

# Annual Report

# 2020–21



Australian Government

Aged Care Quality and Safety Commission



## Acknowledgement of Country

*The Commission acknowledges the Traditional Owners of Country throughout Australia and recognises their continuing connection to land, sea, culture and community. We pay our respects to their Elders past, present and emerging.*

### About this report

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*Indigenous artwork by Dreamtime Creative*





Senator the Hon Richard Colbeck  
Minister for Senior Australians and Aged Care Services  
Parliament House  
Canberra ACT 2600

Dear Minister

I am pleased to present the annual report for the Aged Care Quality and Safety Commission, prepared in accordance with the requirements of the *Aged Care Quality and Safety Commission Act 2018* (ACQSC Act) and section 46 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

This report includes information related to the functions of the Commissioner of the Aged Care Quality and Safety Commission, from 1 July 2020 until the end of the reporting period on 30 June 2021.

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

- the Commission has prepared appropriate fraud risk assessments and fraud control plans
- the Commission has in place appropriate fraud prevention, detection, investigation and reporting mechanisms that meet its specific needs
- I have taken all reasonable measures to minimise the incidence, and to investigate and recover the proceeds of fraud.

Yours sincerely

*J. M. Anderson*

Janet Anderson PSM

**Commissioner**

14 October 2021

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# Message from the Commissioner

**I am pleased to present the Annual Report for the Aged Care Quality and Safety Commission (the Commission) for the period 1 July 2020 to 30 June 2021.**



This year has been dominated by the continuation of the COVID-19 pandemic. The pandemic has presented unparalleled challenges to the entire aged care sector, particularly for consumers, aged care workers and providers, as well as for the Commission as the aged care regulator. The tragic loss of life in residential service outbreaks in Sydney and Melbourne had a profound impact on all involved.

Our primary role is to hold providers to account for the quality and safety of care they deliver to older Australians. The Commission has used the full range of its regulatory powers in responding to the pandemic. We have monitored the quality of care and services, prompted the sector to proactively manage risks to consumers, taken proportionate regulatory action where significant risks to consumers have been identified, and worked alongside health authorities and other stakeholders to support those aged care services directly affected by an outbreak.

Our responsive regulatory approach encompassed a range of targeted activities, including assisting providers with resources and information, requiring them to assess and report on their own preparedness to prevent and respond to an outbreak, and monitoring their readiness through assessment contacts and visits. We also developed targeted information for consumers and their representatives, and sought to resolve complaints about specific aged care services.

As the pandemic continued, we maintained an unwavering commitment to reflect on our practices and learn how to improve our performance and impact. We are applying these lessons and continue to share information with the sector to support providers in their work to prepare, manage risks, and respond to outbreaks when they occur.



Engagement with the Royal Commission into Aged Care Quality and Safety was another significant priority for the Commission in 2020–21. The Royal Commission's final report was released on 1 March 2021 and its recommendations have set the scene for a once-in-a-generation opportunity to reform the aged care sector so that it regains the community's trust and confidence.

The Australian Government has responded to the final report with a record investment of over \$17.7 billion and has affirmed its commitment to reforms that will have significant implications for years to come. The community has an expectation of transformational change to improve the experiences and outcomes of all older Australians receiving aged care.

The Commission has a core role in delivery of the reform agenda. The reform process has already begun in a number of areas identified for attention by the Royal Commission, including the commencement of the Serious Incident Response Scheme (SIRS) in residential care from 1 April 2021, strengthening regulation of restrictive practices, and enhancing home care regulation.

Building the capability of our people and supporting them to be the best they can be is central to our journey to becoming a world-class aged care regulator and to achieving success in our role to deliver aged care reforms. In 2020–21, we developed people and workforce strategies to support and strengthen our workforce. This important work will continue in the coming year. We also invested in ICT to support effective work practices and enable staff to take an integrated approach to risk and decision-making.

We achieved most of our performance measures in 2020–21 while continuing to feel the pressure of COVID-19 on our monitoring, regulatory and corporate functions. We needed to be agile in our approach to ensure we remained effective in this dynamic environment.

