

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

D16-17819

# **Corporate plan**

## **2016–17**

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## Introduction

The Australian Commission on Safety and Quality in Health Care (the Commission) was established in 2006 to lead and coordinate safety and quality improvements in health care nationally. The functions of the Commission are specified in the *National Health Reform Act 2011* (NHR 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 2016–17* 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 2016-17.

This document has been prepared for the 2016-17 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 2016-20 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 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 2016-17, Health Portfolio).*

## **Environment**

### ***Background***

The Commission is a not-for-profit, Australian Government controlled 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 of the NHR Act. The Commission commenced as an independent corporate Commonwealth entity on 1 July 2011, 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 National Safety and Quality Health Service (NSQHS) Standards were developed by the Commission to drive the implementation of safety and quality systems 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. By 30 June 2016 all health service organisations in Australia have been assessed to the NSQHS Standards.

The purpose of the NSQHS Standards is to protect the public from harm and improve the quality of care for patients and consumers. 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.



### *Version 2 of the NSQHS Standards*

In 2015 the Commission commenced a review of the NSQHS Standards to identify any areas of duplication or safety and quality gaps and to align the NSQHS Standards with current evidence and best practice. Additionally, version 2 of the NSQHS Standards will incorporate the Commission's recent work on mental health, cognitive impairment, end-of-life care, health literacy and Aboriginal health.

Public consultations sought feedback on both the current version of the NSQHS Standards and the draft version 2 of the NSQHS Standards. Over 1400 health services, consumers and other stakeholders provided comment by survey, written submissions and focus groups. An additional 135 health service organisations piloted the draft version 2 of the NSQHS Standards.

Feedback from these processes has been positive and is being used to inform version 2 of the NSQHS Standards. Version 2 of the NSQHS Standards is expected to be released in mid-2017 and implemented in 2018-19.

## 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.

### Addressing risk

***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 2016-20 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 2016–20

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 the first 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 five main program areas within this priority:

- NSQHS Standards
- national coordination of health services assessment to the NSQHS Standards
- national coordinated action to prevent and control healthcare associated infections (HAI) and antimicrobial resistance (AMR)
- safety in digital health
- patient safety in primary care.

The Commission continues to monitor the effectiveness of the NSQHS Standards with the states, territories and private hospital sector and supports health services to embed the NSQHS Standards within their organisations. During 2016-17 the development of version 2 of the NSQHS Standards will continue. During this period work is planned to develop materials to support implementation of version 2 of the NSQHS Standards in the health system, including information for consumers, health service organisations and accrediting agencies.

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. In 2016-17 the AHSSQA Scheme will be reviewed and reformed to improve the performance of accrediting agencies and to address the performance issues identified by the health service organisations.

The Commission will continue to work with the Australian Government Department of Health and states and territories to advance national initiatives to address AMR, HAI and antimicrobial usage. The Commission will support the states and territories, at all levels, to achieve an effective response to AMR through the information gained from the Antimicrobial Use and Resistance in Australia (AURA) system, which was launched by the Commission in June 2016.

Building on national, state and territory and private sector investment in digital health systems, the Commission will continue to assess 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 systems, offer significant benefits in the provision of safe, high-quality patient-centred care.

From 2016 to 2019, the Commission will examine how the NSQHS Standards could be used as a framework for patient safety improvement in primary care settings. Consultation will be undertaken with primary care stakeholders on a range of options for the development of a patient safety and quality improvement framework, including considering changes to version 2 of the NSQHS Standards to better suit the primary care and office-based care settings. The Commission will also continue to explore opportunities to improve patient safety in primary care through its existing work programs.

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

Work under this priority area is focused on moving towards a health system where patients, consumers and members of the community participate as equal partners in all aspects of health care. The Commission will work to ensure that version 2 of the NSQHS Standards reflects the importance of partnerships for providing safe, high quality health care, for example, through partnering with patients in their own care, increasing health literacy and fostering shared decision making.

The Commission is building on existing work in areas such as patient-centred care and health literacy to facilitate national agreement about the essential elements for a person-centred health system. This will include the development of a draft national statement, an extensive consultation process, linkages with the NSQHS Standards, and the development of tools to support a person-centred healthcare system in future years.

