

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Annual Report 2020–21



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Letter of transmittal

The Honourable Greg Hunt MP
Minister for Health
Parliament House
Canberra ACT 2600

Dear Minister

On behalf of the Board of the Australian Commission on Safety and Quality in Health Care (the Commission), I am pleased to submit our Annual Report for the financial year ending 30 June 2021.

This report was prepared in accordance with the requirements of the *National Health Reform Act 2011* and section 46 of the *Public Governance, Performance and Accountability Act 2013*.

The report includes the Commission's audited Financial Statements, as required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

The Commission's annual performance statements were prepared in accordance with the requirements of section 39 of the *Public Governance, Performance and Accountability Act 2013* and accurately present the Commission's performance from 1 July 2020 to 30 June 2021.

As required by section 10 of the *Public Governance, Performance and Accountability Rule 2014*, I certify on behalf of the Board that:

- The Commission has prepared fraud risk assessments and fraud control plans
- The Commission has in place appropriate fraud control mechanisms that meet its specific needs
- All reasonable measures have been taken to appropriately deal with fraud relating to the Commission.

This report was approved for presentation to you in accordance with a resolution of the Board on 8 September 2021.

I commend this report to you as a record of our achievements and compliance.

Yours sincerely



Professor Villis Marshall AC

Chair

Australian Commission on Safety and Quality in Health Care
8 September 2021

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Highlights

Accreditation

Australian Health Service
Safety and Quality Accreditation

109

hospital & day procedure
services met requirements

74%

National General
Practice Accreditation

852

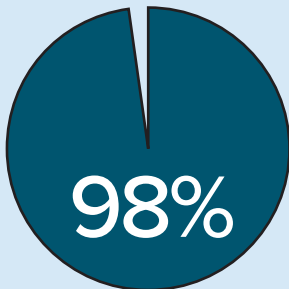
general practices met
requirements

99.5%

NSQHS Standards Advice

1,085

total enquiries



resolved in 5 business days

New Releases

-  *2021 Preventing and Controlling Infections Standard*
- National Safety and Quality Digital Mental Health Standards* 
-  *Better Care Everywhere: Healthcare variation in practice program series*
- Fourth Australian Atlas of Healthcare Variation* 

National Hand Hygiene Initiative



1,100

organisations



87.2%

compliance (national
benchmark 80%)



736,448

'moments' of hand hygiene

Website and Resources



8,409,683

website page views



1,002,730

resource downloads

1





Overview

This section provides an overview of the Australian Commission on Safety and Quality in Health Care (the Commission) – including its mission, role, functions and accountability – and reports from the Commission’s Chair and Chief Executive Officer.

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About the Commission

In 2006, the Council of Australian Governments 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*, and 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.

Our purpose

Our purpose is to contribute to better health outcomes and experiences for all patients and consumers, and improved value and sustainability in the health system by leading and coordinating national improvements in the safety and quality of health care. Within this overarching purpose, the Commission aims to ensure that people are kept safe when they receive health care and that they receive the care they should.

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

- Formulating standards, guidelines and indicators relating to healthcare safety and quality matters
- Advising health ministers on national clinical standards
- Promoting, supporting and encouraging the implementation of these standards, and related guidelines and indicators
- Monitoring the implementation and impact of the standards
- Promoting, supporting and encouraging the implementation of programs and initiatives relating to healthcare safety and quality
- Formulating model national schemes that provide for the accreditation of organisations that provide healthcare services, and relate to healthcare safety and quality
- Publishing reports and papers relating to healthcare safety and quality.

Our accountability

The Commission is a corporate Commonwealth entity and part of the Health portfolio of the Australian Government. As such, it is accountable to the Australian Parliament and the Minister for Health and Aged Care, the Honourable Greg Hunt MP.

Strategic Intent 2020–2025

In 2019–20, the Commission’s Board endorsed a new Strategic Intent 2020–2025. The functions described in section 9 of the *National Health Reform Act 2011* guide the Commission’s work, and are expressed in the four priorities of the Commission’s Strategic Intent 2020–2025.

The Commission’s four strategic priorities:

A large orange circle containing the number 1, connected to the text by a diagonal orange line.

Safe delivery of health care

Clinical governance, systems, processes and standards ensure patients, consumers and all staff are safe from harm in all places where health care is delivered

A large blue circle containing the number 2, connected to the text by a diagonal blue line.

Partnering with consumers

Patients, consumers, carers and the community are engaged in understanding and improving health care for all

A large purple circle containing the number 3, connected to the text by a diagonal purple line.

Partnering with healthcare professionals

Healthcare professionals, organisations and providers are engaged and supported to deliver safe and high-quality care

A large green circle containing the number 4, connected to the text by a diagonal green line.

Quality, value and outcomes

Evidence-based tools, guidance and technology are used to inform delivery of safe and high-quality care that is integrated, coordinated and person-centred

The Australian Commission on Safety and Quality in Health Care leads and coordinates national improvements in the safety and quality of health care.

Safe and high-quality health care for every person, everywhere, every time.

We do this by:

- Being an authoritative voice
- Taking a strategic whole-of-system approach
- Using evidence as a foundation for action
- Harnessing national knowledge and expertise
- Driving quality improvement culture
- Using data effectively
- Reporting meaningful information publicly
- Empowering consumer action
- Enabling and engaging clinicians
- Leading collaboration, cooperation and integration
- Influencing funding, regulation and education
- Fostering use of safe digital technology and artificial intelligence
- Guiding transparency and accountability
- Supporting research and innovation
- Acknowledging and actively managing risk
- Embedding safety and quality into systems and processes
- Encouraging development of learning organisations
- Creating networks of excellence.

The Commission measures and reports on progress in these priority areas in the Corporate Plan, Work Plan, Annual Report and Budget papers.



Report from the Chair

Professor Villis Marshall AC

“The human element will always be important for our partnerships. This year has shown that we can think and work differently, and continue to connect meaningfully.”

In 2020–21, health care remained a focus globally, as nations continued to respond to the ongoing COVID-19 pandemic. Our country's strong response during this time was achieved through formation of a National Cabinet, listening to experts, and early international border closures and quarantine. Community acceptance of public health measures such as surveillance, contact tracing, handwashing, spatial distancing and lockdowns was also crucial. The combined efforts of healthcare providers, emergency responders, governments and the community have kept Australians safe.

Commission staff continued to assist with contact tracing for NSW Health up until the end of November 2020, contributing to an incredibly effective measure to limit the impacts of individual COVID-19 cases and local outbreaks in Australia.

The Commission continued to support the pandemic response in a number of ways. A clear priority was to support health service organisations to provide safe environments for staff, patients and visitors. Led by the Commission, the National Clinical Taskforce, comprising leading infection prevention and control experts from around the country, revised the National Safety and Quality Health Service (NSQHS) Standard on Preventing and Controlling Healthcare-Associated Infection to include emerging evidence on COVID-19 airborne transmission. Assessment to the revised standard began on 1 July 2021.

As well as this important work to support the national pandemic response, the Commission has needed to balance support for the pandemic response with maintaining a strong focus on other national priorities for the safety and quality of health care.

There have been many highlights, but I would like to mention one in particular.

In February 2021, the Commission hosted the online program *Better Care Everywhere: Healthcare variation in practice*. This was the first program of its kind dedicated to reducing unwarranted variation in clinical care in Australia. The series of live-streamed webinars was made freely available and attracted a larger and wider audience than a conference (originally planned for July 2020) could have. Thousands joined in to hear from healthcare leaders, and to discuss practical ways to reduce unwarranted healthcare variation and deliver better care.

Work has continued in digital healthcare delivery, with the release of Australia's first National Safety and Quality Digital Mental Health Standards in November 2020. The challenges of the past year have increased the focus on mental health and wellbeing, and this remains a priority for the Commission.

The human, face-to-face element will always be important for our partnerships. However, this year has shown that we can think and work differently, and continue to connect with one another meaningfully, regardless of the circumstances.

In presenting the 2020–21 annual report, I would like to thank our healthcare partners, including the Australian Government, state and territory partners, the private sector, clinicians and, of course, consumers – who will always be at the centre of everything we do. I extend my thanks to the Hon. Greg Hunt MP, Minister for Health and Aged Care, for his continuing leadership and support, and the members of the Commission's Board for their advice and guidance over the past year.

On behalf of the Board, I would like to express my gratitude to the executive team and all of the staff of the Commission – your outstanding work continues to lead national efforts to improve the health care that Australians receive.

Report from the Chief Executive Officer

Adjunct Professor Debora Picone AO

“It is our role to highlight the areas needing improvement and to challenge status quo thinking.”

The COVID-19 pandemic continued to dominate the health news and place considerable demands on health systems worldwide in 2020–21.

However, our longstanding health challenges remained.

The Commission continued to address national health priorities throughout the year, while also supporting our health service organisations to respond rapidly and effectively to the ongoing pandemic. Our staff have demonstrated their adaptability and commitment to supporting safe and high-quality health care in this challenging environment. By coming together as a team, and finding new ways of working, we can continue our progress and achieve our goals.



On 28 April 2021, we released the *Fourth Australian Atlas of Healthcare Variation*. The findings are compelling, revealing some significant variations in care that we must act on. In particular, the latest Atlas draws attention to Australia's high rates of unnecessary early caesarean section births. Rates remain high despite strong evidence that waiting until at least 39 weeks is usually best for the baby.

All Australians deserve access to high-quality, safe care – no matter where they live. The Atlas is a cornerstone of our work, highlighting opportunities to improve access to evidence-based care across Australia and reduce the use of low-value therapies.

The Atlas series has been a catalyst for change, with previous Atlas reports identifying issues and prompting the development of clinical care standards to support evidence-based care. This has led to more appropriate care and better patient outcomes in several areas, including heavy menstrual bleeding and knee osteoarthritis.

Meaningful collaboration is central to our work. It is our role to highlight the areas needing improvement and to challenge status quo thinking. However, change would not be possible without the support and commitment of all our healthcare partners.

In April and May 2021, we released Australia's first clinical care standards on third and fourth degree perineal tears, and the management of peripheral intravenous catheters. I look forward to seeing local and national improvements in patient care in these areas.

As always, the NSQHS Standards and the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme remain central to our work to improve the safety and quality of health care in Australia. In March 2020, the Commission announced that the accreditation status of healthcare

organisations would be maintained during the response phase of the COVID-19 pandemic. Onsite accreditation assessments resumed from 26 October 2020, following the easing of COVID-19 pandemic restrictions.

The Commission provided briefings and submissions to inform the Royal Commission into Aged Care Quality and Safety and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. We are committed to further work in these areas to help deal with these issues and improve access to safe, high-quality care for older Australians and those with a disability.

Understanding the experiences of consumers, carers and the clinicians delivering care is extremely important to us. I am grateful to everyone who has been involved in our advisory groups, consultations and pilot programs. We could not do this work without you.

I would also like to acknowledge the Commission Board; our Board Chair, Professor Willis Marshall AC; the Hon. Greg Hunt MP, Minister for Health and Aged Care; health ministers; and health chief executive officers for their leadership in improving health care during the past year.

Finally, I would like to thank the Australian Government, our state and territory partners, private sector colleagues, clinical and consumer advisors, and, of course, our outstanding Commission staff. Thank you for all that you do – together we can make a difference and support our healthcare services in delivering high-quality, safe care to all Australians.

Supporting safety and quality during COVID-19

The COVID-19 pandemic is a public health emergency requiring an extraordinary response by the health system and society. The need to prepare for, and respond to, the threat of COVID-19 infection, including new and emerging variants, within Australia has placed unique pressures on healthcare systems.

In 2019–20 and 2020–21, Australia’s strong public health response and proactive action prevented Australia experiencing some of the dire circumstances other countries faced. Australia’s response to the COVID-19 pandemic has also evolved, as understanding of the virus increases and new variants emerge. As long as the risk of future COVID-19 outbreaks in Australia remains, the Commission must continue to support the health system to mitigate this risk and deliver safe, high-quality, evidence-based care.

The Commission has balanced the need to address national priorities in the safety and quality of health care with a flexible response to new and emerging needs in 2020–21.

Liaison and redeployment

The Commission continued staff deployments to support national and state-based COVID-19 response activities, in line with the Prime Minister’s direction regarding the redeployment of public servants on 26 March 2020. The Commission worked with NSW Health to establish a contact tracing team, which then provided support in response to a NSW COVID-19 outbreak until November 2020. In addition, Commission staff were

redeployed to leadership roles in the NSW COVID-19 Public Health Response Branch, and led or participated in key national and specialist COVID-19 committees.

Rapid response unit

As part of its continuing support for Australia’s response to COVID-19, the Commission’s Rapid Response Unit developed tailored resources for new and emerging needs; collaborated with other agencies to support effective infection prevention and control practices; and disseminated resources and information for a range of health service organisations, aged care services and the community.

A number of guidance resources were developed to provide COVID-19 specific information on [infection prevention and control risk assessment, hand hygiene and the use of personal protective equipment](#).

Strengthening infection control guidance

The Commission led the revision of the NSQHS Preventing and Controlling Healthcare-Associated Infection Standard, strengthening the requirements on transmission-based precautions, environmental and other controls in relation to COVID-19. The [2021 Preventing and Controlling Infections Standard](#) is accompanied by the [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#) to enhance implementation of the Standard, and uptake of evidence-based infection prevention and control practices, by health service organisations.

Medication guidance

The Commission developed the COVID-19 Medicines management: Position statements on medicine-related issues for clinicians and health service organisations. The statements provide guidance on the safe, appropriate use of certain medicines (for example, clozapine and oral anticoagulants) and on exposure to COVID-19.

A set of web resources on the management of medicines and health conditions and exposure to COVID-19 were published by the Commission. These resources for clinicians and health service organisations include clinical guidance from national and international health information providers.

In the early stages of COVID-19, the Commission published a summary of potential medicines to treat COVID-19 for clinicians.

This was archived following the establishment of the [National COVID-19 Clinical Evidence Taskforce](#) in October 2020.

Maintenance of accreditation

In March 2020, the Commission announced that the accreditation status of health service organisations under the AHSSQA Scheme and the National General Practice Accreditation Scheme would be maintained during the response phase of the COVID-19 pandemic. These arrangements were put in place to comply with social distancing requirements, and to support health service organisations in maximising their capacity to respond to the emerging COVID-19 pandemic. In response to the easing of COVID-19 pandemic restrictions, onsite assessments to the NSQHS Standards resumed from 26 October 2020.

Managing work plan activities

As the COVID-19 pandemic emerged, the Commission iteratively reviewed activities and timelines for individual projects under the work plan, including external contracts, for 2020–21. This involved prioritising tasks and activities to avoid placing undue pressure on health service organisations and clinicians occupied in responding to COVID-19, and reallocating staff to respond to health system needs. These changes meant that some consultation and engagement activities were delayed or undertaken virtually, and desktop activities such as project planning, resource drafting and literature reviews were brought forward.

The Commission took a risk management approach to balancing work plan activities with new requests and redeployment directions, and continually monitored the progress of deliverables under the work plan to ensure there were no significant delays.

Cross-sectoral collaboration

A number of Royal Commissions continued during 2020–21, highlighting a range of safety and quality issues highly relevant to the work of the Commission and the delivery of safe, high-quality and equitable health care in Australia. The Commission provided briefings and submissions to these Royal Commissions, and worked collaboratively with other government agencies to address some of the key cross-sectoral issues arising from hearings and evidence.

Royal Commission into Aged Care Quality and Safety

The Commission provided submissions to the Royal Commission into Aged Care Quality and Safety (Aged Care Royal Commission). These submissions emphasised that older people should receive safe and high-quality health care regardless of the setting in which it is delivered, and that mechanisms should be in place in all settings to protect older people from harm and enable access to the health care that they need. Strengthened clinical governance, infection control, medication safety, and reduction in the inappropriate use of antipsychotic medicines in older people are areas of particular interest to the Commission, with harmonisation of safety standards in these areas seen as an opportunity for future improvement.

The final recommendations of the Aged Care Royal Commission were released in March 2021, and the Government Response was released on 11 May 2021. The Commission is working with the Australian Government Department

of Health and relevant agencies to support the Australian Government's commitment to improving the provision of care for older Australians.

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission) held hearings throughout 2020–21 and will be continuing through to 2023. The Commission has provided briefings and submissions, with a particular focus on the inappropriate use of psychotropic medicines in response to behaviours of concern in people with disability.

The Commission noted that the Disability Royal Commission concluded in its interim report, published in October 2020, that people with cognitive disability have been, and continue to be, neglected by the Australian health system. In response,

the Commission has expanded its Cognitive Impairment program of work to address the safety and quality issues faced by people with intellectual disability. The work program is supported by an expert advisory group of clinicians and people with intellectual disability and cognitive impairment. Early work includes the development of fact sheets for health service organisations about the provision of safe and high-quality care for people with intellectual disability.

Joint action plan on inappropriate use of antipsychotics

In 2020–21, the Commission, the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission, and the Aged Care Quality and Safety Commission agreed to develop an action plan on inappropriate use of psychotropic medicines to manage behaviours of concern across the aged care, disability and health sectors. The agencies have established a joint senior officers group, undertaken preliminary scoping and are developing a plan that will focus on older people and people with disabilities, especially people with neuro-developmental conditions and dementia. The joint action plan is expected to be completed in 2021–22.

Clarifying complaints processes for consumers

The Commission commenced a joint project with the Australian Health Practitioner Regulation Agency (AHPRA) in 2020–21 to improve clarity, consumer awareness and understanding of health complaints processes nationally. The Commission and AHPRA have established a joint project plan and an advisory group, and started mapping

complaints processes. In-depth consultation and engagement will occur in 2021–22, as well as development of guidance and communication materials to support improved understanding, both within the health system and by consumers, of the most appropriate complaints processes for different circumstances and issues.

National Disability Insurance Scheme Provider Practice Alerts

Many people with disability are at high risk of poor health, chronic disease and premature death from preventable illness. In 2020–21, the Commission worked collaboratively with the NDIS Quality and Safeguards Commission to develop a set of three Provider Practice Alerts that highlight some of the key health issues and concerns providers should be aware of when caring for people with disability. The alerts included information on comprehensive health assessments, lifestyle risks and oral health. These Provider Practice Alerts will be released in the second half of 2021.



2

Report on performance

This section details the Commission's achievements against its four priority areas.

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Priority 2: Partnering with consumers	41
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“All Australians deserve access to high-quality, safe care – no matter where they live.

– Chief Executive Officer, Adjunct Professor Debora Picone AO



Priority 1: Safe delivery of health care

This priority area aims to ensure that patients and consumers are kept safe from preventable harm.

Improving patient safety through National Safety and Quality Health Service Standards

The primary aim of the National Safety and Quality Health Service (NSQHS) Standards is to protect the public from harm and to improve the quality of health service provision. The NSQHS Standards outline safety and quality outcomes that a health service organisation must achieve, while giving organisations the flexibility to decide how to achieve these outcomes in a way that is appropriate for their context. Health service organisations began assessment against the second edition of the NSQHS Standards in January 2019.

All hospitals and day procedure services are required to implement the NSQHS Standards. They must implement organisation-wide safety and quality processes, and have a comprehensive clinical governance framework. With the NSQHS Standards and a clinical governance framework in place, health service organisations can reduce the risk of harm to patients from hospital-acquired infections, the wrong medicines and lapses in communication, and improve the provision of comprehensive care and management of an acutely deteriorating patient.

Key activities undertaken by the Commission in 2020–21 to support implementation of the NSQHS Standards include the following.

Assessment to the NSQHS Standards

Seven independent accrediting agencies were approved by the Commission to assess health service organisations to the NSQHS Standards. As at June 2021, 1,323 hospitals and day procedure services are required to be assessed to the NSQHS Standards. Health service organisations must demonstrate that they meet all of the requirements in the NSQHS Standards to achieve accreditation. In response to the easing of COVID-19 pandemic restrictions, onsite assessments to the NSQHS Standards resumed from 26 October 2020. Since July 2020, 148 hospitals and day procedure services in Australia have been assessed to the NSQHS Standards. Of these organisations, 74% (109 organisations) met all actions at the initial assessment.

NSQHS Advice Centre

The Commission also provides an advice centre to help health service organisations and approved accrediting agencies implement the NSQHS Standards. In 2020–21, the Commission's advice centre responded to 1,805 email enquiries, which represents a 6% reduction on the previous financial year and includes four months in which assessments were not conducted. During the first wave of the COVID-19 pandemic, incoming calls were redirected as email enquiries. The Commission continues to meet its service targets for emails, resolving 98% within five business days.

Providing guidance and advice

A range of resources to support health service organisations implement the NSQHS Standards were published. These included fact sheets on [preventing pressure injuries and wound management](#); [reporting on safety and quality data](#); and [consumer involvement in clinical governance](#). The [User Guide for the Review of Clinical Variation in Health Care](#) was released in August 2020 and an updated workforce immunisation risk matrix tool was published in March 2021.