As the end of the year drew near, there was cause for optimism about a diminishing COVID-19 threat as vaccines became widely available to vulnerable older Australians, the aged care workforce, and the broader community. However, we continue to work with the sector to remain on high alert, be vigilant to threats, and ready to act promptly and decisively.

Optimistically, we can also regard the year ahead as filled with enormous promise in relation to aged care reform. The Commission is looking forward to continuing to work with all stakeholders to implement the government's program of reforms.

I want to thank Commission staff for their commitment to our core role to protect and enhance the safety, health, wellbeing, and quality of life of aged care consumers. They have remained ready and willing to adapt regulatory and work practices to meet the challenges of the pandemic and to position us for reforms which will meet, if not exceed the expectations of all Australians for a high performing aged care sector.

Finally, I want to express my thanks to the Minister for Senior Australians and Aged Care Services, Senator the Hon Richard Colbeck for his support and guidance. I am also grateful to Ms Andrea Coote, Chair of the Aged Care Quality and Safety Advisory Council, and to all members of the Council for their advice, support, and ongoing encouragement. I also thank the many aged care consumers who engaged with us throughout this challenging year. Their voices inform everything we do.

*J. M. Anderson*

Janet Anderson PSM  
**Commissioner**  
14 October 2021

The background of the page features a complex, repeating geometric pattern of interlocking hexagons in shades of blue. Overlaid on this pattern is a large, white, irregular hexagonal shape that serves as a container for the section header. The word "Overview" is written in a bold, dark blue, sans-serif font within this white shape.

# Overview

## About the Commission

### **The Aged Care Quality and Safety Commission (the Commission) is an Australian Government statutory authority within the Health portfolio.**

The responsible minister is Senator the Hon Richard Colbeck, Minister for Senior Australians and Aged Care Services.

The Commission is the national regulator of aged care services, and the primary point of contact for consumers and providers in relation to quality and safety.

The Commission operates independently and objectively in performing its functions and exercising its powers as set out in the *Aged Care Quality and Safety Commission Act 2018* (ACQSC Act) and the Aged Care Quality and Safety Commission Rules 2018 (the Rules).

The Commission is responsible for the following outcome in the 2020–21 Portfolio Budget Statements:

Protect and enhance the safety, health, wellbeing and quality of life of aged care consumers including through effective engagement with them, regulation and education of Commonwealth-funded aged care service providers and resolution of aged care complaints.

Under this outcome the Commission is responsible for deliverables in Program 1.1, Quality Aged Care Services.

## **Our purpose**

To protect and enhance the safety, health, wellbeing and quality of life of aged care consumers.

## **Our vision**

Older Australians trust and have confidence that aged care services protect and enhance their safety, health, wellbeing and quality of life.

## Our role

As the national regulator of aged care services subsidised by the Australian Government, our role is to approve providers' entry to the aged care system, to accredit, assess, monitor and investigate aged care services against requirements, and to hold services to account for meeting their obligations. We seek to resolve complaints about aged care services and to provide education and information about our functions. We also engage with consumers to understand their experiences and to provide advice to providers about working with consumers in designing and delivering best practice care.

We deliver regulation that is proportionate, risk-based, responsive and intelligence-led. Our regulatory approach enables us to focus activities on the areas of greatest risk to the safety, health and wellbeing of aged care consumers, and on those providers providing care and services that fall short of legislated standards.

We use education, information and targeted communications to support our regulatory objectives, including publishing outcomes of our regulatory activities to promote greater transparency and accountability, and highlighting best practice.

## Our values

We undertake our work consistent with the Australian Public Service (APS) values, outlined in the *Public Service Act 1999*.

### **Impartial**

We are apolitical and provide the government with advice that is frank, honest, timely and based on the best available evidence.

### **Committed to service**

We are professional, objective, innovative and efficient, and work collaboratively to achieve the best results for the Australian community and the government.

### **Accountable**

We are open and accountable to the Australian community under the law and within the framework of Ministerial responsibility.

### **Respectful**

We respect all people, including their rights and their heritage.