Shared decision making involves the integration of a patient's values, goals and concerns with the best available evidence about treatment risks, benefits and uncertainties to achieve appropriate healthcare decisions. In 2016-17, the Commission will develop and release patient decision aids for knee pain. The decision aids will provide patients with evidence to inform their healthcare choices.

In May 2015, the Commission launched the National Consensus Statement: *Essential elements for safe and high-quality end-of-life care*. It provides guidance for Australian health services to develop their own systems for delivering safe, timely and high quality end-of-life care in a way that is tailored to their population, resources and available personnel, whilst being in line with relevant jurisdictional and other programs. The Commission is developing a consensus statement for end-of-life care for paediatric patients, with a public consultation process being undertaken in 2016-17 and release scheduled for 2017-18.

## *3. Quality, cost and value*

The aim of the third priority area is to improve the quality of care while minimising wastage and optimising productivity and sustainability within the Australian healthcare system. The Commission's program of work to improve quality, cost and value involves the mapping of healthcare variation and action to reduce unwarranted variation through initiatives such as the clinical care standards.

From 2016-17 the Commission will continue its annual rolling program to publish an Australian Atlas of Healthcare Variation. The atlases highlight how patient need in geographic areas match the distribution and use of resources in those areas, and identify tangible opportunities for improvement in healthcare quality and cost. The second national atlas is scheduled to be published in print form and launched as an interactive web-based atlas during 2016-17.

Based on recommendations from Atlas 1.0 and Atlas 2.0 the Commission will develop implementation strategies and work with consumer and clinical groups, jurisdictions and other healthcare organisations to promote resources and approaches to reducing unwarranted variation.

Standards for clinical care can play an important role in delivering appropriate care and reducing unwarranted variation. They identify and define the care people should expect to be offered or receive, regardless of where they are treated in Australia. The

Commission's rolling program to develop clinical care standards will continue in 2016-20. In this period the Commission will also commence a process to review the clinical care standards previously developed. Clinical Care Standards on delirium and hip fracture care have been finalised and will be launched in July and September 2016 respectively. A Clinical Care Standard on Osteoarthritis of the Knee is under development and is scheduled to be released in 2016-17.

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

The aim of the fourth 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.

In 2016-20 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, AHSSQA Scheme and the clinical care standards.

The Commission is developing a national hospital patient safety measurement model to support local monitoring of hospital patient safety. In future years, this model will be piloted, reviewed and evaluated. The Commission will build on its work focussing on patient safety in primary care to examine how a patient safety and learning model could be developed for primary care.

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.

**Addressing risk**

***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 undertakes 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 2016-17 which relate to the strategic priorities for the organisation’s upcoming program of work. These key performance indicators were published in the *2016–17 Portfolio Budget Statements*.

<b>Strategic Priority 1: Patient safety</b>				
Qualitative indicator	2016-20 target			
Successful implementation of the NSQHS Standards and ongoing monitoring of safety and quality performance of hospitals and day procedure services.	Use of performance data to identify safety and quality lapses by health services and negotiations with states and territories to implement remedial actions.			
Quantitative indicators	2016-17	2017-18	2018-19	2019-20
Percentage of hospitals and day procedure services assessed to the NSQHS Standards.	100%	100%	100%	100%
Percentage of public hospitals meeting the benchmark for hand hygiene compliance.	≥75%	≥80%	≥80%	≥80%
Number of clinicians completing the healthcare associated infection online education modules.	≥13 000	≥14 000	≥15 000	≥16 000

<b>Strategic Priority 2: Partnering with patients, consumers and communities</b>	
Qualitative indicator	2016-20 target
Provide safety and quality information to the general public.	Reporting in the annual report on the state of safety and quality in health care, and in the report for the general public, <i>Vital Signs 2016</i> .  Reporting to the general public through regular Commission newsletters and website publications.