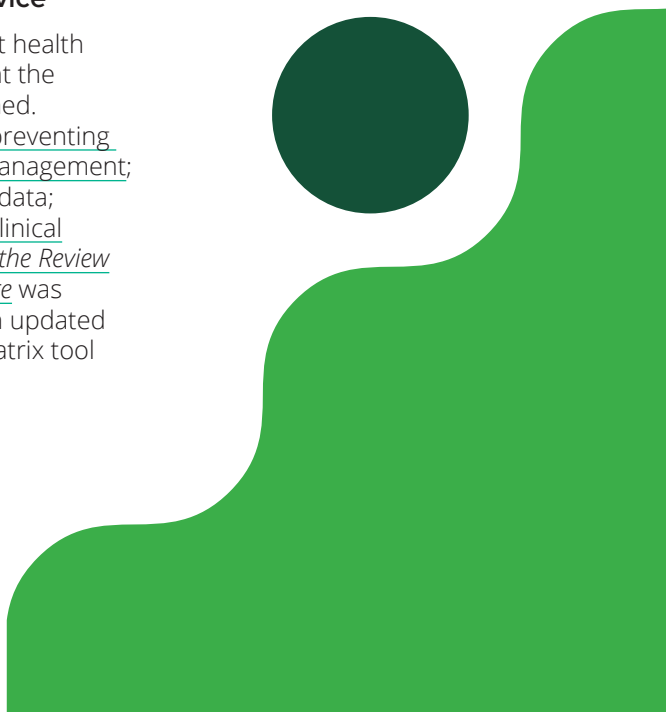
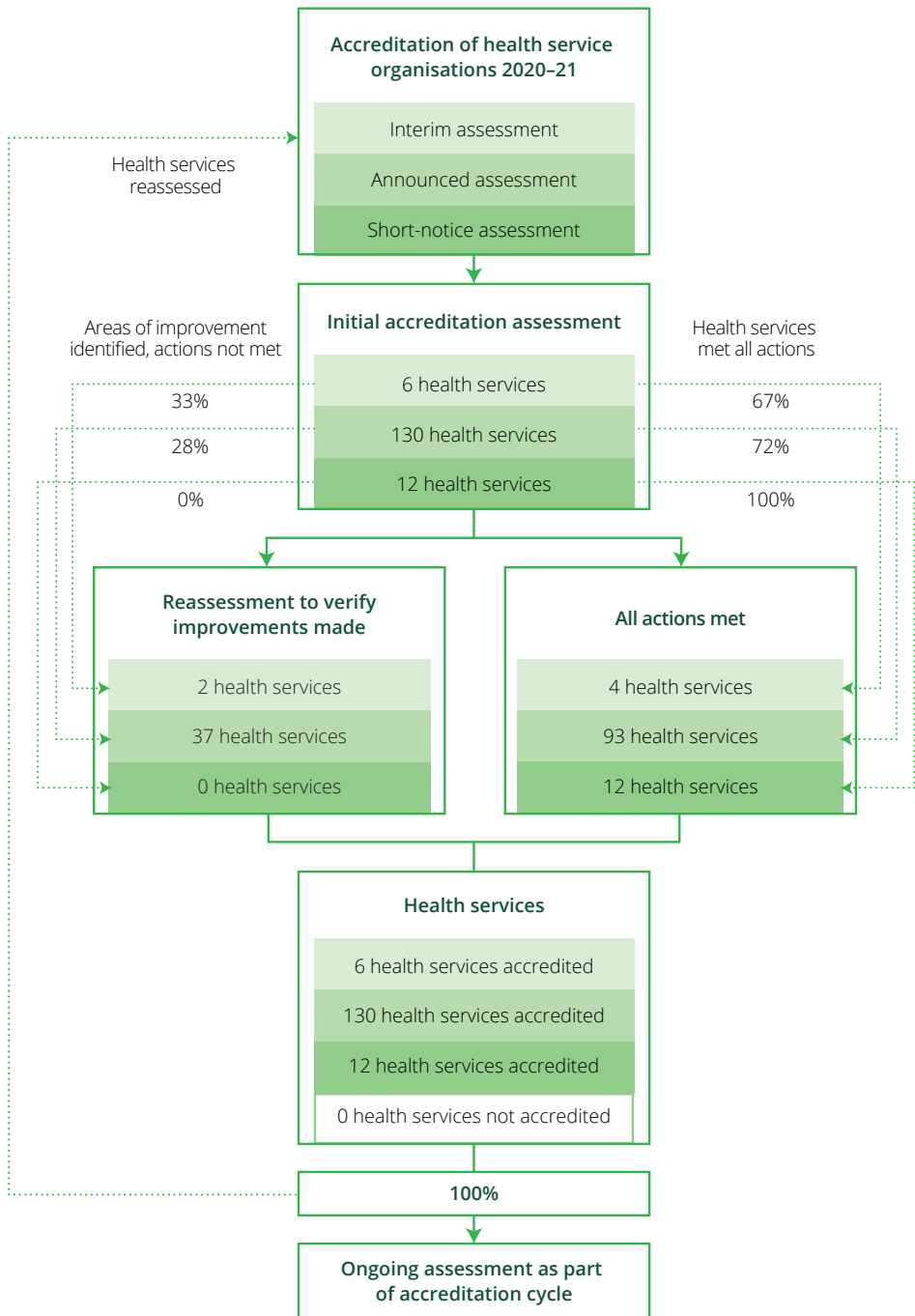


Figure 1: Health service organisation accreditation, 2020–21*



* Health service organisations include only hospitals and day procedure services, where accreditation to the NSQHS Standards is mandatory. Other services assessed to the NSQHS Standards are not included. These are finalised assessments between 1 July 2020 and 30 June 2021 to the second edition of the NSQHS Standards. Assessments resumed from 26 October 2020 with the easing of restrictions caused by the COVID-19 pandemic.

Improving the reliability of the accreditation processes

The Commission continues to respond to industry feedback and is implementing six strategies to improve the reliability of the accreditation process. Combined, these strategies will ensure that the accreditation process more accurately assesses a health service organisation's implementation of the NSQHS Standards.

Key activities undertaken by the Commission in 2020–21 to improve the reliability of the accreditation process include the following.

Short-notice assessments

A voluntary option to undertake short-notice assessments, which are conducted with 48 hours of notice, was introduced for health service organisations in January 2019. A total of 25 health service organisations have undertaken short-notice assessments since then.

During 2021, the Commission worked with states and territories to broaden this program to include unannounced assessments for hospitals and day procedure services.

Governing body attestation statements

Health service organisations submit an annual attestation statement to their accrediting agency as evidence of their compliance with Actions 1.01 and 1.02 in the NSQHS Standards. These two actions specifically require governing bodies to ensure robust clinical governance systems and processes are in place. The attestation statement involves an organisation's authorised officers, usually from governing bodies, confirming compliance with the NSQHS Standards.

At June 2021, 100% of health service organisations had complied with this requirement and submitted their attestation statements.

Public reporting of accreditation outcomes

In collaboration with states and territories, consumers and health service organisations, the Commission developed and tested a prototype for public reporting. Individual facilities will report on the outcomes of assessments and any areas where improvements were required to achieve accreditation. Public reporting on accreditation outcomes is anticipated to start in the second half of 2021.

Oversight and feedback on accrediting agency performance

The quality and timeliness of the data being collected on assessment outcomes has allowed comprehensive analysis of accrediting agency performance. Feedback is also collected on accrediting agencies through other key data sources, including observations by the Commission, post-assessment surveys from health service organisations, and information from enquiries to the NSQHS Standards Advice Centre. The Commission provides performance feedback to each of the accrediting agencies on a regular basis and monitors their compliance with the conditions of approval under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme.

Review of accreditation outcomes data

Accrediting agencies submit data on assessment outcomes through the Commission's data collection portal. The portal automatically validates the data submitted to ensure that the information is consistent with the Commission's requirements. The Commission analyses the data, and provides reports to state and territory regulators and various program administrators. In 2020–21 this included:

- Review of trends in compliance with NSQHS Standards and specific actions that require improvement
- Examination of the validity and consistency of not applicable actions awarded; these are actions from the NSQHS Standards that are not assessed because they do not apply in that service setting
- Identification of health service organisations that meet the criteria for mandatory reassessment
- Review of variation among accrediting agencies.

Assessor training

All assessors for the NSQHS Standards are required to undergo the NSQHS Standards Assessor Orientation Course. As of 30 June 2021, 384 assessors had completed this course. All assessors currently enrolled in the course have also been enrolled in the Core Cultural Learning Aboriginal and Torres Strait Islander Foundation Course, with 408 assessors completing this course. There are four intakes for the NSQHS Standards Assessor Orientation Course. The current course will be open until December 2021.

Post-assessment survey

A survey was sent to health service organisations after assessment to assist with monitoring the performance of accrediting agencies and assessors for the NSQHS Standards. The survey has had a 33.6% response rate.

Some of the key findings from the survey included: all assessments had a lead assessor, final reports were provided to health service organisations in a format that was easily understood, assessors had a comprehensive knowledge of the NSQHS Standards, assessors used the PICMoRS structured assessment method and referred to Commission resources when required.



Patient safety in primary health care

Primary health care is the setting where consumers most often receive health care, yet there are limited data on the frequency, causes and consequences of errors and adverse events in the sector. The Commission has been working to better understand the issues that affect patient safety in primary care settings, and to provide nationally consistent strategies, tools and resources for patient safety improvement.

Key activities undertaken by the Commission in 2020–21 on patient safety in primary care include the following.

National General Practice Accreditation Scheme

The National General Practice Accreditation (NGPA) Scheme commenced in January 2017 with the primary aim of supporting national consistency of accreditation of general practices. General practices participating in the NGPA Scheme are accredited to the Royal Australian College of General Practitioners (RACGP) *Standards for general practices*.

Five independent accrediting agencies were approved by the Commission to assess general practices to the RACGP *Standards for general practices*. A total of 856 general practices were assessed by these agencies, with almost all meeting the requirements of the standards and being awarded accreditation. Four general practices were not accredited.

Of the organisations assessed under the NGPA Scheme, 95% were general practices, and the remaining 5% were Aboriginal medical services. Of the general practices assessed, 557 were in metropolitan areas (65%), and more than half were in New South Wales or Victoria (51%).

In relation to the workforce of the general practices assessed, the NGPA Scheme found that:

- 83% employed five or fewer full-time equivalent (FTE)* general practitioners
- 65% employed two or fewer FTE practice nurses.

Supporting general practices during the COVID-19 pandemic

The Commission worked extensively with the Australian Government Department of Health (the Department), Services Australia and accrediting agencies to support general practices during the COVID-19 pandemic. This included temporarily maintaining the accreditation status of all general practices between March and October 2020. During this period, the Commission provided advice and guidance to general practices and accrediting agencies, and implemented temporary arrangements for relocating general practices.

From October 2020, assessments resumed where there was a low risk of transmission of COVID-19. The Commission also provided general practices with a 12-month extension for assessments.

* The NGPA Scheme defines FTE according to the number of hours worked by an employee or contractor in the practice. One FTE is equivalent to 38 hours per week.

National Safety and Quality Primary and Community Healthcare Standards

Significant progress was made in the development of the National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards. The NSQPCH Standards aim to protect the public from harm and improve the quality of care delivered by describing a nationally consistent framework that all primary and community healthcare services can apply when delivering care.

Following extensive input from the industry-based expert advisory committee, the Commission conducted a public consultation on the draft standards between October 2020 and January 2021. More than 360 consumers, healthcare providers and services, professional and peak bodies, Primary Health Networks and other representatives of the sector participated, and their feedback has been used to finalise the NSQPCH Standards, which are expected to be released in the second half of 2021.

Healthcare-associated infections, and infection prevention and control

Healthcare-associated infections are some of the most common and significant hospital-acquired complications, with almost 47,000 healthcare-associated infections per year. As well as causing unnecessary pain and suffering for patients and their families, a healthcare-associated infection can prolong a patient's hospital stay and add considerably to the cost of delivering health care.

Effective infection prevention and control practices can minimise the risk of transmission of infection between patients, healthcare workers and other people in the healthcare environment and, in turn, reduces the risk of healthcare-associated infections.

Key infection prevention and control activities undertaken by the Commission in 2020–21 include the following.

Revision of the Infection Control Standard

The Commission convened the National Clinical Taskforce to support the review of the NSQHS Preventing and Controlling Healthcare-Associated Infection Standard. This review had a strong focus on transmission-based precautions, including aerosol-based transmission, environmental and other controls in relation to COVID-19.

This work resulted in the [2021 Preventing and Controlling Infections Standard](#), which was released for implementation in June 2021.

Major refinements included providing information about:

- Ensuring healthcare worker safety as part of patient safety objectives
- Managing members of the workforce with transmissible infections
- Managing the wellbeing of patients and healthcare workers who are required to isolate or quarantine due to infection.

The refinements also included requiring:

- Health service organisations to use the hierarchy of controls, in combination with infection prevention and control systems, to control for hazards such as aerosols
- Use of a precautionary approach to prevent transmission of infection, especially where evidence is emerging
- Consideration of ventilation and air management system issues, and emerging evidence in relation to these issues, as part of a precautionary approach to responding to the risk of airborne transmission of COVID-19.

Surveillance of healthcare-associated infections

From July 2020, the new national benchmark for *Staphylococcus aureus* bloodstream infection (SABSI) of 1.0 per 10,000 patient days came into effect. To support the implementation of this benchmark and local improvement activities, the Commission published an [online compendium of SABSI prevention resources](#), developed jointly with the states and territories, and an [information guide on SABSI data analysis](#). An updated implementation guide for SABSI surveillance, including an updated SABSI surveillance definition, has been published. The updated surveillance case definition for SABSI will take effect from 1 July 2021.

The Commission's work on *Clostridioides difficile* infection (CDI) continued in 2020–21, with the publication of the [2018 CDI data snapshot report](#) and the development of a three-year amalgam report on the national burden of CDI. Both reports highlighted the continued high prevalence of community-associated CDI cases presenting to Australian hospitals, indicating the need for greater effort to prevent and monitor CDI in the community.

National Hand Hygiene Initiative

The Commission continued its processes to enhance the National Hand Hygiene Initiative (NHHI), in collaboration with states and territories and the private sector. During 2020–21, improvements included automating validation of audit data, enabling access to auditor training resources via the NHHI learning management system, and the ongoing review and update of NHHI user guides.

More than 1,100 organisations submitted hand hygiene compliance data for Audit 1 2021 (1 November 2020 to 31 March 2021), which is the highest participation recorded since the NHHI began in 2008. Hospitals have continued to report hand hygiene compliance greater than the 80% national benchmark. Compliance for most healthcare worker groups also exceeded the national benchmark, and student doctors exceeded the benchmark for the first time in 2020.

Environmental cleaning resources

A [suite of environmental cleaning resources](#) was produced by the Commission. This included fact sheets on auditing environmental cleaning, product selection and new and emerging technologies. These resources emphasise the critical importance of maintaining clean and hygienic clinical environments for delivery of health care.

Updated guide on controlling carbapenemase-producing *Enterobacterales*

After an extensive review and consultation process, the Commission revised the guide on recommendations for the control of carbapenemase-producing *Enterobacterales* (CPE). CPE poses a significant risk to patient safety, because bacteria that produce carbapenemase enzymes are almost always resistant to other important antibiotic classes besides carbapenems. This means that effective treatment options for infections may be limited, and lengths of hospital admissions may increase.

Antimicrobial use and resistance in Australia

Antimicrobial resistance (AMR) reduces the range of antimicrobials available to treat infections, and increases morbidity and mortality associated with infections caused by multidrug-resistant organisms. AMR is well established as a priority area of action because of its serious and growing impact on human health.

Key AMR activities undertaken by the Commission in 2020–21 include the following.

Antimicrobial Use and Resistance in Australia Surveillance System

During 2020–21, the Commission continued the operation and enhancement of the Antimicrobial Use and Resistance in Australia (AURA) Surveillance System. As part of this, the Commission produced a range of reports, and supported transition of the overall coordination of AURA to the Department, as part of the expansion of AMR surveillance to a national One Health approach.

The Commission worked with the Australian Group on Antimicrobial Resistance (AGAR), the National Antimicrobial Prescribing Survey and the National Antimicrobial Surveillance Utilisation Program to finalise publications for their surveillance programs. The Commission also developed *AURA 2021: Fourth Australian report on antimicrobial use and resistance in human health*, which is finalised and expected to be formally released in the second half of 2021.

In 2020–21, the Commission continued to coordinate and operate other AMR surveillance systems, such as CARAlert and Australian Passive AMR Surveillance (APAS). APAS provides the largest volume of AMR data to AURA, and now includes more than 80 million individual susceptibility results from all states, the Australian Capital Territory, and a number of private sector laboratories. These data are readily accessible by the health service organisations that participate in APAS, and AURA reports include geographical and organism-related AMR trends to support states and territories, and clinicians.

Some of the key issues identified and reported on by the AURA Surveillance System in 2020–21, include:

- Ongoing inappropriate antimicrobial use in aged care; this included prolonged duration of use, high rates of PRN (as required) prescriptions, high rates of topical use, prolonged prophylaxis for conditions for which this is not recommended by guidelines, and poor documentation of indication, review and stop dates for antimicrobial prescriptions
- Resistance to ciprofloxacin and other fluoroquinolones has continued to rise in *Escherichia coli* isolates from community-onset infections, despite restricted access to these agents on the Pharmaceutical Benefits Scheme – these changes in resistance may mean increasing treatment failures and greater reliance on last-line treatments.

Participation in the WHO Global Antimicrobial Resistance and Use Surveillance System

In July 2020, the Commission worked with AGAR to analyse and submit AMR data to the WHO Global Antimicrobial Resistance and Use Surveillance System Program. Data were provided from the AGAR 2019 Sepsis Outcome Programs, and included five pathogens from blood (*Staphylococcus aureus*, *Klebsiella pneumoniae*, *Escherichia coli*, *Acinetobacter* species, *Salmonella* species). This is a significant achievement for AURA, and the first time data on these pathogens have been submitted by Australia to be included in this picture of international AMR.

Safety in digital health

The Commission contributes to improvements in digital health by optimising safety and quality in the rollout of clinical systems, including through development of tools, guidance and standards, and by undertaking reviews and research.

Key digital health activities undertaken by the Commission in 2020–21 include the following.

National Safety and Quality Digital Mental Health Standards

The [National Safety and Quality Digital Mental Health \(NSQDMH\) Standards](#) were launched in November 2020.

The Commission developed the NSQDMH Standards with funding from the Department, and in collaboration with consumers, carers, families, clinicians, service providers and technical experts.

The NSQDMH Standards are a significant first step in providing safety and quality assurance for digital mental health service users, and best-practice guidance for service providers and developers. The Commission published resources to support digital mental health service providers implement the NSQDMH Standards.

In 2021, the Commission designed and piloted an accreditation scheme for the NSQDMH Standards. Accrediting agencies conducted assessments for a range of service providers to explore how the accreditation process works in the digital space. The findings from the pilot will inform the Commission's recommendations to the Department for the implementation of the scheme in 2021–22.

My Health Record clinical safety program

The Australian Digital Health Agency (ADHA) engaged the Commission to undertake a clinical safety program for the My Health Record system and other national digital health infrastructure. In 2020–21, this included completing Clinical Safety Review 21, which examined the progress of health service organisations in implementing systems that can provide high-quality clinical information to My Health Record.

My Health Record in emergency departments

The ADHA also engaged the Commission to investigate requirements for emergency department clinicians to use the My Health Record system. In June 2021, the Commission finalised the *My Health Record in Emergency Departments – Final Report and Adoption Model*.

The report's findings are based on a five-month study in four hospital emergency departments across Australia. Study activities included a staff survey, the collection of My Health Record 'case studies' from staff and patients, emergency department operational data, and My Health Record activity data.

Electronic Medication Management Self-Assessment Tool

The Commission developed the online [Electronic Medication Management Self-Assessment Tool](#) (EMM SAT) to support health service organisations to collect feedback about their system utility, and inform improvements to their EMM, as part of a continuous quality improvement program.

The online EMM SAT tool was released in late 2020 to a target group of health service organisations. Following positive feedback, it was rolled out more widely in 2021. Ongoing evaluation of the EMM SAT will continue throughout 2021 to better assess the tool's effectiveness in supporting improvements in EMM systems.

Improving transitions of care between residential aged care facilities and hospitals

The Commission is undertaking a project to identify opportunities to improve transitions of care between residential aged care facilities (RACFs) and hospitals. Initially, the project is exploring the use of the My Health Record during transitions of care. This includes examining whether the My Health Record and the content contained within its current documents assists in the transition of information between health service organisations and RACFs. This project will support adjacent activities being undertaken by the Department as part of the Digital Economy Strategy, which includes a \$301.8 million investment to enhance the My Health Record system.

Recruitment of up to four pilot sites began in 2020–21, including both RACFs and hospitals. The pilot will help inform an understanding of the role and effectiveness of My Health Record in transmitting accurate and timely information, and its impact on user workload, medication safety, and hospital readmission rates and incidents during transitions of care. The project started in 2020–21 and is due to be completed in 2021–22.

Medication safety

The Commission leads and coordinates a range of national initiatives to reduce medication errors and harm from medicines. Key medication safety activities undertaken by the Commission in 2020–21 include the following.

National baseline report on quality use of medicines

In November 2019, quality use of medicines and medicines safety was announced as Australia's 10th National Health Priority Area. The Commission is leading work on a national baseline report on quality use of medicines and medicine safety, which will be used to inform new best-practice models, new national standards and better medication management.