### **Ethical**

We demonstrate leadership, are trustworthy, and act with integrity in all that we do.

## Our functions

Our functions, as set out in the ACQSC Act and Rules are:

1. Protecting and enhancing the safety, health, wellbeing and quality of life of aged care consumers.
2. Promoting the provision of quality care and services by approved providers of aged care services, and providers of Commonwealth-funded aged care services.
3. Approving providers of aged care.
4. Developing, in consultation with aged care consumers and their representatives, best practice models for the engagement of providers with their aged care consumers and promoting those models to providers.
5. Regulating aged care services according to the Rules by accrediting, conducting quality reviews, monitoring the quality of care and services, and registering quality assessors.
6. Ensuring compliance by approved providers with their aged care responsibilities.
7. Dealing with complaints made, or information given to the Commissioner, in accordance with the Rules about an approved provider's responsibilities under the *Aged Care Act 1997* or funding agreement.
8. Imposing sanctions on approved providers and lifting sanctions.
9. Providing education and information about matters relating to one or more of the Commissioner's functions to consumers and their representatives, providers of aged care services and the public.

## Our approach

We carry out our functions in a way that supports improved consumer outcomes, more effective complaints resolution, effective risk-based regulation, better engagement with stakeholders and greater accountability and transparency.

This approach includes:

- delivering key components of the government's aged care reform agenda
- speaking with one voice and making it easy for people to access our services
- being flexible in the way we regulate while continuing to hold aged care providers to account during the COVID-19 pandemic
- being innovative and open to new ways of working to improve outcomes for aged care consumers
- developing and maintaining productive working relationships with aged care consumers, providers and other key stakeholders
- investing in our workforce culture and staff capability to achieve our priorities
- being transparent and joined up in the way we work
- being accountable and seeking feedback to improve our practices and performance.

## Our priorities

### **1. Placing consumers at the centre at all times**

Improved outcomes for consumers drive the design, delivery and regulation of aged care services.

### **2. Maturing our regulatory response to strengthen quality and safety**

The Commission is trusted as a fair and effective regulator of aged care services.

### **3. Advancing responsive, intelligence-led, risk-based regulation**

Our regulatory approach targets highest risk and is proportionate in response.

### **4. Becoming 'One Commission, One Culture, One Voice'**

We deliver on our functions with the right governance, leadership, technology, capability and work practices.