<b>Strategic Priority 3: Quality, value and cost</b>	
Qualitative indicator	2016-20 target
Production of a second <i>Australian Atlas of Healthcare Variation</i> covering clinical topic areas agreed by Commonwealth, states and territories.	Produce and disseminate new and updated maps of health care variations in Australia for a set of topic areas agreed by the Commonwealth, states and territories, by 30 June 2017.
Develop clinical care standards for consultation, informed by outcomes from the work on health care variation.	Clinical standards focusing on high impact, high burden and high variation areas of clinical care are developed by 30 June 2017.

<b>Strategic Priority 4: Supporting health professionals to provide safe and high quality care</b>				
Qualitative indicator	2016-20 target			
Provide safety and quality information and resources to health professionals.	Development and distribution of new/updated sector-specific implementation tools and resources for the public and private acute sector and primary care.			
Quantitative indicators	2016-17	2017-18	2018-19	2019-20
Condition specific clinical indicator sets developed	2	2	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 some key deliverables over the coming four year period. Progress and performance against these deliverables will be reported in the Commission’s annual performance statements in the *Annual Report 2016-17*.

	2016-17	2017-18	2018-19	2019-20
Priority 1	Final draft version 2 of the NSQHS Standards	Support to implement version 2 of the NSQHS Standards, with information sessions for health service organisations, training for accrediting agencies and assessors	Develop specialist resources for implementation of the NSQHS Standards including: <ul style="list-style-type: none"> <li>• LGBTQI</li> <li>• CALD</li> <li>• Paediatric</li> </ul>	Report on application of version 2 of the NSQHS Standards in new settings, such as practice-based care



Priority 1	Develop and consult on a national model clinical governance framework	Finalise the national model clinical governance framework	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	Conduct the education and information program for the national model clinical governance framework
Priority 1	Review and revise reporting of AMR and AU to provide information and data to support jurisdictions and the private sector in their strategies in infection control and AMR prevention and containment	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	Undertake an assessment of priority 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	Develop and promote 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
Priority 2	Develop draft national statement, policy or framework on essential elements for a person-centred healthcare system	Finalise national paper on essential elements for a person-centred healthcare system	Finalise resources for consumers, clinicians, health services and policy makers about a person-centred healthcare system	Develop, consult on and commence implementation plan for a person-centred system

Priority 2	Develop tools and resources for primary care settings to improve their health literacy environment	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 version 2 of the NSQHS Standards
Priority 3	Publish second Australian atlas of healthcare variation and develop an interactive web-based national atlas of healthcare variation	Publish third Australian atlas of healthcare variation and produce guides and resources to support investigation and reduction of unwarranted variation	Publish fourth Australian atlas of healthcare variation and review usage of interactive web-based atlas; continue to build and develop based on user feedback	Publish fifth Australian atlas of healthcare variation and evaluate changes in clinical practice in specific atlas clinical topic areas
Priority 3	National release of the clinical care standards developed in 2015-16, including those on Hip Fracture Care, Delirium and Osteoarthritis of the Knee	National release of clinical care standards developed in 2016-17, and assess the need to update existing clinical care standards based on available new evidence	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	National release of clinical care standards developed in 2018-19, and implement national metrics for reporting patient safety
Priority 4	Review of national and international literature and undertake environmental scan on patient safety models	Progress the <i>Patient safety and learning model</i> , including implementation of the set of hospital-acquired complications	Implement the <i>Patient safety and learning model</i>	Evaluate implementation of the <i>Patient safety and learning model</i>

## 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.

### **Addressing risk**

***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. 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.

On 30 June 2016, the functions of the National Health Performance Authority transferred to the AIHW and the Commission. The transfer has provided the Commission with increased capacity for data analysis, and will assist the Commission to develop clinically relevant information and reporting for clinicians to improve safety and quality outcomes at the local level.

### **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 one in four 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.

Staff training in workplace bullying and harassment, security awareness and fraud awareness is undertaken annually.

### ***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 business. 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, which 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.

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 by conducting annual compliance reports. The annual compliance reports provide the Commission's Board and Audit and Risk Committee with a level of assurance that the Commission is meeting its compliance obligations and requirements.

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
- compiling annual compliance reports.

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.