Phase 1 of the report focuses on aged care and issues of polypharmacy, use of antipsychotic medicines and transitions of care. Phase 2 of the report focuses on investigating the broader issues of quality use of medicines and medicines safety, as well as issues of medication safety during transitions of care.

Informed by a discussion paper and public consultation in August 2020, phase 1 of the report will be released in the second half of 2021.

Review of quality use of medicines publications for aged care and community

In March 2021, the Commission was engaged by the Department to review and update three national quality use of medicines publications related to the [National Medicines Policy](#):

- [Guiding principles for medication management in the community and reference guide](#)
- [Guiding principles to achieve continuity in medication management.](#)

In 2020–21, a literature review and environmental scan were undertaken to inform the project, and a project advisory group provided technical and strategic advice. The revised guiding principles are due for completion and release in late 2021.

National standard for labelling dispensed medicines

Standardised labelling makes it easier for consumers to locate and understand the information about how to take their medicines safely and effectively. The Commission released the [National Standard for Labelling Dispensed Medicines](#) to guide the format and content of medicine-related information printed on dispensed medicines. The standard is for all health professionals who dispense medicines, including pharmacists, pharmacy technicians, nurse practitioners, general practitioners, optometrists and dentists.

- [Guiding principles for medication management in residential aged care facilities](#)

Psychotropic medicines point prevalence study

The Commission is coordinating a psychotropic medicines point prevalence study involving 11 health service organisations across New South Wales, Queensland and South Australia to better understand the issue of inappropriate use of psychotropic medicines within residential aged care. The study began in May 2021, and aims to describe the prevalence and characteristics of psychotropic medicines initiated in hospitalised patients who are discharged to RACFs. A final report will be completed in 2021–22, and the study findings will inform future action by the Commission to support a reduction in inappropriate use of psychotropic medicines.

Active ingredient prescribing

National legislation on active ingredient prescribing was introduced in October 2019 with the aims of reducing consumer confusion, improving safe and quality use of medicines, and promoting the uptake of generic and biosimilar medicines. The Commission was engaged by the Department to develop guidance and resources for prescribers to support action to meet these new legislative requirements. These include:

- [*Active ingredient prescribing: User Guide for Australian prescribers and accompanying fact sheet*](#)
- [*Active ingredient prescribing: List of Medicines for Brand Consideration*](#)
- [*Active ingredient prescribing: List of Excluded Medicinal Items.*](#)

Education courses on high-risk medicines

The Commission has partnered with SA Health to develop an online suite of high-risk medicines eLearning modules. These modules promote the safe use of high-risk medicines, and each module focuses on a specific topic, medicine or medicine group.

There are currently five modules available, including one on opioid analgesics in acute settings that was released in February 2021. The final two modules – on psychotropic medicines and chemotherapy, and immune modulators – are in development and are expected to be released in 2021–22.

National Opioid Analgesic Stewardship Program

In May 2020, the Therapeutic Goods Administration (TGA) engaged the Commission to develop the National Opioid Analgesic Stewardship Program, including a clinical care standard.

A multidisciplinary topic working group was established to provide advice and guidance for the project. A discussion paper was distributed in April 2021 for consultation, and a framework for the National Opioid Analgesic Stewardship Program was provided to the TGA. The Commission will finalise the Opioid Analgesic Stewardship Clinical Care Standard in 2021–22.

Anticoagulant stewardship incident analysis

Inappropriate concomitant prescribing and administration of heparins and direct oral anticoagulants (DOACs) is a significant clinical issue. Clinicians not recognising anticoagulant medicines within the DOAC group has been identified as contributing to this problem.

In response to this issue, the Commission has developed the *Anticoagulant Stewardship – Incident Analysis* report. This report describes and quantifies anticoagulant-related incidents reported by hospitals and other healthcare services across Australia. The report also includes resources and initiatives that have been developed to support local anticoagulant stewardship efforts across Australia.

Mental health

The Commission has an ongoing commitment to support safety and quality in the delivery of mental health care. Key mental health activities undertaken by the Commission in 2020–21 include the following.

Recognising and responding to deterioration in a person's mental state

The Commission released the [Escalation Mapping template](#) in August 2020, a quality improvement tool to assess the efficacy of health service organisations' systems for recognising and responding to deterioration in a person's mental state.

In May 2021, the Commission convened two webinars, bringing together stakeholders from a range of healthcare settings to share innovative and context-specific approaches to recognising and responding to deterioration in a person's mental state.

Standards and guidance for community mental health services

The Commission developed a draft *NSQHS Standards Guide for Acute and Community Mental Health Services*. This guide provides information to support the implementation of the NSQHS Standards in mental health service organisations that are part of the AHSSQA Scheme. The guide will be finalised and released in late 2021.

In addition, in April 2021, the Commission began national consultation on the development of National Safety and Quality Mental Health Standards for Community Managed Organisations. These standards will complement existing standards, including the NSQHS Standards and the NSQDMH Standards, and provide consistent safety and quality standards across the continuum of care.

Cognitive impairment and intellectual disability

The Commission works collaboratively with agencies such as the NDIS Quality and Safeguards Commission and the Aged Care Quality and Safety Commission to increase the focus on safety and quality issues for people with cognitive impairment and intellectual disability.

Key activities undertaken by the Commission in 2020–21 on cognitive impairment and disability include the following.

Healthcare rights guide for people with cognitive impairment

The Commission released [*My Healthcare Rights: A guide for people with cognitive impairment*](#) for people with cognitive impairment and their families, along with translations into 10 languages and an easy-English guide.

The Commission has also worked closely with the NDIS Quality and Safeguards Commission and the Aged Care Quality and Safety Commission in developing a coordinated action plan aimed at reducing inappropriate use of psychotropic medicines in response to behavioural and psychological symptoms of dementia and other conditions.

Resource for intellectual disability

The Commission began development of resources for health service organisations on using the NSQHS Standards to improve care of people with intellectual disability. These resources will outline strategies for improvement, examples of good practice and helpful links, and will be completed in 2021–22.

Reducing inappropriate use of antipsychotic medicines

A [web page](#) of guidance and resources for reducing inappropriate use of antipsychotic medicines was published by the Commission. This web page includes links to relevant Commission work, including data from the *Australian Atlas of Healthcare Variation* series, the Delirium Clinical Care Standard, the NSQHS Standards and information on medication safety.



Communicating for safety

Communication is essential for safe, high-quality care. Failures in communication are commonly cited as a contributing factor in a range of preventable adverse events.

Key activities undertaken by the Commission in 2020–21 on communicating for safety include the following.

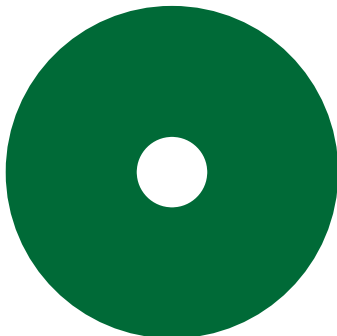
Open disclosure

A key recommendation of the 2020 review of the Australian Open Disclosure Framework was to update Commission resources to better support consistent implementation of the open disclosure process and increase consumer awareness of the purpose and value of open disclosure.

In March and April 2021, the Commission and the Consumers Health Forum of Australia facilitated consumer focus groups to co-design consumer fact sheets on open disclosure. A suite of consumer resources will be finalised in late 2021; they will include infographics, an easy-English version and translations of the fact sheets. Clinician open disclosure resources were also reviewed and updated in 2021.

Informed consent

In September 2020, new guidance was released on informed consent, the [*Informed Consent in Health Care*](#) fact sheet. The fact sheet sets out the importance of clear communication, discussion and shared decision making with the person receiving care, before obtaining informed consent. The fact sheet also provides information on key principles for informed consent, clinician ethical and legal responsibilities, consumer rights, and useful resources.



Comprehensive care

Comprehensive care describes the integration of screening, assessment and risk identification processes, with the aim of developing an individualised care plan. This individualised care plan should be developed through shared decision-making processes, be tailored to the needs and preferences of the patient, and prevent or minimise risk of harm.

Key comprehensive care activities undertaken by the Commission in 2020–21 include the following.

Guidance and resources

The Commission developed resources to support implementation of the Comprehensive Care Standard, including:

- [*Implementing the Comprehensive Care Standard: Deliver comprehensive care*](#)
- [*Implementing the Comprehensive Care Standard: Clinical assessment and diagnosis*](#)
- [*Setting Your Health Care Goals*](#), an animation for consumers to support them setting their goals of care
- [*Set Goals for Your Care*](#) infographic
- A series of comprehensive care fact sheets.

The Commission also began evaluating implementation of the Standard to identify where further guidance and support may be needed. Assessed health service organisations were surveyed and assessment outcome data was reviewed, and findings will inform implementation of a targeted communication strategy for comprehensive care in 2021–22.

Sepsis program

The Department engaged the Commission to lead the [*National Sepsis Program*](#) in partnership with The George Institute for Global Health. The program consists of eight discrete projects aimed at improving outcomes for patients with sepsis in Australia.

A range of activities were completed in 2020–21, including:

- Development of a [*report*](#) on the epidemiology of sepsis in Australia
- Revision of the [*Antimicrobial Stewardship Clinical Care Standard*](#)
- [*Scoping*](#) the current state of sepsis survivorship services
- A [*systematic review*](#) of trigger tools that promote early detection of sepsis symptoms.

The findings from these activities will inform the development of the Sepsis Clinical Care Standard, and the review of the *National Consensus Statement: Essential elements for recognising and responding to acute physiological deterioration*, which will both start in 2021–22.

“Consumers will always
be at the centre of
everything we do.

— Board Chair, Professor Villis Marshall AC



Priority 2: Partnering with consumers

This priority area aims to ensure that patients, consumers, carers and the community are engaged in understanding and improving health care for all.

Supporting consumer engagement and partnerships

Raising consumers' awareness of their healthcare rights, the roles they play, and options available to foster healthcare improvement is a core focus of the Commission's work.

Key activities undertaken by the Commission in 2020–21 to support consumer engagement and partnerships include the following.

Australian Charter of Healthcare Rights

The Australian Charter of Healthcare Rights (the Charter) aims to provide a shared understanding between consumers, clinicians and healthcare services about the rights of consumers accessing health care in Australia. As outlined in the NSQHS Standards, health service organisations are required to have a charter of rights that is consistent with the Charter, and to ensure that this information is easily accessible to patients, carers, families and consumers.

The Commission published two guides on the Charter for consumers, [*Understanding My Healthcare Rights: A guide for consumers*](#) and [*Understanding My Healthcare Rights: A summary booklet for consumers*](#).

In addition, in response to requests from health service organisations, the Commission also published digital versions of the Charter poster, and infographics for display on television screens and patient rooms. These formats were

developed to reduce the risk of infection associated with paper resources, and to provide options for consumers who may prefer non-written information.

The Commission began consultation and engagement with Aboriginal and Torres Strait Islander consumers to identify their needs and preferences for how to communicate information on the Charter in a meaningful way. Resources for Aboriginal and Torres Strait Islander communities will be developed in 2021–22.

The Commission also started work on three short resources to support health service organisations and clinicians apply the principles of the Charter in their day-to-day interactions with consumers. A national survey and workshops with clinicians and health service managers informed the development of the resources, which are expected to be released in late 2021.

Shared decision making and health information

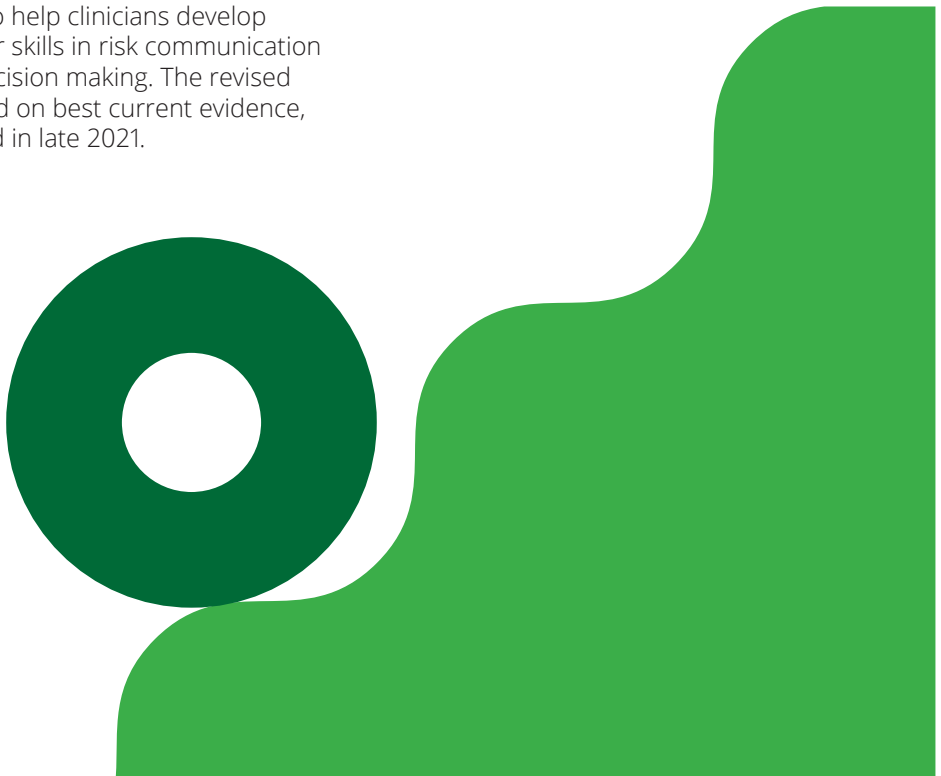
The Commission reviewed and updated three patient decision aids, originally published in 2016, on the use of antibiotics for [sore throats](#), [middle ear infections](#) and [acute bronchitis](#). The approach involved an expert review of the evidence underpinning each of the resources, as well as design improvements to improve accessibility. Clinicians and consumers can use these aids during a consultation to weigh up the potential benefits and harms of using antibiotics, and make a decision together about the best treatment.

The Commission, in partnership with the Australian and New Zealand College of Anaesthetists, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, and the Royal Australasian College of Physicians, reviewed the online education module [Helping Patients Make Informed Decisions: Communicating risks and benefits](#). The module, first published in 2016, aims to help clinicians develop and refine their skills in risk communication and shared decision making. The revised modules, based on best current evidence, will be released in late 2021.

End-of-life care

The Commission published [Delivering and Supporting Comprehensive End-of-Life Care: A user guide](#) for health service organisations and clinicians. This guide provides information for delivering end-of-life care that aligns with the NSQHS Standards and the *National Consensus Statement: Essential elements for delivering safe and high-quality end-of-life care*. Three complementary fact sheets for clinicians were also developed: [clinical basics](#), [planning](#) and the [last days of life](#).

A rapid literature review to update the evidence on safe and high-quality end-of-life care, and specific issues associated with end-of-life care during the COVID-19 pandemic, was also undertaken. The review will be used to inform the review and revision of the *National Consensus Statement: Essential elements for delivering safe and high-quality end-of-life*, which is to begin in 2021–22.



Measuring patient experience

Understanding patients' experience of their care and outcomes is vital for identifying where improvements in the safety and quality of health care can be made. Key activities undertaken by the Commission in 2020–21 on measuring patient experience include the following.

Patient-reported experience measures

The Commission undertook an environment scan and literature review to understand how patient experience data are collected, measured and used in primary health care. The review provided insights into patient experience measurement in primary care in Australia, and will inform the Commission's future action in this area.

The Commission continued to support health service organisations implementing the [Australian Hospital Patient Experience Question Set \(AHPEQS\)](#). AHPEQS is a non-proprietary 12-question survey instrument that assesses core aspects of patient experience. AHPEQS focuses on hospital patients and provides a mechanism for health service organisations to measure patient experience in a consistent manner.

Patient-reported outcome measures

Patient-reported outcome measures (PROMs) provide a systematic way to assess the effectiveness of healthcare interventions from the patient's perspective. They complement and extend traditional measures, such as clinical indicators and measures of output or efficiency.

The Commission convened an expert advisory group and hip fracture expert panel to widen the use of PROMs in hip fracture care. The Commission is also working with experts to develop recommendations for the use of PROMs in low back pain and maternity care.

The Commission has been collaborating with the Organisation for Economic Co-operation and Development on a project to develop, pilot and report on PROMs internationally. In 2020–21, the Commission started managing Australia's involvement in international work to develop a new survey on outcomes and experiences of patients over the age of 45 who have one or more chronic condition and receive primary or ambulatory care.

“Change would not be possible without the support and commitment of all our healthcare partners.

— Chief Executive Officer, Adjunct Professor Debora Picone AO



Priority 3: Partnering with healthcare professionals

This priority area aims to ensure that healthcare professionals, organisations and providers are engaged and supported to deliver safe and high-quality care.

Indicators, measures and dataset specifications

Most health care in Australia is associated with good clinical outcomes; however, preventable adverse events and complications continue to occur across the healthcare system. To assist in identifying instances of harm, the Commission has developed three indicators for local monitoring of safety and quality: hospital-acquired complications, avoidable hospital readmissions and sentinel events.

In partnership with the Independent Hospital Pricing Authority (IHPA), and the state and territory health departments, the Commission developed specifications for hospital-acquired complications, avoidable hospital readmissions and sentinel events indicators under the National Health Reform Agreement. The 2020–25 Addendum to the National Health Reform Agreement includes these indicators, and promotes development of ways to reduce avoidable and preventable hospitalisations in collaboration with IHPA and the Administrator of the National Health Funding Pool.

Key indicator, measure and dataset specification activities undertaken by the Commission in 2020–21 include the following.

Sentinel Events and Hospital-acquired Complications list curation

The 2020–25 Addendum to the National Health Reform Agreement states that the Commission will curate the [Australian Sentinel Events list](#) and the [Hospital-acquired Complications \(HACs\) list](#) to ensure that they remain robust and relevant for clinical improvement purposes. The Commission continued curation of these lists in 2020–21, overseen by a clinical advisory group and with advice from relevant clinical specialty panels. [Version 3.1 of the HACs list](#) was published in March 2021, while work on mental health hospital-acquired complications continued in 2020–21.

Avoidable Hospital Readmissions list maintenance

The Commission developed the [Avoidable Hospital Readmissions list \(V1\)](#), including associated condition-specific timeframes. Under the 2020–25 Addendum to the National Health Reform Agreement, the Commission is also responsible for the ongoing maintenance and review of this list.

In late 2020, the Commission began a review of the Avoidable Hospital Readmissions list (V1), based on the process used for the curation of the HACs list. Version 2 of the Avoidable Hospital Readmissions list will be developed in 2021–22.

Avoidable and preventable hospitalisations

The 2020–25 Addendum to the National Health Reform Agreement requires the IHPA, the Commission and the Administrator of the National Health Funding Pool to ‘provide options for the further development of safety and quality-related reforms, including examining ways that avoidable and preventable hospitalisations can be reduced through changes to the National Health Reform Agreement’.

In 2020–21, the Commission developed its advice that avoidable and preventable hospitalisations can be reduced through evidence-based models of care for the management of certain conditions; the Commission has specified a list of these conditions. The Commission’s advice, along with advice from the IHPA and the Administrator of the National Health Funding Pool, on potential pricing and funding mechanisms will be included in a report for health ministers.

Clinical care standards indicators

The Commission has continued to develop and specify indicators to support the implementation of the clinical care standards. Indicators were developed for the [Acute Anaphylaxis Clinical Care Standard](#), and the indicator set for the [Antimicrobial Stewardship Clinical Care Standard](#) was revised to ensure that the indicators remain fit for purpose, relevant and appropriate.

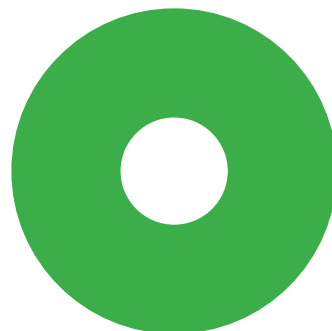
Work is under way to develop indicators for the new Sepsis Clinical Care Standard and the Low Back Pain Clinical Care Standard, and the revised [Delirium Clinical Care Standard](#).

Patient safety culture measurement toolkit

Measuring staff perceptions of patient safety culture is invaluable. Healthcare staff are often the first to identify patterns of unsafe practice, and can often recognise risks or conditions that increase the likelihood of unsafe practices occurring.

The Commission finalised a patient safety culture measurement toolkit in 2020–21. The toolkit includes a validated survey to measure patient safety culture from the perspective of staff, information on other validated measures, and advice on implementation and improvement strategies.

The Commission will continue to work with the expert advisory group to promote the toolkit and support hospitals that are implementing projects to measure and improve patient safety culture.



Improving reporting of safety and quality data

Improving reporting of safety and quality data involves providing guidance, technical specifications and standards to support meaningful collection, analysis and use of data to measure and improve the safety and quality of health service delivery. Key activities to improve reporting of safety and quality data undertaken by the Commission in 2020–21 include the following.

Aligning public reporting for public and private hospitals

National public reporting of key safety and quality information will enable greater transparency of, and accountability for, the safety and quality of health care. It will contribute to quality improvement and quality assurance practices, and allow consumers to make better-informed choices about their care.

The Commission is undertaking the Patient Safety Reporting project to implement a health ministers' agreement to align public reporting against standards of quality health care and patient safety across public and private hospitals nationally. The project aims to deliver standard national public reporting of five quality health care and patient safety measures across the hospital sector.

