information to the executive, including identifying any non-compliance and remedial action taken
- establishing reporting mechanisms to relevant the executive, the Audit and Risk Committee and the Board
- promoting to staff and the executive awareness of the importance of compliance with specific obligations, as well as commitment to compliance, as an organisational value
- fostering continuous improvement in compliance processes across the organisation to ensure obligations are met.