# Organisational structure

Table 1: Details of Accountable Authority during 2020–21

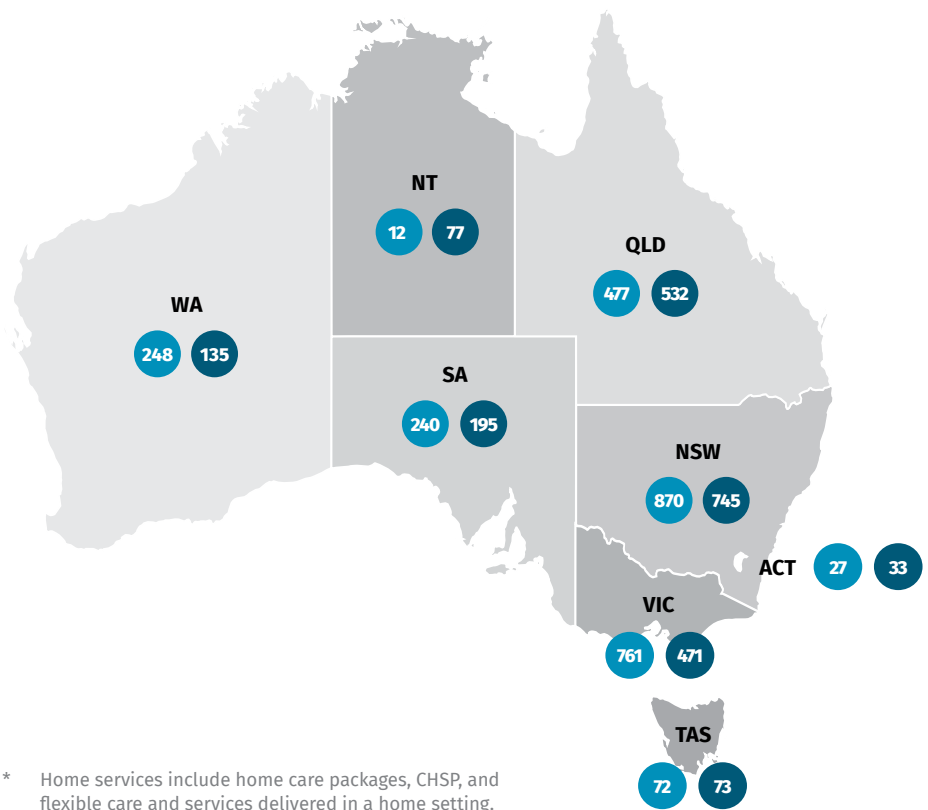
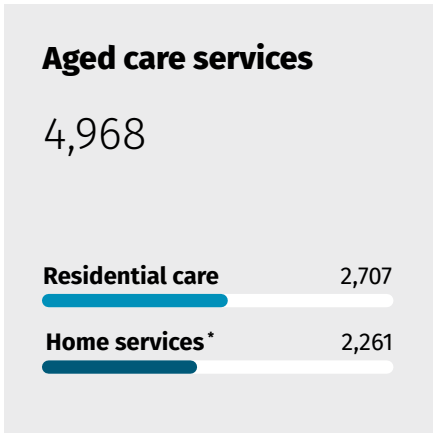
		Period as the accountable authority or member during 2020-21	
Name	Position title/Position held	Date of commencement	Date of cessation
Janet Anderson PSM	Commissioner	1 January 2019	

# The sector at a glance

**The aged care sector funded by the Commonwealth consists of two main service types: residential aged care and home services.**

At 30 June 2021, there were 2,707 residential aged care services and 2,261 home services.

**Aged care services by state and territory**



\* Home services include home care packages, CHSP, and flexible care and services delivered in a home setting.

## The year in review

**This section provides an overview of the key events, regulatory reforms and priorities that shaped and directed our work in 2020–21. It highlights some of the initiatives and projects we undertook to improve the effectiveness of our regulatory functions and respond to risks and events.**

The year was significantly shaped by the ongoing COVID-19 pandemic and its impact on the aged care sector, and the prospect of accelerated reform in the sector following the Royal Commission into Aged Care Quality and Safety.

### COVID-19 pandemic

This year highlighted the need for the entire aged care sector to remain on high alert to the ongoing risks to vulnerable Australians receiving aged care.

As the pandemic continues, we are reflecting on our practices, learning how we can improve our regulatory approach and adapting rapidly to evolving conditions.

## Pandemic impacts

We increased our activity in responding to the COVID-19 pandemic using dynamic, targeted and risk-based regulatory activities to monitor care and services being delivered in the sector. Compared with 2019–20, approximately 1,500 additional on-site activities were undertaken in 2020–21, and approximately 1,800 additional non-site activities were undertaken. In 2020–21, we visited 84% of active residential aged care services.

From the commencement of the COVID-19 pandemic, we adjusted our regulatory response with more direct engagement with providers of aged care services. This included:

- undertaking an Infection Control Spot Check Program from August 2020 and completing 2,807 spot checks at residential services to review infection control practices
- conducting 6,481 phone assessment contacts with residential, home care and Aboriginal and Torres Strait Islander flexible care services operating in high-risk and affected areas to assess preparedness for an outbreak and to assist in targeting performance monitoring of provider readiness

- monitoring the requirement to have a designated infection prevention and control (IPC) lead in each residential aged care service, including the requirement to report this information to government
- taking regulatory action in relation to services where there was an immediate and severe risk to care recipients due to the management of an outbreak
- having an understanding of risks informed by complaints, incident notifications and other sources of intelligence and adjusting our activities accordingly.