In 2020–21, the Commission finalised the technical specifications of indicators for the first four of these measures, and the requirements for the validation and public reporting platform.

Incident monitoring

A patient safety incident is an event or circumstance that could have resulted, or did result, in unnecessary harm to a patient. Incident monitoring systems are used to capture patient safety incidents and near misses.

The Commission developed a guide for incident monitoring, which provides a concise overview of the incident monitoring process and its underlying

principles. The guide consolidates best-practice approaches based on literature reviews and state and territory incident monitoring policies.

The Commission also worked with an expert advisory committee to start development of a national approach to share analysis, reports and lessons learned from patient safety incidents. The aim is for the information to be shared across Australia to improve patient safety.

National Clinical Trials Governance Framework

The Commission conducted a pilot evaluation of the National Clinical Trials Governance Framework (the Governance Framework). The pilot included 33 health service organisations with clinical trial services. The pilot assessed the services against actions within the NSQHS Standards Clinical Governance Standard and Partnering with Consumers Standard, as provided in the Governance Framework.

As part of the pilot, the Commission engaged a mentoring team and an accrediting agency to conduct an accreditation assessment against a maturity scale. Overall, the Governance Framework was well received, and early insights indicate that health service organisations considered participation in the pilot valuable when navigating the changes required to embed clinical trial service provision into existing clinical and corporate governance systems.

“The Atlas is a cornerstone of our work, highlighting opportunities to improve access to evidence-based appropriate health care.

— Chief Executive Officer, Adjunct Professor Debora Picone AO



Priority 4: Quality, value and outcomes

This priority area aims to ensure that evidence informs the delivery of safe, appropriate and high-quality care.

Identifying healthcare variation

Australia has one of the best health systems in the world, but there are large variations in the way health care is currently delivered across the country. Healthcare variation is not necessarily bad, and if it reflects differences in patients' needs or preferences it is a good thing. But when a difference in use does not reflect these factors, it is unwarranted variation and represents an opportunity for the health system to improve.

This improvement may involve increasing access to treatment options that produce better outcomes for patients, or reducing treatment with little or uncertain benefit. Addressing unwarranted healthcare variation can therefore benefit patients and improve the value gained from the health budget.

Key activities undertaken by the Commission in 2020–21 to identify healthcare variation include the following.

The *Fourth Australian Atlas of Healthcare Variation*

The Commission published the *Fourth Australian Atlas of Healthcare Variation* (the fourth Atlas) in partnership with the Australian Institute of Health and Welfare. Covering 17 clinical items across six topic themes, the fourth Atlas was launched by the Minister for Health and Aged Care, the Hon. Greg Hunt MP on 28 April 2021.

Some key findings of the fourth Atlas included:

- **Early planned birth**

Around half (between 43% and 56%) of planned caesarean section births before 39 weeks in 2017 did not have a medical or obstetric reason, putting many newborns at avoidable risk. Birth before 39 weeks' gestation is associated with a higher risk of breathing problems in

newborns, and a higher risk of long-term learning and behavioural problems.

- **Chronic disease and infection: potentially preventable hospitalisations**

More than 330,000 potentially preventable hospitalisations in Australia in 2017–18 were due to five conditions: chronic obstructive pulmonary disease (COPD), kidney infections and urinary tract infections (UTIs), heart failure, cellulitis, and diabetes complications.

Rates of hospitalisation for these conditions varied substantially according to where people lived. Variation between lowest and highest rate areas was greatest for COPD (the highest rate was 18.5 times higher than the lowest), cellulitis (15.5 times) and diabetes complications (12.2 times).

Aboriginal and Torres Strait Islander people, people living in areas of socioeconomic disadvantage, and people living in remote areas had substantially higher rates of hospitalisation for the five conditions than other Australians. The rate of COPD hospitalisations for Aboriginal and Torres Strait Islander people was 4.8 times as high as the rate for other Australians.

Rates in 2017–18 were higher than in 2014–15 for all conditions, except for kidney infections and UTIs. There were large increases in hospitalisation rates for Aboriginal and Torres Strait Islander people, including a 17.8% increase for cellulitis and a 15.7% increase for COPD.

Resources for using healthcare variation data

In addition to online interactive Atlases, which allow data to be viewed, downloaded, compared and shared, the Commission has produced a range of resources to help health service organisations use and act on healthcare variation data. These resources feature case studies and interviews with clinicians and safety and quality experts, who share their practical advice on how to use healthcare variation data to make meaningful improvements in clinical care.

Key resources produced by the Commission in 2020–21 for using healthcare variation data include the following.

Better Care Everywhere online program series

In February 2021, the Commission held the online program series [*Better Care Everywhere: Healthcare variation in practice*](#). The program series consisted of five webinars with keynote presentations from Australian healthcare leaders, followed by question-and-answer sessions:

1. *Same care everywhere? Far from it!*

A discussion about the causes of healthcare variation, what variation means for health service leaders, clinicians, consumers and the health system, and how Atlas data can be used to improve health outcomes.

2. *Stopping the habit: Opioid prescribing in general practice*

Advice on reducing inappropriate opioid prescribing, and the resulting harm, in primary care in Australia.

3. *Preventing a problem: Opioid prescribing in hospitals*

Practical tips on how to change prescribing practices in hospitals, and work with primary care providers to prevent the problems of ongoing opioid use.

4. *Vanishing variation: Practical tips for doing more of the same*

A discussion about managing change, and advice on how to make the investigation and management of healthcare variation part of your clinical governance framework. Recorded as an episode of the *No Harm Done* podcast.

5. *NSQHS Standards Action 1.28:
Your roadmap to better care*

Presentation of several case studies showing how to identify, investigate and address unwarranted variation, using the six steps to drive change and deliver better care in the *NSQHS Standards User Guide for the Review of Clinical Variation in Health Care*.

Development of further case studies for the *NSQHS Standards User Guide for the Review of Clinical Variation in Health Care*

The *NSQHS Standards User Guide for the Review of Clinical Variation in Health Care* provides step-by-step instructions for health service organisations on how to implement Action 1.28 of the NSQHS Standards. It includes several case studies, demonstrating how health service organisations can use data to identify and address potentially unwarranted clinical variation. More case studies are in development, using contributions from health service organisations that were prompted by consultation for the fourth Atlas.

Improving appropriateness of care

Appropriate care means offering patients care that optimises benefits and minimises harms, and is based on the best available evidence. At a health system level, it also needs to take into account whether the people with the greatest clinical need are receiving care.

Key activities by the Commission in 2020–21 to improve appropriateness of care include the following.

Clinical care standards

The Commission launched two new clinical care standards: the [Third and Fourth Degree Perineal Tears Clinical Care Standard](#) and the [Management of Peripheral Intravenous Catheters Clinical Care Standard](#). In addition, the Commission began work on three new clinical care standards.

Acute Anaphylaxis Clinical Care Standard

The Commission drafted the Acute Anaphylaxis Clinical Care Standard, which aims to help improve the recognition of anaphylaxis and the provision of appropriate treatment and follow-up care. This standard is expected to be completed in 2021–22, and aligns with a recommendation in the 2020 Parliamentary Inquiry into Allergy and Anaphylaxis report *Walking the Allergy Tightrope*.

Low Back Pain Clinical Care Standard

The Commission drafted the Low Back Pain Clinical Care Standard, which aims to improve the early assessment and management of low back pain based on the best available evidence, and to reduce the use of investigations and treatment options that may be ineffective or unnecessary. This standard is expected to be consulted on and completed in 2021–22.

Sepsis Clinical Care Standard

As part of the National Sepsis Program, in 2020–21 the Commission drafted the Sepsis Clinical Care Standard. The purpose of the Sepsis Clinical Care Standard is to support evidence-based practices to improve early recognition, treatment and outcomes for patients with sepsis in Australia. This standard relates to neonatal, paediatric and adult patients in acute, non-acute and pre-hospital settings, and is expected to be completed in 2021–22.

Promotion of the Colonoscopy Clinical Care Standard

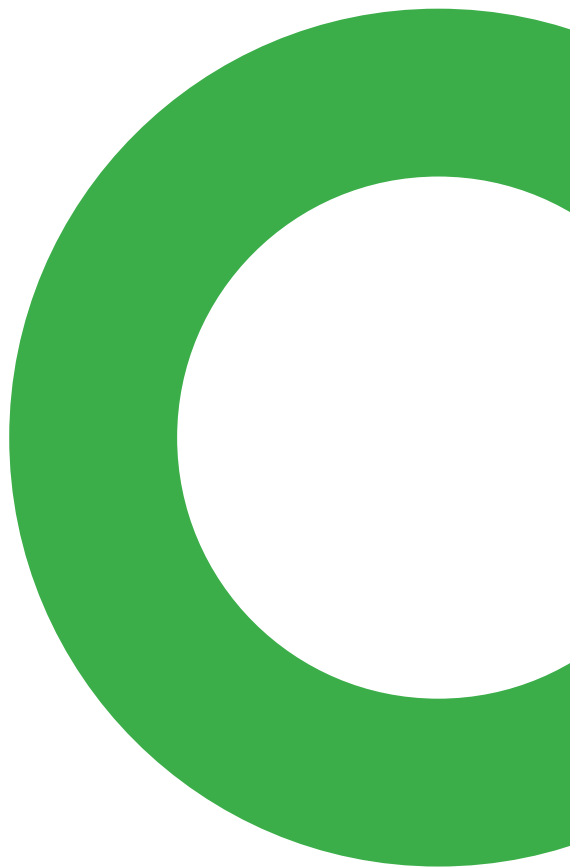
A range of resources were developed to support the implementation of the Colonoscopy Clinical Care Standard, including an [educational webinar series](#), a [checklist](#), a [gap analysis tool](#) and an indicator report. In addition, a [consumer fact sheet](#) about reducing the risk of bowel cancer, and a [consumer fact sheet and video](#) for Aboriginal and Torres Strait Islander peoples were developed in 2020–21.

Annual performance statements

As the accountable authority of the Commission, the Board presents the 2020–21 annual performance statements of the Commission, as required under subsection 39(1) (a) of the *Public Governance, Performance and Accountability Act 2013*. In the opinion of the Board, based on advice from Commission management and the Audit and Risk Committee, these annual performance statements accurately reflect the performance of the Commission and comply with subsection 39(2) of the *Public Governance, Performance and Accountability Act 2013*.



Professor Villis Marshall AC
Board Chair



Our purpose

Our purpose is to contribute to better health outcomes and experiences for all patients and consumers, and improve the value and sustainability of the health system, by leading and coordinating national improvements in the safety and quality of health care. Within this overarching purpose, the Commission aims to ensure that people are kept safe when they receive health care and that they receive care that is right for them.

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

- Formulating standards, guidelines and indicators relating to healthcare safety and quality matters
- Advising health ministers on national clinical standards
- Promoting, supporting and encouraging the implementation of these standards, and related guidelines and indicators
- Monitoring the implementation and impact of the standards
- Promoting, supporting and encouraging the implementation of programs and initiatives relating to healthcare safety and quality matters
- Formulating model national schemes that provide for the accreditation of organisations that provide healthcare services, and relate to healthcare safety and quality matters
- Publishing reports and papers relating to healthcare safety and quality matters.

Analysis of performance against purpose

In 2020–21, the Commission achieved a number of goals in line with the 2020–21 Health Portfolio Budget Statements and *Corporate Plan 2020–21*. The Commission continued to deliver consistently high-quality and valuable work in areas that can be improved through national coordination and action.

The Commission reviewed and refreshed its strategic priorities in 2019–20, and developed a Strategic Intent 2020–2025. The Strategic Intent guides the Commission in undertaking its work, and is expressed in four strategic priorities that aim to ensure that patients, consumers and communities have access to and receive safe and high-quality health care.

Key to the Commission's strategic priorities are partnerships led at a national level, supported by local activities and implementation. To facilitate these national partnerships, the Commission works closely with patients, carers and clinicians; the Australian, state and territory health systems; the private sector; managers; and healthcare organisations to achieve a safe, high-quality and sustainable health system.

The Commission works with its partners to support the implementation of safety and quality initiatives by developing guidance, resources, tools and educational materials. The Commission also supports the evaluation of its activities, and measurement of the impact of initiatives to improve safety and quality of the health system. The Commission continually looks to identify new and emerging safety and quality issues, while being responsive to the evolving needs of its partners and the healthcare system.

In 2020–21, Australian and international healthcare systems continued to respond to the ongoing COVID-19 pandemic. The Commission continued to work flexibly to respond to changing needs and risks within the healthcare system. This included expanding and communicating national guidance on infection prevention and control; developing additional information and resources on COVID-19 for health services, clinicians and consumers; redeploying staff to support critical pandemic response activities, including contact tracing and investigations; and adjusting work plan activities to avoid placing undue pressure on the healthcare system.

The Commission has continued to work differently, both operationally and strategically, to support the health system in its response to the COVID-19 pandemic. The Commission has taken a risk management approach to balancing work plan activities with new requests and redeployment directions, and continually monitored the progress of deliverables. Consequently, the Commission has been able to progress its strategic priorities as planned and deliver the work plan, while at the same time responding and providing support to the health system to operate safely during the COVID-19 pandemic.

In 2020–21, some of the Commission’s key achievements include:

- Development of a range of resources to support health service organisations in understanding and meeting the requirements of the NSQHS Standards, including guides and fact sheets on topics such as consumer involvement in governance, preventing pressure injuries, wound management and reviewing clinical variation
- Implementation of reform strategies to the AHSSQA Scheme, including instituting attestation statements for governing bodies, voluntary short-notice assessments, recognition of exemplar practices and user testing a prototype for public reporting of accreditation outcomes
- Review of the NSQHS Preventing and Controlling Healthcare-Associated Infection Standard. This has a particular focus on transmission-based precautions, including aerosol-based transmission, environmental and other controls in relation to COVID-19. This work resulted in the release of the 2021 *Preventing and Controlling Infections Standard*
- Release of Australia’s first National Safety and Quality Digital Mental Health Standards
- Broadcast of the *Better Care Everywhere: Healthcare variation in practice* online seminar series. This seminar series focused on reducing unwarranted variation in clinical care in Australia through a series of five live-streamed webinars
- Publication of the *Fourth Australian Atlas of Healthcare Variation*. The Atlas highlights opportunities to improve access to evidence-based care across Australia and reduce the use of low-value therapies. This Atlas included topics such as early planned birth, chronic disease and infection, and medication use in older people
- Development and publication of detailed reports from the following AURA Surveillance System programs: the AGAR, the Hospital National Antimicrobial Prescribing Survey and the National Antimicrobial Utilisation Surveillance Program, in addition to the submission of antimicrobial resistance

data to the World Health Organization Global Antimicrobial Resistance and Use Surveillance System Program

- Development and release of the *Delivering and Supporting Comprehensive End-of-Life Care: a user guide for health service organisations and clinicians* and accompanying fact sheets. This guide provides information for achieving end-of-life care that aligns with the NSQHS Standards and the National Consensus Statement
- Commencement of the National Sepsis Program, including completion of a literature review on sepsis trigger tools, and commencement of a Sepsis Clinical Care Standard and medical record review
- Ongoing management of a clinical safety program for the My Health Record system, and delivery of a clinical safety review on the implementation of systems by health service organisations that can provide high-quality clinical information to My Health Record
- Release of the Third and Fourth Degree Perineal Tears Clinical Care Standard and the Management of Peripheral Intravenous Catheters Clinical Care Standard. In addition, work commenced on the development of three new clinical care standards on acute anaphylaxis, low back pain and sepsis, to identify and define the care people should expect to receive or be offered, and support the delivery of appropriate care and reduce unwarranted variation.

Performance against the Corporate Plan 2020–21 and Health Portfolio Budget Statements

The Commission's *Corporate Plan 2020–21* was prepared under subsection 35(1)(a) of the *Public Governance, Performance and Accountability Act 2013*, and published in accordance with section 16E(3) of the *Public Governance, Performance and Accountability Rule 2014*.

The *Corporate Plan 2020–21* identifies the strategic priorities that drive the Commission's direction and work for the four-year period to 2023–24, and specifies how the Commission will measure its performance during that period. The Corporate Plan is informed by the Commission's work plan, which is required under the *National Health Reform Act 2011*. The Corporate Plan can be accessed on the Commission's website: www.safetyandquality.gov.au/about-us/corporate-plan

The Commission's performance criteria for 2020–21 were published in the Corporate Plan and formed the basis of the Commission's entry in the 2020–21 Health Portfolio Budget Statements. Table 1 provides a report against the performance measures set out in the *Corporate Plan 2020–21* and Health Portfolio Budget Statements.

Table 1: Report against performance measures in the *Corporate Plan 2020–21* and Health Portfolio Budget Statements*

Performance criteria	Target 2020–21	Result against performance criteria
<p>Implement the National Safety and Quality Health Service (NSQHS) Standards and coordinate the Australian Health Service Safety and Quality Accreditation Scheme, whilst supporting health services, health professionals, patients and consumers to form effective partnerships.</p>	<p>Hospitals and day procedure services assessed against the NSQHS Standards.</p>	<p>Achieved and ongoing</p> <p>A maintenance period was introduced because the COVID-19 pandemic interrupted assessments. The maintenance period ended on 26 October 2020; however, further lockdowns and border closures have delayed or postponed some assessments.</p> <p>All hospitals and day procedure services have scheduled assessments to the NSQHS Standards. In 2020–21, 148 hospitals or day procedure services were assessed against the NSQHS Standards.</p>
	<p>Provide guidance and resources to support health services to meet the second edition of the NSQHS Standards. In 2020–21, this will include a guide for community health services and a user guide for health services providing care to people from migrant and refugee backgrounds.</p>	<p>Achieved and ongoing</p> <p>A community health services guide and a user guide for people from migrant and refugee backgrounds were finalised and will be released in 2021–22.</p> <p>Multiple fact sheets, tools and advisories were released and updated during 2020–21.</p>

* Wording for the performance criteria and target reflect the Commission's *Corporate Plan 2020–21*. This wording may vary slightly from the performance criteria and target within the 2020–21 Portfolio Budget Statement due to editing and timing of publications.

Table 1: continued

Performance criteria	Target 2020–21	Result against performance criteria
	<p>Accrediting agencies approved to assess health services to the NSQHS Standards.</p>	<p>Achieved and ongoing</p> <p>Seven accrediting agencies held approval to assess to the NSQHS Standards in 2020–21.</p> <p>The next approval process will be conducted in December 2021, before current approvals are due to expire.</p>
	<p>Provide guidance, through publications and other resources, to health services, health professionals, patients and consumers about forming effective partnerships.</p>	<p>Achieved and ongoing</p> <p>Guidance on forming effective partnerships was developed and provided to health services, health professionals, patients and consumers. This included the release of two consumer guides to support the use and understanding of the second edition of the Australian Charter of Healthcare Rights.</p>
<p>Examine healthcare variation and work to reduce unwarranted variation to improve quality and appropriateness of care.</p>	<p>Produce a rolling program of reports on healthcare variation in Australia, and release the <i>Fourth Australian Atlas of Healthcare Variation</i>.</p>	<p>Achieved and ongoing</p> <p>The <i>Fourth Australian Atlas of Healthcare Variation</i> was released in April 2021. The fourth Atlas examined variation in 17 healthcare items across six clinical areas, and included changes in rates over time for 10 items.</p> <p>In February 2021, the Commission broadcast the <i>Better Care Everywhere: Healthcare variation in practice</i> webinar series for policy makers, health service managers and clinicians. This was the first program of its kind dedicated to reducing unwarranted variation in clinical care in Australia.</p>

Table 1: continued

Performance criteria	Target 2020–21	Result against performance criteria
		<p>To support health service organisations reduce unwarranted variation, the <i>NSQHS Standards User Guide for the Review of Variation in Health Care</i> was published in August 2020.</p>
	<p>Produce clinical care standards and other resources focusing on high impact, high burden and high variation areas of clinical care. In 2020–21, this will include clinical care standards on sepsis, lower back pain and acute management of anaphylaxis.</p>	<p>Achieved and ongoing</p> <p>The Acute Anaphylaxis Clinical Care Standard has been finalised and will be released in 2021–22.</p> <p>The Low Back Pain Clinical Care Standard is substantially complete and will be finalised in 2021–22.</p> <p>The consultation draft Sepsis Clinical Care Standard has been completed for public consultation and will be finalised in 2021–22.</p> <p>The Third and Fourth Degree Perineal Tears Clinical Care Standard and the Management of Peripheral Intravenous Catheters Clinical Care Standard were released in 2020–21.</p>
	<p>Review and revise previously released clinical care standards. In 2020–21, this will include antimicrobial stewardship, delirium and hip fracture clinical care standards.</p>	<p>Achieved and ongoing</p> <p>The Antimicrobial Stewardship Clinical Care Standard was revised and released in 2020–21.</p> <p>Consultation on the revised Delirium Clinical Care Standard is complete and the standard will be released in 2021–22.</p> <p>The review of the Hip Fracture Care Clinical Care Standard commenced in 2020–21, and will be finalised in 2021–22.</p>

Table 1: continued

Performance criteria	Target 2020–21	Result against performance criteria
<p>Identify, specify and refine clinical and patient-reported measures and safety and quality indicators.</p>	<p>Provide and maintain nationally agreed health information standards, measures and indicators for safety and quality, such as:</p> <ul style="list-style-type: none"> • support and measure performance towards new clinical care standards; and • support and measure performance towards an enhanced patient safety culture. 	<p>Achieved and ongoing</p> <p>The Commission developed and maintained:</p> <ul style="list-style-type: none"> • core hospital-based outcome indicators • indicators for the clinical care standards • measures of hospital-acquired complications • measures of avoidable hospital readmissions • patient safety culture toolkit.
	<p>Provide further guidance and tools for health services to support the local use of data for safety and quality improvement.</p>	<p>Achieved and ongoing</p> <p>In 2020–21, the Commission developed and maintained nationally agreed health information standards, measures and indicators for safety and quality. This included an update of hospital-acquired complications specifications (Version 3.1).</p>

Table 1: continued

Performance criteria	Target 2020–21	Result against performance criteria
	<p>Maintain guidance and tools for adverse patient safety events and hospital-acquired complications.</p>	<p>Achieved and ongoing</p> <p>During 2020–21, the Commission continued its role in providing guidance and tools to support patient safety. These included:</p> <ul style="list-style-type: none"> • ongoing provision of the hospital-acquired complications grouper, to support health services identify these complications • continued support for the implementation of local programs to improve hospital-acquired complications and avoidable hospital readmissions • the Commission Sentinel Events Review Committee, to assist local services in assessing potential sentinel events.
<p>Percentage of consumers and clinicians participating in the Commission’s consultation and advisory processes who report positively on the work of the Commission.</p>	<p>When surveyed, 80% of consumers and clinicians participating in consultation and advisory processes report positively on the work of the Commission.</p>	<p>Achieved</p> <p>The Commission surveyed its committee members; 92% responded that they are either ‘very satisfied’ or ‘satisfied’ in their dealings with the Commission through their committee membership.</p>

3



Corporate governance and accountability

This section outlines the Commission’s legislative requirements, corporate governance and accountability processes, including internal and external scrutiny arrangements, and procedures for risk management and fraud control. It also includes profiles of the Commission’s Board and committee members.

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Legislation and requirements

The Commission is a corporate Commonwealth entity of the Australian Government, accountable to the Australian Parliament and the Australian Government Minister for Health and Aged Care.

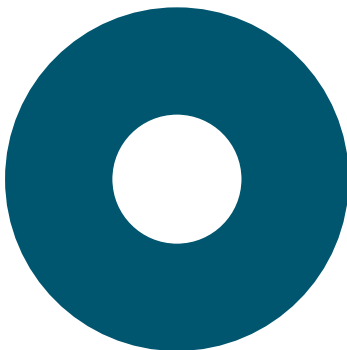
The Commission's principal legislative basis is the *National Health Reform Act 2011*, which sets out the Commission's purpose, powers, functions, and administrative and operational arrangements. The *National Health Reform Act 2011* also sets out the Commission's Constitution, the process for appointing members of the Board and the Chief Executive Officer (CEO), and the operation of Board meetings.

The Commission must fulfil the requirements of the *Public Governance, Performance and Accountability Act 2013*, which regulates certain aspects of the financial affairs of Commonwealth entities; their obligations relating to financial and performance reporting, accountability, banking and investment; and the conduct of their accountable authorities and officials.

Compliance with legislation

The Commission has complied with the provisions and requirements of the:

- *Public Governance, Performance and Accountability Act 2013*
- Public Governance, Performance and Accountability Rule 2014
- Appropriation Acts
- Other instruments defined as 'finance law', including relevant ministerial directions.



Strategic planning

The Commission's Strategic Intent 2020–2025 outlines four priority areas of focus for the Commission, and describes a range of mechanisms used to progress them. The four strategic priorities that guide the Commission in undertaking its work are:

- **Priority 1: Safe delivery of health care** – clinical governance, systems, processes and standards ensure that patients, consumers and staff are safe from harm in all places where health care is delivered
- **Priority 2: Partnering with consumers** – patients, consumers, carers and the community are engaged in understanding and improving health care for all
- **Priority 3: Partnering with healthcare professionals** – healthcare professionals, organisations and providers are engaged and supported to deliver safe and high-quality care
- **Priority 4: Quality, value and outcomes** – evidence-based tools, guidance and technology are used to inform delivery of safe and high-quality care that is integrated, coordinated and person-centred.

Ministerial directions

Section 16 of the *National Health Reform Act 2011* empowers the Australian Government Minister for Health and Aged Care to make directions with which the Commission must comply. The Minister for Health and Aged Care made no such directions during the 2020–21 reporting period.

Related-entity transactions

In accordance with the requirements prescribed by section 17BE of the Public Governance, Performance and Accountability Rule 2014 and the Australian Government Department of Finance *Resource Management Guide 136: Annual reports for corporate Commonwealth entities*, related-entity transactions for 2020–21 are disclosed in Appendix A.

Indemnity and insurance

The Commission holds directors' and officers' liability insurance cover through Comcover, the Australian Government's self-managed fund. As part of its annual insurance renewal process, the Commission reviewed its insurance coverage in 2020–21 to ensure that the coverage was still appropriate for its operations. During the year, no indemnity-related claims were made, and the Commission knows of no circumstances likely to lead to such claims. Many liability limits under the Commission's schedule of cover are standard Australian Government limits, such as \$100 million in cover for general liability and professional indemnity, as well as directors' and officers' liability. The Commission's business interruption indemnity cover is for a period of up to 24 months. Motor vehicle, third-party property damage and expatriate cover have not been taken out, as they do not apply to the Commission.

Commission's Board

The Commission's Board governs the organisation, and is responsible for the proper and efficient performance of its functions. The Board establishes the Commission's strategic direction, including directing and approving its strategic plan, and monitoring management's implementation of the plan.

The Board also oversees the Commission's operations. It ensures that appropriate systems and processes are in place so that the Commission operates in a safe, responsible and ethical manner, consistent with its regulatory requirements.

The Board is established and governed by the provisions of the *National Health Reform Act 2011* and the *Public Governance, Performance and Accountability Act 2013*.

Board membership 2020–21

The Australian Government Minister for Health and Aged Care appoints the Commission's Board in consultation with all state and territory health ministers. The Board includes members who have extensive experience and knowledge in the fields of healthcare administration, provision of health services, law, management, primary health care, corporate governance, and improvement of safety and quality.

Professor Villis Marshall AC (CHAIR)

Professor Villis Marshall brings to the Board experience in providing healthcare services, managing public hospitals, and improving safety and quality. Professor Marshall has significant clinical experience as a urologist, and as Clinical Director (Surgical Specialties Service) for the Royal Adelaide Hospital and Clinical Professor of Surgery at the University of Adelaide.

Professor Marshall was awarded a Companion of the Order of Australia in 2006 for services to medicine, particularly urology and research into kidney disease; to the development of improved healthcare services in the Defence forces; and to



the community through distinguished contributions to the development of pre-hospital first aid care provided by St John Ambulance Australia.

His previous appointments include General Manager at Royal Adelaide Hospital, Senior Specialist in Urology and Director of Surgery at Repatriation General Hospital, and Professor and Chair of Surgical and Specialty Services at Flinders Medical Centre.

Qualifications: MD, MBBS, FRACS

Board membership: Appointed to Board on 1 April 2012; appointed as Chair on 1 April 2013; reappointed as Chair on 1 July 2017 and 8 April 2020.

Dr David Filby PSM

Dr David Filby has worked extensively across the Australian healthcare landscape in several significant policy and executive roles. He has held senior national health policy roles and senior executive positions in Queensland and South Australia. In July 2016, he completed a term of six and a half years as Executive Consultant for SA Health and the Australian Health Ministers' Advisory Council.

Dr Filby was a board member of the National Health Performance Authority until June 2016 and a board member of the Australian Institute of Health and Welfare for 14 years. In August 2016, he finished a nine-year term, including six as Chair, with Helping Hand Aged Care Inc. He is a member of the board of Pedare School. In 2008, he was awarded a Public Service Medal, and in 2007 was awarded the Sidney Sax Medal by the Australian Healthcare and Hospitals Association.

Previously, he was on the board of South Australia's Child Health Research Institute Council.

Qualifications: PhD

Board membership: Appointed on 29 July 2016; term concluded on 31 March 2021.

Ms Christine Gee

Ms Christine Gee brings to the Board extensive experience in private hospital administration, having held executive management positions for more than 30 years. She has been the CEO of Toowong Private Hospital, a mental health service, since 1997 and is Chair of the Commission's Private Hospital Sector Committee.

Ms Gee is involved in a number of state and national boards and committees, including the Australian Private Hospitals Association, the Private Hospitals Association of Queensland, the Australian Institute of Health and Welfare, and the Queensland Board of the Medical Board of Australia. She is the Chair of the Medical Board of Australia's National Special Issues Committee and she was the private sector representative on the Safety and Quality Partnership Standing Committee of the Mental Health Principal Committee prior to its cessation in 2021.

Qualifications: MBA

Board membership: Appointed as a Commission member in March 2006; appointed to the Board on 1 July 2011 and reappointed on 1 July 2018.

Ms Wendy Harris qc

Ms Wendy Harris QC is a barrister who specialises in commercial law. She was admitted to the Victorian Bar in 1997 and was appointed Senior Counsel in 2010.

Between 2011 and 2015, she was Board Chair of the Peter MacCallum Cancer Centre, Australia's only public hospital dedicated to cancer treatment, research and education. Other past directorships include 10 years on the Board of Barristers' Chambers Limited, which is the repository of the substantial property assets of the Victorian Bar, and provider of chambers accommodation and ancillary services to its members.

Ms Harris is also immediate past President of the Victorian Bar Inc.

Qualifications: LLB (Hons)

Board membership: Appointed on 1 July 2015 and reappointed on 8 April 2020.

Dr Helena Williams

Dr Helena Williams brings to the Board active clinical expertise as a practising general practitioner and leadership experience as a previous Clinical Director of Southern Adelaide–Fleurieu–Kangaroo Island Medicare Local Ltd. She is also currently the Executive Medical Director, South Australia/East Coast, for the Silver Chain Group and a HealthPathways GP Clinical Editor in South Australia.

Dr Williams's governance experience includes six years as the Presiding Member of the Southern Adelaide Local Health Network Governing Council. Past directorships include the Southern Adelaide Health Service, the Cancer Council South Australia, Noarlunga Health Services, the South Australian Divisions of General Practice, and the Australian General Practice Network.

Qualifications: MBBS, FRACGP

Board membership: Appointed as a Commission member in April 2008; appointed to the Board on 1 July 2011 (term concluded 30 June 2018) and reappointed on 1 April 2019.

Adjunct Professor Veronica Casey AM

Adjunct Professor Veronica Casey has held nursing and midwifery executive leadership positions in Queensland Health since 1997. She worked in nursing and midwifery Executive Director roles at The Prince Charles Hospital, the Royal Brisbane Hospital and the Royal Women's Hospital before her appointment as Executive Director, Nursing Services, Princess Alexandra Hospital; and Executive Director, Nursing and Midwifery Services, Metro South Health. At Princess Alexandra Hospital, she has been instrumental in helping the hospital achieve redesignation under the Magnet® credentialing program, and in introducing the Nurse Sensitive Indicator performance monitoring system. Professor Casey's experience and expertise in the nursing profession extend to national and international platforms. She is current Chair of the Nursing and Midwifery Board of Australia, and served as an inaugural International Magnet Commissioner for the American Nurses Credentialing Center from 2010 to December 2017. She has been recognised for her contribution to the nursing and midwifery profession by being awarded the American Nursing Credentialing Center HRH Princess Muna Al-Hussein Award for international contribution to nursing in 2011; and the Queensland University of Technology Outstanding Alumni Award, Faculty of Health, 2018, for contribution to nursing and health care; and being appointed as a Member of the Order of Australia (General Division) in 2019.

Professor Casey's special interests are workforce planning and development; change management – changing cultures within work environments that enhance a positive practice environment; providing mentorship to nurses and other disciplines; participating in the educational development of undergraduate and postgraduate students on an academic and practical level; governance structures that are inclusive for all levels of staff, establishing credentialing requirements within nursing, and quality and safety systems that support professional and clinical standards.

Qualifications: RN, RM, BN, MN-Leadership, GradDipNursing – Geriatrics, GradDip – Management (Dist), FCNA

Board membership: Appointed on 1 April 2019.

Ms Glenys Beauchamp PSM

Ms Glenys Beauchamp was Secretary of the Australian Government Department of Health from 18 September 2017 to 28 February 2020. She has had an extensive career in the Australian Public Service at senior levels, with responsibility for a number of significant government programs covering economic and social policy areas. She has more than 25 years of experience in the public sector and began her career as a graduate in the Industry Commission.

Ms Beauchamp was Secretary of the Department of Industry, Innovation and Science (2013–2017), and Secretary of the Department of Regional Australia, Local Government, Arts and Sport (2010–2013). She has served as Deputy Secretary in the Department of the Prime Minister and Cabinet (2009–10), and the Department of Families, Housing, Community Services and Indigenous Affairs (2002–2009).

Ms Beauchamp has held a number of executive positions in the ACT Government, including Deputy Chief Executive, Department of Disability, Housing and Community Services; and Deputy Chief Executive Officer, Department of Health. She has also held senior positions in housing, energy and utilities functions with the ACT Government.

Ms Beauchamp was awarded a Public Service Medal in 2010 for coordinating Australian Government support during the 2009 Victorian bushfires.

Ms Beauchamp currently serves on a number of government and private sector boards, including not-for-profit boards.

Qualifications: BEcon, MBA

Board membership: Appointed on 1 July 2018.

Adjunct Professor Janet Weir-Phyland

Adjunct Professor Janet Weir-Phyland is the Executive Director Nursing Services and Chief Nursing Officer at Alfred Health. Professor Weir-Phyland is responsible for the professional leadership of nurses, allied health services, non-clinical support services, patient experience, community participation, population health and environmental sustainability. With more than 25 years of experience in health, she has worked in a number of management and senior management positions in both Canada and Australia in the areas of education; clinical governance; and acute, subacute and residential care services. Her particular interest is improving quality and safety, and enhancing patient experience.

Professor Weir-Phyland is an Adjunct Professor with the School of Nursing and Midwifery at Deakin University.

Qualifications: DipNrsq, BScN, MBA

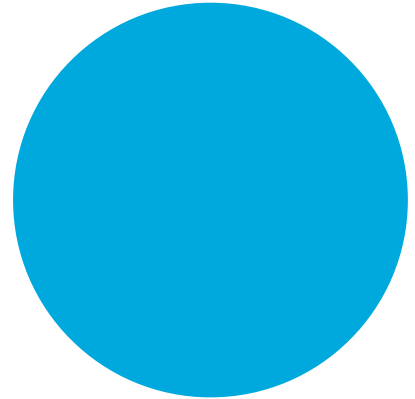
Board membership: Appointed on 1 July 2019.

Ms Caroline Edwards PSM

Ms Caroline Edwards PSM is the Associate Secretary at the Australian Department of Health. Caroline has responsibility for whole-of-portfolio strategic policy and relations, health economics and medical research, sport and the strategic and corporate operations of the department. She led the Health response to the COVID-19 pandemic in 2020 and currently has responsibility for the vaccine rollout program. Caroline holds a Bachelor of Laws with first class Honours from Monash University, Australia. She was previously District Registrar for the Federal Court of Australia and has held a range of legal and public administration roles.

Qualifications: LLB (Hons)

Board membership: Appointed on 1 February 2021.



Board meetings and attendance

Attendance at Board meetings, along with beginning and ending of terms, is outlined in Table 2.

Table 2: Attendance at Board meetings

Name	Meeting date			
	8 September 2020	11 October 2020	25 March 2021	25 June 2021
Professor Villis Marshall AC (Chair)	✓	✓	✓	✓
Ms Glenys Beauchamp PSM	✓	✓	✓	✓
Adjunct Professor Veronica Casey AM	✗	✗	✗	✓
Ms Caroline Edwards PSM*	-	-	✓	✗
Dr David Filby PSM†	✓	✓	✓	-
Ms Christine Gee	✓	✓	✓	✓
Ms Wendy Harris QC	✗	✓	✓	✓
Adjunct Professor Janet Weir-Phyland	✓	✓	✓	✓
Dr Helena Williams	✓	✓	✓	✓

✓ Present ✗ Absent - Not applicable

* Appointed 1 February 2021

† Term concluded 31 March 2021

Board developments and review

New Board members undertake a formal induction to their role, including a meeting with the Chair and CEO. They receive an induction manual that includes the *Board Operating Guidelines*, which informs the conduct of Board members, and describes their responsibilities and duties under legislation.

Board members are briefed on relevant topics at meetings, as appropriate. They are required to undertake ongoing professional development relevant to, and in line with, the Commission's needs. The Commission supports Board members to pursue these activities.

Ethical standards

The Commission's *Board Operating Guidelines* provide a Board Charter that outlines the function, duties and responsibilities of the Board, as well as a code of conduct that defines the standard of conduct required of Board members, and the ethics and values they are bound to uphold. The *Duty to Disclose Interests Policy for Board Members* requires Board members to recognise, declare, and take reasonable steps to avoid or appropriately manage any conflicts of interest. This includes the duty to disclose material personal interests, as required under section 29 of the *Public Governance, Performance and Accountability Act 2013*.



Committees

The Audit and Risk Committee helps the Board discharge its responsibilities under the *National Health Reform Act 2011* and the *Public Governance, Performance and Accountability Act 2013* with respect to financial reporting, performance reporting, risk oversight and management, and internal control.

The Inter-Jurisdictional Committee meets regularly to provide advice to the Commission and the Board on the Commission's work, and safety and quality matters in the states and territories.

Additional standing committees and reference groups provide sector- and topic-specific advice on the Commission's programs and projects.

Audit and Risk Committee

The Board established the Audit and Risk Committee in compliance with section 45 of the *Public Governance, Performance and Accountability Act 2013* and section 17 of the *Public Governance, Performance and Accountability Rule*. The primary role of the committee is to help the Board discharge its responsibilities with respect to financial reporting, performance reporting, risk oversight and management, internal control, and compliance with relevant laws and policies.

The Committee's responsibilities include:

- Reviewing the appropriateness of risk management frameworks, including identification and management of the Commission's business and financial risks (including fraud)
- Monitoring the Commission's compliance with legislation, including the *Public Governance, Performance and Accountability Act 2013* and Rule
- Monitoring preparation of the Commission's annual financial statements and recommending their acceptance by the Board
- Reviewing the appropriateness of the Commission's performance measures, and how these are assessed and reported
- Assessing whether relevant policies are in place to maintain an effective internal control framework, including for security arrangements and business continuity
- Reviewing the work undertaken by the Commission's outsourced internal auditors, including approving the internal audit plan, and reviewing all audit reports and issues identified in them.

The Audit and Risk Committee Charter is available [online](#).

The Audit and Risk Committee met five times during 2020–21. Table 3 summarises members' attendance at committee meetings.

In accordance with the Public Governance, Performance and Accountability Rule, although members of the Commission's senior management attended meetings as advisors, they were not members of the Audit and Risk Committee and the majority of members are not officials of any Commonwealth entity.

Table 3: Audit and Risk Committee attendance and remuneration, 2020–21

Committee member	Meeting attendance	Remuneration (GST excl)
Jennifer Clark (Chair)	5/5	\$40,425
Peter Achterstraat	5/5	\$15,000
Dana Sutton	5/5	Nil

Ms Jennifer Clark (Chair)

Ms Jennifer Clark is the Chair of the Committee. Ms Clark has an extensive background in business, finance and governance through a career as an Investment Banker and as a Non-Executive Director.

She has been the chair or member of over 20 audit, risk and finance committees in the Commonwealth and private sectors over the past 30 years. Ms Clark is a Fellow of the Australian Institute of Company Directors and has substantial experience in financial and performance reporting, audit and risk management.

Mr Peter Achterstraat

Mr Peter Achterstraat AM, BCom, LLB, BEc (Hons), is currently Commissioner of the New South Wales (NSW) Productivity Commission and was Auditor-General of NSW (2006–2013) and NSW Chief Commissioner of State Revenue (1999–2006). He was President of the Australian Institute of Company Directors (NSW Division) from 2014 to 2020.

Peter is a fellow of Chartered Accountants Australia and New Zealand, as well as CPA Australia and the Governance Institute of Australia. He has more than 30 years' experience in finance and governance.

Ms Dana Sutton

Ms Dana Sutton is a senior executive in the Australian Government Department of Finance (Finance) with more than 20 years' experience working with government entities including 5 years in private practice as a solicitor. Ms Sutton was Head of Internal Audit in Finance for 5 years, including responsibility for Finance's governance framework including the Audit Committee, Risk Sub-Committee, and a member of the Financial Statements Sub-Committee and Performance Framework Sub-Committee.

Ms Sutton was also a rotating member of Finance's Executive Board between 2018 and 2019.

Inter-Jurisdictional Committee

The Inter-Jurisdictional Committee is made up of senior safety and quality managers from the Australian Government, and state and territory governments. It is responsible for advising the Commission on policy development, and facilitating engagement with state, territory and Australian Government health departments.