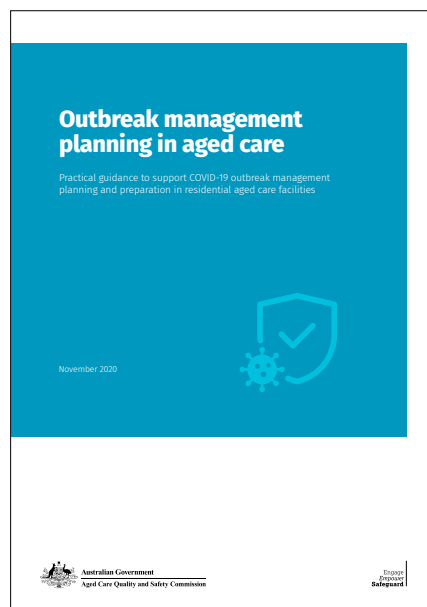
We established a referral process for state and territory governments and public health units to report concerns with infection control practices, and retained the capacity to undertake infection control spot checks where there is an elevated risk and circumstances prevent a site audit.

The implementation of spot checks significantly increased our ability to engage with more providers by monitoring services on a specific targeted topic and escalating when issues were identified.

We also sought to understand the experience of home care consumers through outreach calls directly to consumers to discuss the aged care they received during the COVID-19 pandemic in 2020.

We produced guidance materials for consumers and aged care providers, including:

- a practical guide to outbreak management in residential aged care facilities, accompanied by a webinar in December 2020
- fact sheets and supporting information products about pandemic preparedness, including information from the Chief Clinical Advisor
- a range of articles published in the Commission's Quality Bulletin, highlighting ideas such as the use of digital technology, different ways to conduct safe face-to-face visitation and encouraging contact through other means such as mail, pictures and parcels
- publication of links and training materials produced by the Department of Health and other key stakeholders, including a fact sheet for IPC leads and, most recently, guidance for aged care staff on the national COVID-19 vaccination roll-out
- consumer fact sheets, posters and videos to support understanding of prevention and what may happen in the event of a pandemic outbreak.



## Visitor access

While limiting access to visitors is one strategy to reduce the risk of transmission of COVID-19 in residential aged care, we know that these restrictions have a negative impact on the wellbeing of residents, and that it is necessary to take individual circumstances into account when managing COVID-19 related risks.

We gave particular attention to visitor access in residential aged care. When public health orders issued by states and territories required limitations to visitor access, some residential services adopted a more restrictive regime than required, effectively denying some family members safe, reasonable access to their loved one in care.

Our campaign included a residential service visitor access survey. This survey had a strong response with 94% of services completing it, providing valuable information about visitor access restrictions and provider policies and procedures.

The campaign also provided resources and guidance for aged care consumers, their families and approved providers to safely manage visitor access. These included:



- case studies and examples of innovation and best practice by providers
- developing advice on the 'partners in care concept' to highlight the importance of ensuring access for family members who provide ongoing support and care for a loved one in residential aged care
- a fact sheet on the *Industry Code for Visiting Residential Aged Care Homes during COVID-19*, developed by key stakeholders to set out the aged care industry's expectations of conduct for aged care providers on how to support residents to have visitors while also keeping them safe and protected during the pandemic.

## Lessons learned

Following the COVID-19 outbreaks in residential aged care facilities in Victoria from June to September 2020, we took the opportunity to interview approved providers that experienced an outbreak to identify the lessons learned from the response to those events.

We invited 37 aged care providers to participate in the interviews, which were held in October and November 2020. These interviews also included participation from the Victorian Aged Care Response Centre.

The *We saw the best in people: Lessons learned* report was published on our website in December 2020 and was shared with aged care providers for their guidance.

The report provided direct insights into the experience of providers in managing outbreaks and highlighted the significant challenges and innovations that were identified throughout the period.



The report related particularly valuable insights into the workforce, infection control and communication practices applied in Victoria, and highlighted the critical importance of effective governance and leadership by providers in responding to the pandemic.