The role of committee members is to:

- Advise the Commission on the adequacy of the policy development process, particularly policy implementation
- Ensure that health departments and ministries are aware of new policy directions and are able to review local systems accordingly
- Monitor national actions to improve patient safety, as approved by health ministers
- Help collect national data on safety and quality
- Build effective mechanisms in all jurisdictions to enable national public reporting.

Other committees and consultations

The Board has established two subcommittees that provide specific advice and support across all relevant areas of its work, and are chaired by members of the Board. These are the:

- Private Hospital Sector Committee
- Primary Care Committee.

The Private Hospital Sector Committee is chaired by Ms Christine Gee, and the Primary Care Committee is chaired by Dr Helena Williams.

The Commission works closely with a number of other expert committees, working parties and reference groups, established for limited periods, to inform and support its work. These groups allow the Commission to draw on expert knowledge, consult with relevant key individuals and organisations, and develop appropriate implementation strategies.

The Commission consults widely with subject-matter experts, peak bodies, states and territories, consumers, and other relevant organisations and individuals. This includes ongoing discussions with key national and other organisations, and with an extensive network of formal reference and advisory groups. The Commission also undertakes formal consultation on specific issues.

Internal governance arrangements

The CEO manages the Commission's day-to-day administration, and is supported by an executive management team and internal management committees. The Commission's internal governance arrangements include internal management, risk management, fraud control and internal audit.

Internal management

The Commission has two internal management groups and two committees.

The Leadership Group and the Business Group meet regularly to facilitate information sharing and help with decision-making.

The Workplace Consultative Committee facilitates regular consultation and employee participation in the development and review of human resources, and operational policies and procedures. The Information and Records Management Steering Committee assesses the Commission's record keeping, promotes good record management practices across the Commission, and develops strategies to ensure that all records are digitised.

Risk management

Risk management is part of the Commission's strategy to promote accountability through good governance and robust business practices. The Commission is committed to embedding risk management principles and practices, consistent with the Australian Standard *Risk Management – Principles and Guidelines* (ISO 31000:2018) and the Commonwealth Risk Management Policy, into its:

- Organisational culture
- Governance and accountability arrangements
- Reporting, performance review, business transformation and improvement processes.

Through the risk management framework and its supporting processes, the Commission formally establishes and communicates its approach to ongoing risk management, and guides employees in their actions, and their ability to accept and manage risks.

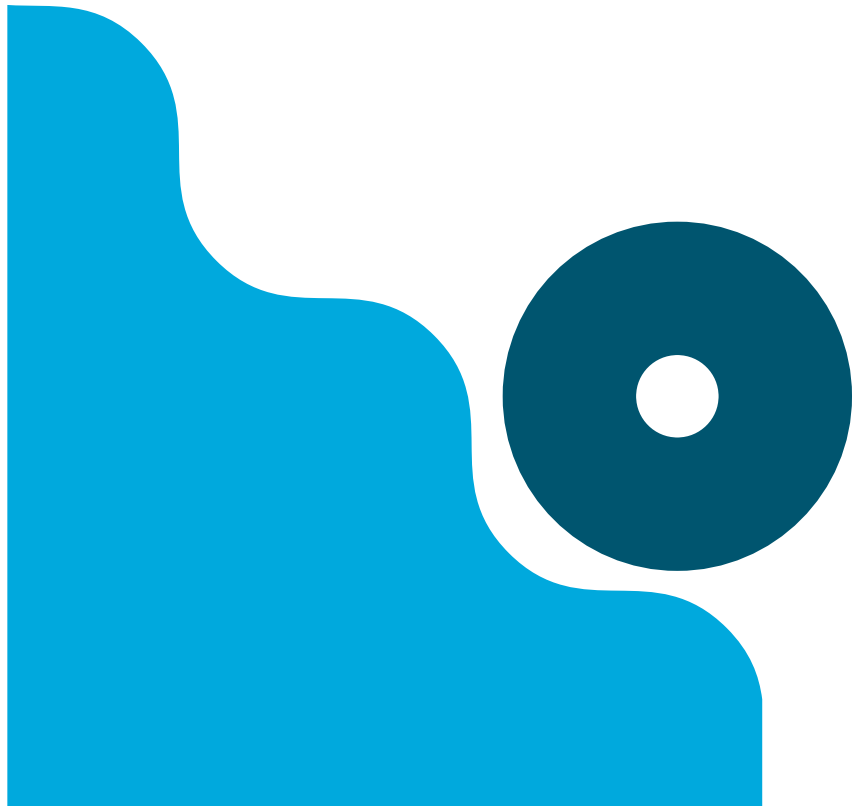
Fraud control

The Commission recognises the responsibility of all Australian Government entities to develop and implement sound financial, legal and ethical decision-making. The Commission's *Fraud Control and Anti-Corruption Plan* complies with the Attorney-General's Commonwealth Fraud Control Policy. The plan minimises the potential for instances of fraud within the Commission's programs and activities by employees or people external to the Commission. Fraud risk assessments help the Commission understand fraud risks, identify internal control gaps or weaknesses, and develop strategies to mitigate the risks. These assessments are conducted regularly across the organisation, taking into consideration the Commission's business activities, processes and accounts. The Commission also delivers regular fraud awareness training to staff.

Internal audit

Internal audit is a key component of the Commission's governance framework, providing an independent, ongoing appraisal of the organisation's internal control systems. The internal audit process provides assurance that the Commission's financial and operational controls can manage the organisation's risks, and are operating in an efficient, effective and ethical manner.

The Commission has appointed Crowe Australasia as its internal auditor. The firm provides assurance of the overall state of the Commission's internal controls and advises on any systemic issues that require management's attention.



External scrutiny

Freedom of information

Agencies subject to the *Freedom of Information Act 1982* are required to publish information for the public as part of the Information Publication Scheme. In accordance with Part II of the Act, each agency must display on its website a plan showing what information it publishes in accordance with the requirements of the scheme. The Commission's plan and freedom of information disclosure log are available on its website.

See Table 9 in Appendix B for a summary of freedom of information activities for 2020–21.

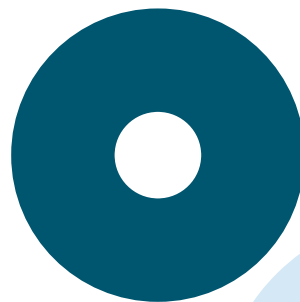
Judicial decisions and reviews by external bodies

No judicial decisions or external reviews significantly affected the Commission in 2020–21.

There were no reports on the operations of the Commission by the Auditor-General (other than the reports on financial statements), a parliamentary committee, the Commonwealth Ombudsman or the Office of the Australian Information Commissioner in 2020–21.

Parliamentary and ministerial oversight

The Commission is a corporate Commonwealth entity of the Australian Government and part of the Health portfolio. As such, it is accountable to the Australian Parliament and the Australian Government Minister for Health and Aged Care.



Executive remuneration

Remuneration and other benefits for the CEO and Board members are set by the Remuneration Tribunal. Employees are covered by either the Commission's Enterprise Agreement 2019–2022 or other employment legislation (determinations). Any employee covered by the Enterprise Agreement may also have an individual flexibility agreement in operation.

Table 4: Remuneration paid to key management personnel, 2020–21

Name	Position title	Short-term benefits			Post-employment benefits	Long-term benefits		Termination benefits (\$)	Total remuneration (\$)
		Base salary (\$)	Bonuses (\$)	Other benefits and allowances (\$)	Superannuation contributions (\$)	Long service leave (\$)	Other long-term benefits (\$)		
Debora Picone	Chief Executive Officer	440,100	-	10,356	21,016	16,933	-	-	488,404
Michael Wallace	Chief Operating Officer	273,494	-	37,269	44,522	11,196	-	-	366,481
Villis Marshall	Board Member	77,372	-	-	7,350	-	-	-	84,723
Wendy Harris	Board Member	25,767	-	-	2,448	-	-	-	28,215
Christine Gee	Board Member	25,767	-	-	2,448	-	-	-	28,215
David Filby	Board Member	19,821	-	-	1,883	-	-	-	21,704
Janet Weir-Phyland	Board Member	25,767	-	-	2,448	-	-	-	28,215
Helena Williams	Board Member	25,767	-	-	2,448	-	-	-	28,215
Glenys Beauchamp	Board Member	25,767	-	-	2,448	-	-	-	28,215
Total		939,623	-	47,625	87,011	28,129	-	-	1,102,388

Table 5: Remuneration paid to executives, 2020–21

Remuneration band (\$)	Number of executives	Short-term benefits			Post-employment benefits	Long-term benefits		Average termination benefits (\$)	Average total remuneration (\$)
		Average base salary (\$)	Average bonuses (\$)	Average other benefits and allowances (\$)	Average superannuation contributions (\$)	Average long-service leave (\$)	Average other long-term benefits (\$)		
0–220,000	1	40,621	–	–	3,254	10,443	–	–	54,318
245,001–270,000	1	188,224	–	31,132	28,871	9,512	–	–	257,739
270,001–295,000	1	239,549	–	–	37,657	8,584	–	–	285,790

Table 6: Remuneration paid to other highly paid staff, 2020–21

Remuneration band (\$)	Number of highly paid staff	Short-term benefits			Post-employment benefits	Long-term benefits		Average termination benefits (\$)	Average total remuneration (\$)
		Average base salary (\$)	Average bonuses (\$)	Average other benefits and allowances (\$)	Average superannuation contributions (\$)	Average long-service leave (\$)	Average other long-term benefits (\$)		
230,001–245,000	2	196,283	–	5,178	31,841	7,124	–	–	240,426
245,001–270,000	–	–	–	–	–	–	–	–	–
270,001–295,000	3	221,519	–	15,875	41,673	7,005	–	–	286,071
295,001–320,000	2	243,838	–	15,381	36,674	6,108	–	–	302,001
320,001–345,000	–	–	–	–	–	–	–	–	–
345,001–370,000	–	–	–	–	–	–	–	–	–
370,001–395,000	–	–	–	–	–	–	–	–	–

Developments and significant events

The Commission is required under section 19(1) of the *Public Governance, Performance and Accountability Act 2013* to keep the Minister for Health and Aged Care and the Minister for Finance informed of any significant decisions or issues that have affected, or may affect, its operations. In 2020–21, there were no such decisions or issues.

Environmental performance and ecologically sustainable development

Section 516A of the *Environment Protection and Biodiversity Conservation Act 1999* requires Australian Government organisations and authorities to include information in their annual reports about their environmental performance and their contribution to ecologically sustainable development. The Commission is committed to making a positive contribution to ecological sustainability. The Commission's ecologically sustainable activities are detailed in Appendix C.

Advertising and market research

Section 331A of the *Commonwealth Electoral Act 1918* requires Australian Government departments and agencies to include particulars in their annual reports of amounts over \$13,200 that were paid to advertising agencies, market research organisations, polling organisations, direct mail organisations or media advertising organisations. In 2020–21, the Commission did not make any payments over \$13,200 to these types of organisations.

National Health Reform Act 2011 amendments

No amendments to the *National Health Reform Act 2011* were made during 2020–21.

Government policy orders

No new government policy orders applicable to the Commission were issued in 2020–21.



4

Our organisation

The Commission employs a diverse range of highly skilled professionals with experience across the healthcare industry. Because of the nature of its work, the Commission has a strong national presence in safety and quality in both the public and private sectors.

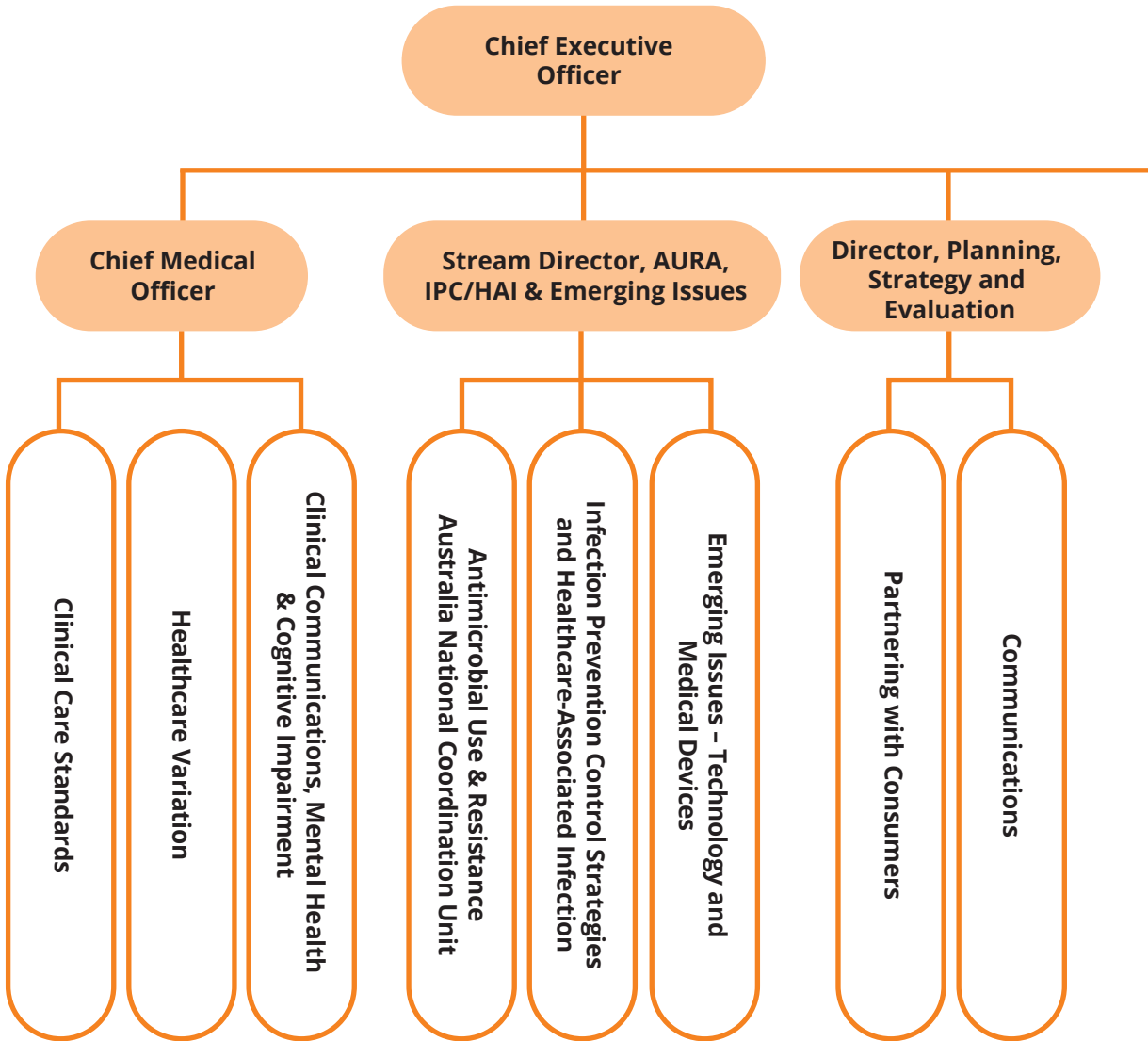
The Commission is committed to managing and developing its employees to achieve the objectives and outcomes in its work plan.

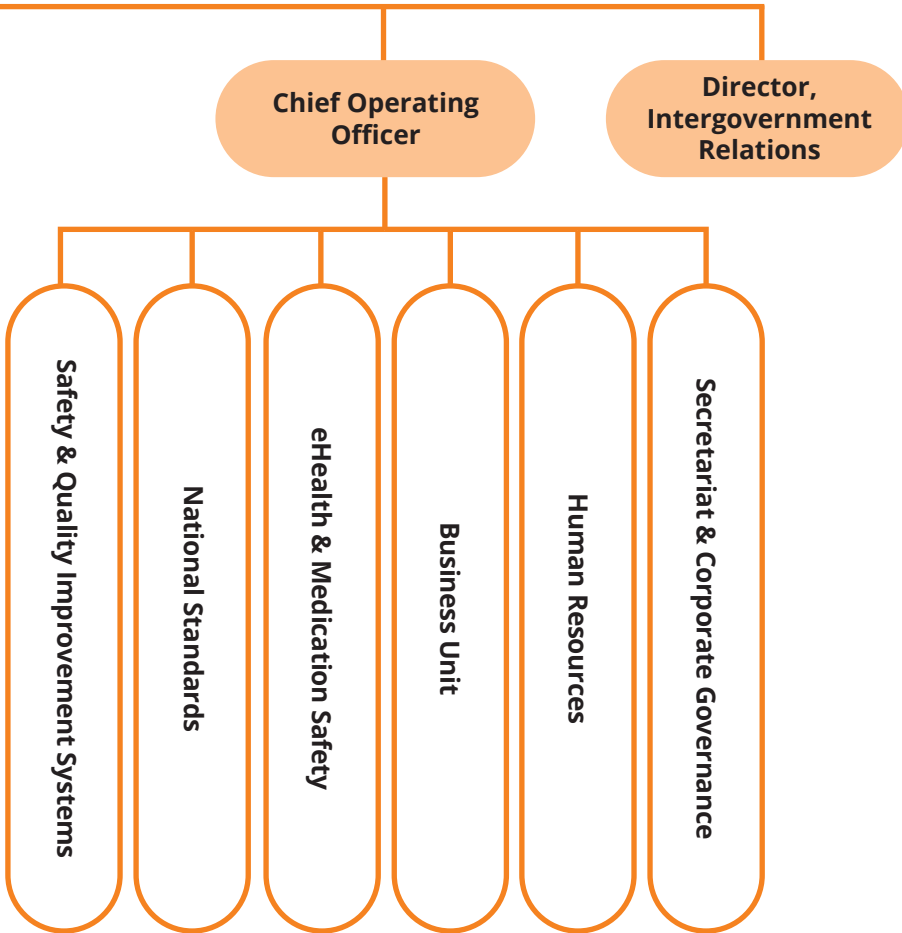
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Organisational structure

Figure 2: Organisational structure





People management

The Commission continues to deliver high performance by providing ongoing support through its performance management systems and embedding a strong sense of direction across the organisation.

The Commission's performance development scheme places emphasis on employees and managers having regular, meaningful performance discussions. All employees are required to have an individual performance and development plan in place. Managers and employees have joint accountability for capability and career development.

The Commission participates in the online induction program offered by the Australian Public Service Commission, giving new employees the opportunity to learn how the Australian Public Service operates and the behaviours expected of all staff members.

In May 2021, the Commission encouraged all staff members to participate in the Australian Public Service Commission's employee census survey.

Staff profile

As of 30 June 2021, the Commission's headcount was 89 employees. Most employees are located in Sydney. Table 7 provides a breakdown of the Commission's employee profile by classification, gender, full-time or part-time status, and ongoing or non-ongoing status.

Table 7: Employee headcount profile as of 30 June 2021

Classification	Female				Male				Total
	Ongoing		Non-ongoing		Ongoing		Non-ongoing		
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	
CEO	0	0	1	0	0	0	0	0	1
MO6	1	0	0	0	0	0	0	1	2
EL2	14	5	0	0	8	0	0	0	27
EL1	16	11	0	2	5	0	2	0	36
APS6	7	2	5	2	3	0	0	0	19
APS5	0	0	2	0	1	0	0	0	3
APS4	0	1	0	0	0	0	0	0	1
Total	38	19	8	4	17	0	2	1	89

Work health and safety

The Commission promotes a healthy and safe workplace, and is committed to meeting its obligations under the *Work Health and Safety Act 2011* and the *Safety, Rehabilitation and Compensation Act 1988*. All new staff members are required to complete online work health and safety training as part of their induction.

The Commission undertook a number of activities during 2020–21 to encourage employees to adopt healthy work practices (see 'Highlights').

Keeping our staff safe and productive during COVID-19

In response to the COVID-19 pandemic, the Commission triggered its pandemic response under its Business Continuity Plan. This resulted in Commission staff working from home for most of 2020.

In line with the repeal of section 6 of the New South Wales Public Health Order on 14 December 2020, Commission staff began a hybrid arrangement of office- and home-based work. The Commission continues to operate in accordance with New South Wales Public Health Orders.

HIGHLIGHTS

- » Ergonomic workstation assessments were conducted as required, and access to standing desks was provided
- » Biannual workplace inspections were conducted; all staff members were encouraged to report incidents and hazards in the workplace
- » Access was provided to an employee assistance program
- » A 'Looking out for your mates' session and training in workplace mental health was offered on R U OK? day for all staff members
- » Influenza vaccinations were made available to all staff members
- » Access was provided to reimbursement of eyewear costs for use with screen-based equipment

There were no work health and safety incidents reported in 2020–21. There were no notifiable incidents in 2020–21. No notices were issued to the Commission, and no investigations were initiated under the *Work Health and Safety Act 2011*.

Learning and development

The Commission values the talents and contributions of its staff members, and recognises the importance of building expertise and capability within the organisation.

Learning and development needs and opportunities are primarily identified through the performance development scheme. The Commission promotes learning and development by delivering regular continuing professional development sessions and by providing access to online learning platforms to all staff members.

During 2020–21, the Commission's study support and training arrangements ensured the ongoing development of staff members' skills and capabilities. Ten staff members accessed study support assistance to study a range of tertiary courses. These included Master of Public Health, Executive Master of Public Administration and various graduate certificates in health-related fields. Thirty staff members completed external training courses, and internal training was provided to staff on workplace mental health, appropriate behaviour in the workplace and privacy.



Workplace diversity

The Commission's workplace diversity program supports its ongoing commitment to recognising and fostering diversity in the workplace.

The Commission is committed to increasing opportunities for people with disability to participate in employment. The Commission complies with the Australian Government accessibility requirements for online access and publishing. Reasonable adjustments are provided to employees with disability, as required.

During 2020–21, the Commission participated in the Australian Public Service Disability Champions Network.

Aboriginal and Torres Strait Islander employment

The Commission currently has no staff members who have identified as being Aboriginal or Torres Strait Islander.

The Commission is committed to improving the recruitment, retention and career development of Indigenous employees. The Commission undertook a recruitment process to fill an Affirmative Measure – Indigenous position during 2020–21, and is still actively seeking to fill this vacancy.

The Commission also participated in the APS Indigenous Graduate Pathway program to recruit graduates to start in 2022.

“Our staff have demonstrated their adaptability and commitment to supporting safe and high-quality health care in this challenging environment.

— Chief Executive Officer, Adjunct Professor Debora Picone AO



5

Financial statements

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Dräger



BUFFY
Asset No.: 000002
Serial No.: AFS12031

Evita XL



OFFICIAL



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Aged Care

Opinion

In my opinion, the financial statements of the Australian Commission on Safety and Quality in Health Care (the Entity) for the year ended 30 June 2021:

- (a) comply with Australian Accounting Standards – Reduced Disclosure Requirements and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of the Entity as at 30 June 2021 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2021 and for the year then ended:

- Statement by the Directors, Chief Executive and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement; and
- Overview and Notes to the Financial Statements, comprising a summary of significant accounting policies and other explanatory information.

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and his delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the Directors are responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Reduced Disclosure Requirements and the rules made under the Act. The Directors are also responsible for such internal control as the Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an administrative restructure or for any other reason. The Directors are also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

GPO Box 707 CANBERRA ACT 2601
38 Sydney Avenue FORREST ACT 2603
Phone (02) 6203 7300 Fax (02) 6203 7777

Auditor's responsibilities for the audit of the financial statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office



Peter Kerr

Executive Director

Delegate of the Auditor-General

Canberra

8 September 2021

Financial statements

Australian Commission on Safety and Quality in Health Care

Statement by the Directors, Chief Executive and Chief Financial Officer

In our opinion, the attached financial statements for the year ended 30 June 2021 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

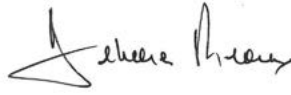
In our opinion, at the date of this statement, there are reasonable grounds to believe that the Australian Commission on Safety and Quality in Health Care will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the directors.



.....
Professor Villis Marshall AC
Chair

Date: 8 September 2021



.....
Adj. Professor Debora Picone AO
Chief Executive Officer

Date: 8 September 2021



.....
Mike Wallace
Chief Operating
Officer / Chief Financial
Officer

Date: 8 September 2021

Statement of Comprehensive Income

for the period ended 30 June 2021

		2021	2020	Original Budget
	Notes	\$'000	\$'000	\$'000
NET COST OF SERVICES				
Expenses				
Employee benefits	1.1A	13,260	13,486	13,807
Suppliers	1.1B	12,986	13,258	17,333 ¹
Depreciation and amortisation	2.2A	2,154	2,072	1,999
Finance costs		18	36	51 ¹
Total expenses		28,418	28,852	33,190
Own-source income				
Revenue from contracts with customers	1.2A	9,009	9,122	12,759 ¹
Commonwealth Government contributions	1.2A	11,897	11,655	11,908
State and Territory Government contributions	1.2A	8,335	8,093	8,336
Interest		34	185	120 ¹
Total own-source income		29,275	29,055	33,123
Net (cost of) / contribution by services		857	203	(67) ¹
Operating surplus (deficit)		857	203	(67) ¹
Total comprehensive income		857	203	(67) ¹

The above statement should be read in conjunction with the accompanying notes.

¹ Explanations for major variances to budget are made in note 6.2.

Statement of Financial Position

as at 30 June 2021

	Notes	2021 \$'000	2020 \$'000	Original Budget \$'000	
ASSETS					
Financial Assets					
Cash		15,866	13,389	10,568	¹
Trade and other receivables	2.1A	1,157	907	907	¹
Total financial assets		17,023	14,296	11,475	
Non-Financial Assets					
Property, plant and equipment ²	2.2A	1,459	3,527	3,352	¹
Prepayments		154	143	143	
Total non-financial assets		1,613	3,670	3,495	
Total assets		18,636	17,966	14,970	
LIABILITIES					
Payables					
Trade creditors and accruals	2.3A	1,379	1,843	3,715	¹
Unearned income	2.3A	7,847	5,924	-	¹
Other payables	2.3B	233	193	1,050	¹
Total payables		9,459	7,960	4,765	
Interest bearing liabilities					
Leases	2.4A	904	2,668	2,761	¹
Total interest bearing liabilities		904	2,668	2,761	
Provisions					
Employee provisions	4.1	3,391	3,313	3,486	
Total provisions		3,391	3,313	3,486	
Total liabilities		13,754	13,941	11,012	
Net assets		4,882	4,025	3,958	
EQUITY					
Contributed equity		1,836	1,836	1,836	
Reserves		298	298	298	
Retained surplus		2,748	1,891	1,824	¹
Total equity		4,882	4,025	3,958	

The above statement should be read in conjunction with the accompanying notes.

¹ Explanations for major variances to budget are made in note 6.2.

² Right of use assets are included in the line item, Property, plant and equipment.

Statement of Changes in Equity

for the period ended 30 June 2021

	2021	2020	Original Budget
	\$'000	\$'000	\$'000
CONTRIBUTED EQUITY			
Opening balance	1,836	1,836	1,836
Closing balance attributable to the Australian Government as at 30 June	1,836	1,836	1,836
RETAINED EARNINGS			
Opening balance	1,891	1,585	1,891
Adjustment on initial application of AASB 16	-	103	-
Comprehensive income			
Surplus for the period	857	203	(67) ¹
Total comprehensive income	857	203	(67)
Closing balance attributable to the Australian Government as at 30 June	2,748	1,891	1,824
ASSET REVALUATION RESERVE			
Opening balance	298	298	298
Changes in asset revaluation surplus	-	-	-
Total comprehensive income	-	-	298
Closing balance attributable to the Australian Government as at 30 June	298	298	298
TOTAL EQUITY			
Opening balance	4,025	3,719	4,025
Adjustment on initial application of AASB 16	-	103	-
Comprehensive income			
Surplus for the period	857	203	(67) ¹
Other comprehensive income	-	-	-
Total comprehensive income	857	203	(67)
Closing balance attributable to the Australian Government	4,882	4,025	3,958

The above statement should be read in conjunction with the accompanying notes.

¹ Explanations for major variances to budget are made in note 6.2.

Cash Flow Statement

for the period ended 30 June 2021

	2021	2020	Original Budget
	\$'000	\$'000	\$'000
OPERATING ACTIVITIES			
Cash received			
Receipts from Federal Government	11,897	11,655	11,908
State and Territory contributions	8,335	8,093	8,336
Rendering of services	10,764	8,186	7,692
Interest	52	198	120
GST received	1,028	886	738
Total cash received	32,076	29,018	28,794
Cash used			
Employees	(13,145)	(12,764)	(13,634)
Suppliers	(13,458)	(12,925)	(16,199)
Interest payments on lease liabilities	(18)	(36)	(51)
GST paid	(1,128)	(931)	-
Total cash used	(27,749)	(26,656)	(29,884)
Net cash from (used by) operating activities	4,327	2,362	(1,090)
INVESTING ACTIVITIES			
Cash used			
Purchase of property, plant and equipment	(86)	(73)	-
Total cash used	(86)	(73)	-
Net cash used by investing activities	(86)	(73)	-
FINANCING ACTIVITIES			
Cash used			
Principal repayments of lease liability	(1,764)	(1,685)	(1,731)
Total cash used	(1,764)	(1,685)	(1,731)
Net cash used by financing activities	(1,764)	(1,685)	(1,731)
Net increase (decrease) in cash held	2,477	604	(2,821)
Cash and cash equivalents at the beginning of the reporting period	13,389	12,785	13,389
Cash at the end of the reporting period	15,866	13,389	10,568

The above statement should be read in conjunction with the accompanying notes.

¹ Explanations for major variances to budget are made in note 6.2.

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Overview

Objectives of the Commission

The Australian Commission on Safety and Quality in Health Care (the Commission) is an Australian Government controlled entity. It is a not-for-profit entity. The objective of the Commission is to lead and coordinate health care safety and quality improvements in Australia.

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 *National Health Reform Act 2011* (NHR Act). It is a Commonwealth Authority operating under the requirements of the *Public Governance, Performance and Accountability Act 2013*. The Commission commenced as an independent, statutory authority on 1 July 2011, funded jointly by the Commonwealth, State and Territory governments.

The Commission is structured to meet a single outcome:

To improve safety and quality in healthcare across the health system, including through the development, support for implementation, and monitoring of national clinical safety and quality guidelines and standards.

The continued existence of the Commission in its present form and with its present programmes is dependent on Government policy and on continued funding from Parliament for the Commission's administration and programmes.

Basis of Preparation of the Financial Statements

The financial statements are general purpose financial statements and are required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

The financial statements have been prepared in accordance with:

- a) *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015* (FRR); and
- b) Australian Accounting Standards and Interpretations – Reduced Reporting Requirements issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are presented in Australian dollars.

The impact of COVID-19 on the Commission's operations has been considered in preparing the financial statements with no significant impact on the financial statements.

Taxation

The Commission is exempt from all forms of taxation, except for Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

Events after the reporting period

No events after the reporting period were identified that impact the financial statements.

1 Financial Performance

1.1 Expenses

	2021	2020
	\$'000	\$'000
1.1A: Employee Benefits		
Wages and salaries	9,937	9,808
Superannuation:		
Defined contribution plans	1,506	1,524
Defined benefit plans	237	211
Leave and other entitlements	1,534	1,903
Other employee benefits	46	40
Total employee benefits	13,260	13,486

Accounting Policy

Accounting policies for employee related expenses are contained in Section 4 People and Relationships of the notes to the financial statements.

1.1B: Suppliers

Goods and services

Contracts for services	9,003	9,791
Staff travel	-	269
Committee expenses	491	660
Information and communication	1,746	1,248
Printing, publishing and postage	891	386
Property outgoings	168	212
Other	476	524
Total goods and services	12,775	13,090

Goods and services are made up of:

Goods supplied	923	407
Services rendered	11,852	12,683
Total goods and services	12,775	13,090

Other supplier expenses

Workers compensation expenses	211	168
Total other supplier expenses	211	168
Total supplier expenses	12,986	13,258

1.2 Own-Source Revenue and Gains

	2021	2020
OWN-SOURCE REVENUE	\$'000	\$'000

1.2A: Revenue from contracts with customers

Rendering of services	9,009	9,122
Commonwealth Government Contributions	11,897	11,655
State and Territory Government contributions	8,335	8,093
Total rendering of services	29,241	28,870

Disaggregation of revenue from contracts with customers

Service line

Work Plan – Australian Health Ministers Advisory Council (AHMAC)	16,670	16,186
Other funded projects	9,009	9,122
Smaller government measures	3,562	3,562
	29,241	28,870

Customer type

Commonwealth Department of Health	11,897	11,655
State and Territory Governments	8,335	8,093
Other funded projects – Commonwealth Government entities	9,009	9,122
	29,241	28,870

Timing of transfer of services

Annually based on agreed plan	20,232	19,748
Over time aligned with project costs incurred	9,009	9,122
	29,241	28,870

Accounting Policy

Revenue from the rendering of services is recognised when control has been transferred to the buyer. The Commission reviews all contracts with customers to assess performance obligations are enforceable and sufficiently specific to determine when they have been satisfied. Revenue from contracts meeting these requirements are recognised using AASB 15.

The following is a description of principal activities from which the Commission generates its revenue:

Workplan

Workplan funding is received based on the inter-jurisdictional funding agreement between all Australian States and Territories and the Commonwealth government under the Australian Health Ministers Advisory Council (AHMAC) for the provision of the agreed annual workplan of activities. The completion of the annual Workplan activities represents the timing of revenue recognition.

Other funded projects:

Other funded projects is funding received from other entities for the Commission to perform specific projects relating to safety and quality in health care. Project costs, as an input measure, toward completion of projects are used to measure the timing and amount of revenues recognised.

Smaller government measures

The Corporate Commonwealth entity payment item – Smaller government measures, received from the Department of Health is provided to deliver specific functions of the former National Health Performance Authority (NHPA) that were transferred to the Commission. Revenue is recognised on the annual performance of these functions.

The transaction price is the total amount of consideration to which the Commission expects to be entitled in exchange for transferring promised services to a customer. The consideration promised in a contract with a customer may include fixed amounts, variable amounts, or both.

Funding received in advance of the satisfactory completion of performance obligations is recognised as unearned revenue liability on the balance sheet.

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any impairment allowance account. Collectability of debts is reviewed at end of the reporting period. Allowances are made when collectability of the debt is no longer probable.

1.2B: Unsatisfied obligations

The Commission expects to recognise as income any liability for unsatisfied obligations associated with revenue from contracts with customers within the following periods:

	\$'000
Within 1 year	<u>7,847</u>
Total unsatisfied obligations	<u>7,847</u>

The liability for unsatisfied obligations is represented on the balance sheet as 'Unearned Income' and is disclosed in Note 2.3A.

2 Financial Position

2.1 Financial Assets

	2021 \$'000	2020 \$'000
2.1A: Trade and Other Receivables		
Good and services receivables:		
Goods and services	798	595
Total goods and services receivable	798	595
Other receivables:		
Receivable from the Australian Taxation Office	358	293
Interest	1	19
Total other receivables	359	312
Total trade and other receivables (gross)	1,157	907
Total trade and other receivables (net)	1,157	907

No receivables were impaired at 30 June 2021 (2020: Nil).

Accounting Policy

Financial Assets

Trade receivables and other receivables that are held for the purpose of collecting the contractual cash flows, where the cash flows are solely payments of principal, that are not provided at below-market interest rates, are measured at amortised cost using the effective interest method adjusted for any loss allowance.

2.2 Non-Financial Assets

2.2A: Reconciliation of the opening and closing balances of property, plant and equipment

	Leasehold improvement \$'000	Property, plant and equipment \$'000	Intangible assets \$'000	Total \$'000
As at 1 July 2020				
Gross book value	401	4,704	706	5,811
Accumulated amortisation, depreciation and impairment	(146)	(1,960)	(178)	(2,284)
Total as at 1 July 2020	255	2,744	528	3,527
Additions:				
By purchase	-	86	-	86
Depreciation and amortisation expense	(170)	(102)	(141)	(413)
Depreciation on right-of-use assets	-	(1,741)	-	(1,741)
Total as at 30 June 2021	85	987	387	1,459
Total as of 30 June 2021 represented by:				
Gross book value	401	4,790	706	5,897
Accumulated amortisation, depreciation and impairment	(316)	(3,803)	(319)	(4,438)
Total as at 30 June 2021	85	987	387	1,459
Carrying amount of right of use assets	-	871	-	871

Accounting Policy

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Asset Recognition Threshold

Purchases of property, plant and equipment are recognised initially at cost in the statement of financial position, except for purchases of leasehold improvements costing less than \$50,000, intangible assets costing less than \$75,000, and for all other purchased of property, plant and equipment costing less than \$4,500, which are expensed in the year of acquisition.

Lease Right of Use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease and comprise of the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by Commonwealth lessees as separate asset classes to corresponding assets owned outright, but included in the same column as where the corresponding underlying assets would be presented if they were owned.

Accounting Policy continued

On initial adoption of AASB 16 the Commission has adjusted the ROU assets at the date of initial application by the amount of any provision for onerous leases recognised immediately before the date of initial application. Following initial application, an impairment review is undertaken for any right of use lease asset that shows indicators of impairment and an impairment loss is recognised against any right of use lease asset that is impaired. Lease ROU assets continue to be measured at cost after initial recognition in Commonwealth agency, GGS and Whole of Government financial statements.

Revaluations

Following initial recognition at cost, property, plant and equipment (excluding ROU assets) are carried at fair value. Valuations are conducted to ensure that the carrying amounts of assets do not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations will depend upon the volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reversed a previous revaluation decrement of the same asset class that was previously recognised in the surplus/deficit. Revaluation decrements for a class of assets are recognised directly in the surplus/deficit except to the extent that they reversed a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the Commission using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

Depreciation rates applying to each class of depreciable asset are based on the following useful lives:

<u>Asset Class</u>	<u>2021</u>	<u>2020</u>
Leasehold improvements	Lease term	Lease term
Plant and equipment	5 years	5 years
Property – right-of-use	Lease term	

Impairment

All assets were assessed for impairment at 30 June 2021. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount. There were no indicators of impairment at 30 June 2021.

The recoverable amount of an asset is the higher of its fair value less costs to sell and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the Commission were deprived of the asset, its value in use is taken to be its depreciated replacement costs.

Accounting Policy continued

Derecognition

An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

Intangibles

The entity's intangibles comprise internally developed software for operational use. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of the entity's software is 5 years (2020: 5 years).

All software assets were assessed for indications of impairment as at 30 June 2021. There were no indications of impairment as at 30 June 2021.

2.3: Payables

2.3A: Suppliers

	2021	2020
	\$'000	\$'000
Trade creditors and accruals	1,379	1,843
Unearned income - contract liabilities	7,847	5,924
Total suppliers	9,226	7,767

Settlement of trade creditors and accruals is usually made within 30 days.

Unearned income contract liabilities are associated with other funded projects contracted with Commonwealth government agencies that provide funds in advance of project work being completed by the Commission. Revenue for these projects is recognised as costs are incurred.

2.3B: Other Payables

Salaries and wages	193	161
Superannuation	32	27
Other	8	5
Total other payables	233	193

2.4: Interest bearing liabilities

2.4A: Leases

	2021	2020
	\$'000	\$'000
Lease liabilities	904	2,668
Total lease liabilities	904	2,668

Total cash outflow for leases for the year ended 30 June 2021 was \$1,781,758.

Maturity analysis – contractual undiscounted cash flows

Within 1 year	906	1,782
Between 1 to 5 years	-	906
More than 5 years	-	-
Total leases	906	2,688

The Commission is lessee of Level 5 and part of Level 6 of 255 Elizabeth Street, Sydney. The lease is due to expire 31 December 2021.

The above lease disclosures should be read in conjunction with the accompanying note 2.2.

Accounting Policy

For all new contracts entered into, the Commission considers whether the contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'.

Once it has been determined that a contract is, or contains a lease, the lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the department's incremental borrowing rate.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification to the lease. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset or profit and loss depending on the nature of the reassessment or modification.

3 Funding

	2021	2020
	\$'000	\$'000

3.1 Net cash arrangements

Total comprehensive income less depreciation/amortisation expenses	880	147
Plus: depreciation right-of-use assets	1,741	1,741
Less: principal repayments - leased assets	(1,764)	(1,685)
Total comprehensive income - as per the Statement of Comprehensive Income	857	203

The inclusion of depreciation/amortisation expenses related to ROU leased assets and the lease liability principal repayment amount reflects the cash impact on implementation of AASB 16 Leases.

4 People and Relationships

2021	2020
\$'000	\$'000

4.1 Employee Provisions

Leave	3,391	3,313
Total employee provisions	3,391	3,313

Accounting Policy

Liabilities for 'short-term employee benefits' and termination benefits expected within twelve months of the end of the reporting period are measured at their nominal amounts.

Leave

The liability for employee benefits includes provision for annual leave and long service leave.

The leave liabilities are calculated on the basis of employees' remuneration at the estimated salary rates that will be applied at the time the leave is taken, including the Commission's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The liability for long service leave has been determined by the Department of Finance shorthand method as described under the FRR. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Superannuation

The Commission's staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS), the PSS accumulation plan (PSSap) or other superannuation funds held outside the Australian Government.

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported by the Department of Finance's administered schedules and notes.

The Commission makes employer contributions to the employees' defined benefit superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government. The Commission accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions.

4.2 Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Commission, directly or indirectly, including any director (whether executive or otherwise) of the Commission. The Commission has determined the key management personnel to be the Chief Executive, Chief Operating Officer¹ and 9 Directors. Key management personnel remuneration is reported in the table below:

	2021	2020
	\$'000	\$'000
Short-term employee benefits	987	1,140
Post-employment benefits	87	107
Other long-term benefits	28	29
Termination benefits	-	-
Total key management remuneration expenses²	1,102	1,276

The total number of key management personnel that are included in the above table are 11 (2020: 13)¹. This includes two directors that waived their right or were not eligible to receive remuneration during 2021 for all or part of the year (2020: 2).

¹ Two individuals were included as performing the Chief Operating Officer role during the 2020 financial year.

²The above key management personnel remuneration excludes the remuneration and other benefits of the Portfolio Minister. The Portfolio Minister's remuneration and other benefits are set by the Remuneration Tribunal and are not paid by the Commission.

4.3 Related Party Disclosures

Related party relationships

The Commission is an Australian Government controlled entity. Related parties to this entity are Key Management Personnel including the Portfolio Minister and Executive.

Transactions with related parties

Given the breadth of Government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. These transactions have not been separately disclosed in this note.

Several directors of the Commission hold directorships with other organisations. All transactions between the Commission and organisations with a director common to the Commission, or any dealings between the Commission and directors individually, are conducted using commercial and arms-length principles.

The following transactions with related parties occurred during the financial year:

- Dr Helena Williams provided project support and expert advice to the Commission. Fees paid by the Commission for these services were \$3,063 (2020: \$3,304).

5 Managing Uncertainties

5.1 Contingent Assets and Liabilities

As at 30 June 2021, the Commission had no quantifiable, unquantifiable or significant remote contingencies (2020: nil).

5.2 Financial Instruments

5.2A: Categories of financial instruments

	2021 \$'000	2020 \$'000
Financial assets at amortised cost		
Cash on hand and at bank	15,866	13,389
Trade and other receivables	799	615
Total financial assets	16,665	14,004
Financial liabilities		
Financial liabilities measured at amortised cost:		
Trade creditors and accruals	1,379	1,843
Total financial liabilities	1,379	1,843

5.2B: Net gains or losses on financial instruments

	2021	2020
	\$'000	\$'000
Financial assets at amortised cost		
Interest revenue	34	185
Net gain from financial assets at amortised cost	34	185

The Commission holds only cash and receivables as financial assets and trade creditors and accruals as financial liabilities.

Accounting Policy

Financial Assets at Amortised Cost

Financial assets included in this category need to meet two criteria:

1. the financial asset is held in order to collect the contractual cash flows; and
2. the cash flows are solely payments of principal and interest (SPPI) on the principal outstanding amount.

Amortised cost is determined using the effective interest method.

Effective Interest Method

Income is recognised on an effective interest rate basis for financial assets recognised at amortised cost.

Financial Liabilities at Amortised Cost

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

5.3: Fair Value Measurement

Accounting Policy

The Commission seeks independent valuation for material non-financial assets on a triennial basis. The Commission procured the services of the Jones Lang Lasalle (JLL) to undertake a comprehensive revaluation of the leasehold improvement asset at 30 June 2019 and relied upon those outcomes to establish carrying amounts. JLL provided written assurance to the Commission that the models developed are in compliance with *AASB 13 Fair Value Measurement*.

	Fair value measurement at the end of the reporting period	
	2021 \$'000	2020 \$'000
Non-financial assets		
Leasehold improvements	85	255
Plant and Equipment	116	132
Total non-financial assets	201	387

6 Other information

6.1: Aggregate Assets and Liabilities

	2021	2020
	\$'000	\$'000
Assets expected to be recovered in:		
No more than 12 months		
Cash	15,866	13,389
Trade and other receivables	1,157	907
Prepayments	154	143
Property, plant and equipment	1,199	2,072
Total no more than 12 months	18,376	16,511
More than 12 months		
Property, plant and equipment	260	1,455
Total more than 12 months	260	1,455
Total assets	18,636	17,966
Liabilities expected to be settled in		
No more than 12 months		
Trade creditors and accruals	1,379	1,843
Unearned income	7,347	5,924
Other payables	233	193
Leases	904	1,764
Employee provisions	1,092	935
Total no more than 12 months	10,955	10,659
More than 12 months		
Unearned income	500	-
Leases	-	904
Employee provisions	2,299	2,378
Total more than 12 months	2,799	3,282
Total liabilities	13,754	13,941

6.2: Budget Variances

The comparison of the unaudited original budget as presented in the 2020-21 Portfolio Budget Statements (PBS) to the 2020-21 final outcome as presented in accordance with Australian Accounting Standards is included in the Statement of comprehensive income, the Statement of financial position, Statement of changes in equity and Cash flow statement.

Major Variances

Line items impacted	Major variance explanations
<p>Statement of comprehensive income Suppliers, Revenue from contracts with customers.</p> <p>Statement of financial position Cash, Trade and other receivables, Trade creditors and accruals, Other payables, Unearned income.</p> <p>Cash flow statement Rendering of services, Suppliers.</p>	<p>The budget was prepared based on executed contracts for projects in April 2020.</p> <p>During the 2020-21 financial year additional projects were contracted. This resulted in higher payments received in advance of services being delivered. Expenditure and associated revenue recognition for these projects were lower than forecast and extensions to project end dates were approved.</p> <p>The balance of unearned income relates to payments received that are carried forward into future years for these projects.</p>
<p>Statement of comprehensive income Interest</p> <p>Cash flow statement Interest</p>	<p>Interest rates received for deposits were less than forecast when the budget was prepared.</p>
<p>Statement of comprehensive income Finance cost, Depreciation and amortisation.</p> <p>Statement of financial position Property, plant and equipment, Leases.</p> <p>Cash flow statement Interest payments on lease liabilities.</p>	<p>The budget was prepared based on the 2019-20 balances for leases with an expectation for minor increases and did not account for depreciation of the right-of-use asset and reduction of the lease liability.</p> <p>The AASB 16 lease calculation model has calculated minor decreases and has accounted for depreciation of the right-of-use asset.</p>
<p>Statement of comprehensive income Surplus, Total comprehensive income.</p> <p>Statement of financial position Retained earnings.</p> <p>Statement of changes in equity Surplus for the period.</p>	<p>The budget is prepared on a break even assumption for all projects with the impact of AASB 16 Leases representing an operating loss.</p> <p>The timing of expenditure and delivery of workplan projects has resulted in a surplus.</p>
<p>Cash flow statement GST received, GST paid.</p>	<p>The budget is prepared based on net GST received and paid.</p>
<p>Cash flow statement Purchase of property, plant and equipment.</p>	<p>Asset acquisitions were not forecast when the budget was prepared.</p>

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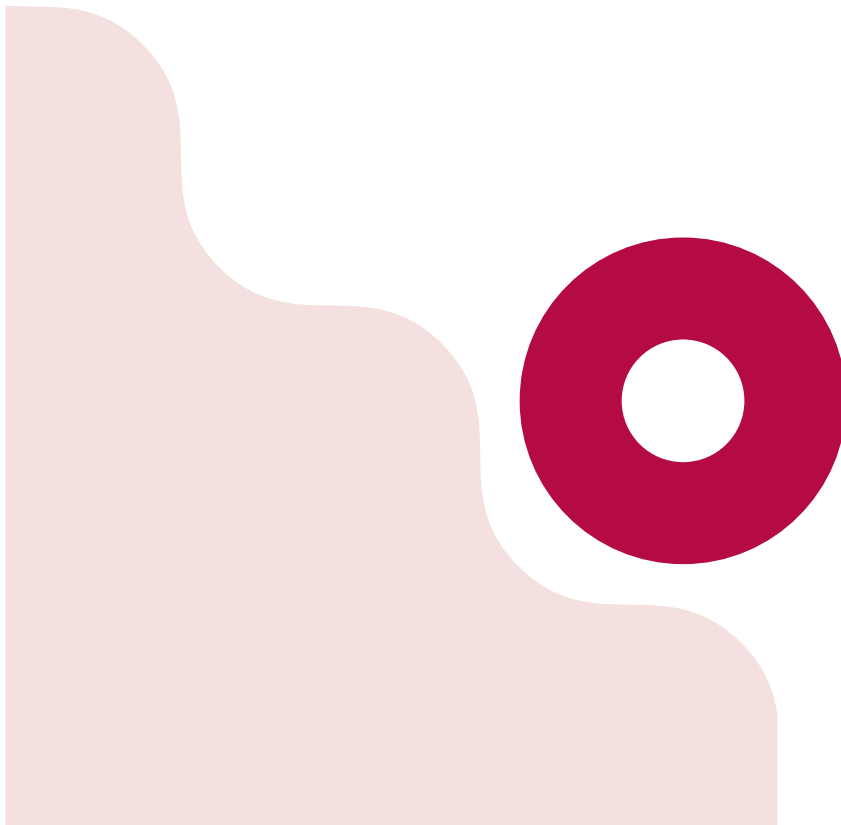
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Appendix A: Related-entity transactions

Table 8: Related-entity transactions, 2020–21

Vendor no.	Commonwealth entity	Number of transactions	Transaction value	Description
100362	Department of Health	12	\$759,395.77	Payments processed in 2020–21 for corporate services received from the Department of Health under a shared services agreement between the Commission and the Department.



Appendix B: Freedom of information summary

The following table summarises freedom of information requests and their outcomes for 2020–21, as discussed on page 78.

Table 9: Freedom of information summary, 2020–21

Activity	Number
Requests	
On hand at 1 July 2020	0
New requests received	1
Total requests handled	1
Total requests completed as at 30 June 2021	0
Total requests on hand as at 30 June 2021	0
Action of request	
Access granted in full	n/a
Access granted in part	n/a
Access refused	n/a
Access transferred in full	n/a
Request withdrawn	1
No records	n/a
Response time	
0–30 days	n/a
30–60 days	n/a

Appendix C: Compliance with ecologically sustainable development

The Commission is committed to making a positive contribution to ecological sustainability. Table 10 details the Commission’s activities in accordance with section 516A(6) of the *Environment Protection and Biodiversity Conservation Act 1999*.

Table 10: Summary of the Commission’s compliance with ecologically sustainable development

<i>Environment Protection and Biodiversity Conservation Act 1999</i> requirement	Commission response
Activities of the Commission during 2020–21 accord with the principles of ecologically sustainable development	The Commission ensures that its decision-making and operational activities mitigate environmental impact. The principles of ecologically sustainable development are embedded in the Commission’s approach to its work plan, and corporate, purchasing and operational guidelines.
Outcomes specified for the Commission in an Appropriation Act for 2020–21 contribute to ecologically sustainable development	The Commission’s single appropriations outcome focuses on improving safety and quality in health care across the Australian health system. As such, the Commission does not directly contribute to ecologically sustainable development.
Effects of the Commission’s activities on the environment	The Commission’s offices are located in a 5-star* building, and the Commission works proactively with building management to achieve energy savings, where possible. The Commission continues to improve its dissemination of publications, reports and written materials through electronic media to minimise printing.

* Based on the National Australian Built Environment Rating System

Table 10 continued

<p><i>Environment Protection and Biodiversity Conservation Act 1999</i> requirement</p>	<p>Commission response</p>
<p>Measures the Commission is taking to minimise its impact on the environment</p>	<p>To reduce its environmental impact, the Commission is improving its website functionality and increasing the use of multi-channel strategies to distribute information electronically.</p> <p>To reduce travel, the Commission uses remote meeting attendance options, where feasible. Most staff have been working and attending meetings remotely during the pandemic.</p> <p>Responsible use of materials, electricity and water, and disposal of waste are expected of all staff and visitors.</p>
<p>Mechanisms for reviewing and increasing the effectiveness of these measures</p>	<p>The Commission has established mechanisms to review current practices and policies. In addition, staff are encouraged to identify initiatives to adopt behaviours, procedures or policies that may minimise their environmental impact, and that of their team and the Commission more broadly.</p>

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The image features a decorative background. On the left side, there is a dark purple, irregular shape that resembles a stylized letter 'L' or a corner element. The right side of the image is filled with a light purple gradient that transitions from a slightly darker shade at the top to a lighter shade at the bottom. The overall aesthetic is modern and minimalist.

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Acronyms

Acronym	Description
AC	Companion of the Order of Australia
AGAR	Australian Group on Antimicrobial Resistance
AHPEQS	Australian Hospital Patient Experience Question Set
AHSSQA Scheme	Australian Health Service Safety and Quality Accreditation Scheme
AM	Member of the Order of Australia
AMR	antimicrobial resistance
AO	Officer of the Order of Australia
AURA	Antimicrobial Use and Resistance in Australia
CARAlert	National Alert System for Critical Antimicrobial Resistances
CEO	Chief Executive Officer
FCNA	Fellow of the College of Nursing, Australia
FRACGP	Fellow of the Royal Australian College of General Practitioners
FRACS	Fellow of the Royal Australasian College of Surgeons
MD	Doctor of Medicine
NDIS	National Disability Insurance Scheme
NGPA Scheme	National General Practice Accreditation Scheme
NSQDMH Standards	National Safety and Quality Digital Mental Health Standards
NSQHS Standards	National Safety and Quality Health Service Standards
PSM	Public Service Medal
RACF	Residential Aged Care Facility

Glossary

Word	Description
Accreditation	A status that is conferred on an organisation or individual when they have been assessed as having met particular standards. The two conditions for accreditation are compliance with an explicit definition of quality (that is, a standard) and passing an independent review process aimed at identifying the level of congruence between practices and quality standards.
Adverse event	An incident that results in harm to a patient or consumer.
Antimicrobial	A chemical substance that inhibits or destroys bacteria, viruses or fungi, including yeasts and moulds. ¹
Antimicrobial resistance	A property of organisms – including bacteria, viruses, fungi and parasites – that allows them to grow or survive in the presence of antimicrobial levels that would normally suppress growth or kill susceptible organisms.
Antimicrobial stewardship	A program implemented in a health service organisation to reduce the risks associated with increasing antimicrobial resistance, and to extend the effectiveness of antimicrobial treatments. Antimicrobial stewardship may incorporate a broad range of strategies, including monitoring and reviewing antimicrobial use.
Clinical care standards	Standards developed by the Commission and endorsed by health ministers that identify and define the care people should expect to be offered or receive for specific clinical conditions or procedures. Clinical care standards highlight best-practice care and priority areas for quality improvement and include indicators to support quality improvement.
Clinical governance	The set of relationships and responsibilities established by a health service organisation between its department of health (for the public sector), governing body, executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care and continuously improve services.
Clinical handover	The transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis. ²

Word	Description
Clinician	A healthcare provider, trained as a health professional. Clinicians include registered and non-registered practitioners, or teams of health professionals, who spend the majority of their time delivering direct clinical care.
Cognitive impairment	Deficits in one or more of the areas of memory, communication, attention, thinking and judgement. Cognitive impairment can be temporary or permanent, and can affect a person's understanding, their ability to carry out tasks or follow instructions, their recognition of people or objects, how they relate to others and how they interpret the environment. Dementia and delirium are common forms of cognitive impairment seen in hospitalised older patients. ³ Cognitive impairment can also be caused by other conditions, such as an acquired brain injury, a stroke, intellectual disability or drug use.
Consumer	A person who has used, or may potentially use, health services. A healthcare consumer may also act as a consumer representative to provide a consumer perspective, contribute consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes. ⁴
Delirium	An acute disturbance of consciousness, attention, cognition and perception that tends to fluctuate during the course of the day. Delirium is a serious condition that can be prevented in 30–40% of cases, and should be treated promptly and appropriately. Hospitalised older people with existing dementia are at the greatest risk of developing delirium. Delirium can be hyperactive (the person has heightened arousal, or can be restless, agitated and aggressive) or hypoactive (the person is withdrawn, quiet and sleepy). ⁵
Electronic medication management system	Enables medicines to be prescribed, dispensed, administered and reconciled electronically.
End of life	The period when a patient is living with, and impaired by, a fatal condition, even if the trajectory is ambiguous or unknown. This period may be years in the case of patients with chronic or malignant disease, or very brief in the case of patients who suffer acute and unexpected illnesses or events such as sepsis, stroke or trauma. ⁶
Hand hygiene	A general term referring to any hand-cleansing action.

Word	Description
Healthcare-associated infections	Infections that are acquired in healthcare facilities (nosocomial infections) or that occur as a result of healthcare interventions (iatrogenic infections). Healthcare-associated infections may manifest after people leave healthcare facilities. ⁷
Healthcare variation	This occurs when patients with the same condition receive different types of care. For example, among a group of patients with the same condition, some may have no active treatment, some may be treated in the community and others in hospital, and some may have surgery while others receive medication. Some variation in how health care is provided is desirable because of differences in patients' needs, wants and preferences (see 'unwarranted healthcare variation').
Hospital-acquired complication	A complication for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring.
My Health Record	A secure online summary of a consumer's health information, managed by the System Operator of the national e-health record system (the Secretary of the Department of Health). Healthcare providers are able to share health records to a consumer's My Health Record, in accordance with the consumer's access controls. This may include information such as medical history and treatments, diagnoses, medications and allergies. Also known as a 'Personally Controlled Electronic Health Record'.
National Safety and Quality Health Service (NSQHS) Standards	Standards developed by the Commission in consultation and collaboration with states and territories, technical experts, health service organisations and patients. The NSQHS Standards aim to protect the public from harm, and to improve the quality of health services. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that minimum safety and quality standards are met, and a quality improvement mechanism that allows health service organisations to realise aspirational or developmental goals.

Word	Description
Partnering with consumers	Treating consumers and/or carers with dignity and respect, communicating and sharing information between consumers and/or carers and health service organisations, encouraging and supporting consumers' participation in decision-making, and fostering collaboration between consumers and/or carers and health service organisations in planning, designing, delivering and evaluating health care. Other terms are used internationally, such as patient-based, consumer-centred, person-centred, relationship-based, patient-centred and patient-and-family-centred care.
Patient	A person receiving health care. Synonyms for 'patient' include 'consumer' and 'client'.
Patient safety	Reducing the risk of unnecessary harm associated with health care to an acceptable minimum.
Patient safety incident	An event or circumstance that could have resulted, or did result, in unnecessary harm to a patient.
Person-centred care	Where patients, consumers and members of the community are treated as partners in all aspects of healthcare planning, design, delivery and evaluation; the foundation for achieving safe, high-quality care.
Shared decision making	The integration of a patient's values, goals and concerns with the best available evidence about the benefits, risks and uncertainties of treatment to achieve appropriate healthcare decisions. ⁸
Standard	Agreed attributes and processes designed to ensure that a product, service or method will perform consistently at a designated level.
Unwarranted healthcare variation	Variation not attributed to a patient's needs, wants or preferences. It may reflect differences in clinicians' practices, the organisation of health care or people's access to services. It may also reflect poor-quality care that is not in accordance with evidence-based practice.

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Compliance index

The Commission is bound by legislative requirements to disclose certain information in this annual report.

The operative provisions of the *Public Governance, Performance and Accountability Act 2013* came into effect on 1 July 2014. The Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 prescribes the reporting requirements for the Commission (Table 11).

Table 11: Mandatory reporting orders as required under legislation

Requirement	Reference	Page listing of compliant information
Accountable authority	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 subsection 17BE(j)	66–72
Amendments to the Commission's enabling legislation and to any other legislation directly relevant to its operation	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 subsection 17BE(a)	81
Approval by the accountable authority	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 section 17BB	1, 53, 96
Assessment of the impact of the performance of each of the Commission's functions	<i>National Health Reform Act 2011</i> subsection 53(a)	23–61

Table 11: continued

Requirement	Reference	Page listing of compliant information
Assessment of the safety of healthcare services provided	<i>National Health Reform Act 2011</i> subsection 53(b)(i)	23–39
Assessment of the quality of healthcare services provided	<i>National Health Reform Act 2011</i> subsection 53(b)(ii)	49–52
Audit committee	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Report) Rule 2016 subsection 17BA(taa)	73–74
Board committees	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 subsection 17BE(j)	73–75
Ecologically sustainable development and environmental performance	<i>Environment Protection and Biodiversity Conservation Act 1999</i> , section 516A	81, 124–125
Enabling legislation, functions and objectives	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 subsection 17BE(a)	8–9, 64
Financial statements	<i>Public Governance, Performance and Accountability Act 2013</i> subsection 43(4)	94–119
Financial statements certification: a statement, signed by the accountable authority	<i>Public Governance, Performance and Accountability Act 2013</i> subsection 43(4)	96

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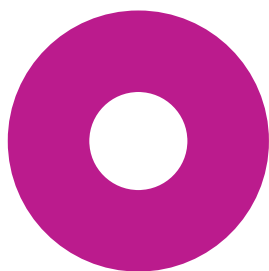
Requirement	Reference	Page listing of compliant information
Financial statements certification: Auditor-General's Report	<i>Public Governance, Performance and Accountability Act 2013</i> subsection 43(4)	94–95
Government policy orders	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 subsection 17BE(e)	81
Indemnities and insurance premiums for officers	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 subsection 17BE(t)	65
Information about remuneration for key management personnel	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Report) Rule 2016 subsection 17CA	79, 114
Information about remuneration for senior executives	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Report) Rule 2016 subsection 17CB	79–80
Information about remuneration for other highly paid staff	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Report) Rule 2016 subsection 17CC	80
Judicial decisions and decisions by administrative tribunals	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 subsection 17BE(q)	78
Key activities and changes that have affected the Commission	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 subsection 17BE(p)	16–19, 81

Table 11: continued

Requirement	Reference	Page listing of compliant information
Location of major activities and facilities	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 subsection 17BE(l)	87
Ministerial directions	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 subsection 17BE(d)	65
Organisational structure	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 subsection 17BE(k)	84–85
Related-entity transactions	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 subsections 17BE(n) and (o)	65, 122
Reporting of significant decisions or issues	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 subsection 17BE(f)	16–19, 81
Reports about the Commission by the Auditor-General, a parliamentary committee, the Commonwealth Ombudsman or the Office of the Australian Information Commissioner	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 subsection 17BE(r)	78
Responsible minister	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 subsection 17BE(c)	9, 64–65

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Requirement	Reference	Page listing of compliant information
Review of performance	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 subsection 17BE(g)	53–61
Statement on governance	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 subsection 17BE(m)	76–77



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