## Ongoing planning and review – new COVID-normal

The introduction of the COVID-19 vaccine and increased vaccination rates in aged care services means that the impact of the pandemic on consumers in 2021 is significantly different from that observed in 2020. While widespread take up of the vaccine has been associated with better outcomes for aged care consumers, we continue to adapt and learn from experience as we plan for what will become a COVID-normal Australia. Our planning includes a focus on:

- maintaining and building on the cooperative and collaborative relationships with state and territory governments to focus on aged care service and sector prevention and preparedness strategies
- monitoring the outbreak preparedness of residential care, home and flexible aged care services through incorporating the infection control spot check program into our broader compliance monitoring activities
- remaining responsive and agile to enable a swift refocusing of resources in the event of an outbreak that warrants increased monitoring activities in certain locations
- engaging in any state-based aged care response centre that is activated in the event of a COVID-19 outbreak



- actively engaging in case management of services in the event of a COVID-19 outbreak
- continuing to develop our comprehensive range of information and education resources for providers, consumers and their families
- developing our regulatory approach regarding the requirements placed on aged care services by the Department of Health, including infection prevention and control leads and the vaccination status of the workforce.



## Final report of the Royal Commission into Aged Care Quality and Safety

The Royal Commission into Aged Care Quality and Safety (Royal Commission) has provided a once-in-a-generation opportunity to reform the aged care sector to ensure that it is meeting the needs of older Australians.

Engagement with the Royal Commission was a significant priority for us during 2020–21. In response to specific requests and to offer proactive support, we provided numerous documents, witnesses and submissions, and closely followed hearings and other activities.

The Royal Commission's final report, titled *Care, Dignity and Respect*, released on 1 March 2021, contained 148 recommendations by the Commissioners. The report sent a strong message about the importance of treating older Australians with dignity and respect, and as individuals with their own identity, goals, values and preferences.

The report, which set out evidence, findings and recommendations from 28 months of examination of our aged care system, is a very substantial body of work which brings the shortcomings of the sector into clear focus.

The report conveyed the hopes and expectations of Australians when it comes to how we want to live as we grow older and as we become more reliant on others for our care and support needs.

The report also painted a vivid picture of an aged care system that, by focusing on meeting individual needs, would regain the community's trust and confidence.

In its response to the final report, the Australian Government reaffirmed its commitment to transform the aged care system, using the Royal Commission's final report as both motivation and impetus to pursue the comprehensive reforms required.

## Government's aged care reform agenda and our role in delivery

On 11 May 2021, the Australian Government delivered its Budget for 2021–22. At the heart of the Budget, the government announced a record investment of over \$17.7 billion to transform the aged care sector.

With this Budget, the government also provided its full response to the final report of the Royal Commission, with the aim of ensuring that older Australians have timely access to the high quality, safe care that they need and deserve.

The Australian Government's aged care reform agenda is a 5-year program based on 5 pillars:

- 1.** home care
- 2.** residential aged care services and sustainability
- 3.** residential aged care quality and safety
- 4.** workforce
- 5.** governance.

We have a core role in delivery of this agenda. Our role as the independent aged care regulator has been strengthened, with an additional \$344 million to be made available over 4 years.

We have already commenced the reform process in a number of areas identified for attention by the Royal Commission. Notably, the commencement of the Serious Incident Response Scheme (SIRS) from 1 April 2021 represents a significant step

up from existing compulsory reporting arrangements with the aim of ensuring that providers are taking additional and necessary steps to prevent and reduce the risk of harm to aged care residents. In addition, we are:

- undertaking a project to strengthen provider governance in residential and home care
- appointing a Senior Practitioner, Restrictive Practices and strengthening regulation of restrictive practices
- expanding the assessor workforce to increase our regulatory activities across the sector
- extending our pharmacy outreach program to 2025
- enhancing home care provider regulation
- preparing for an expansion of the Serious Incident Response Scheme to home services
- establishing a new senior executive role (Assistant Commissioner) to lead work with the sector to lift provider capability.

Several of these initiatives are included in this overview of the year's activities.

We will continue to work closely with government agencies and other key stakeholders to deliver on the government's reforms and plans for the aged care sector.

## Commencement of the Serious Incident Response Scheme (SIRS)

The SIRS, which commenced on 1 April 2021, complements existing provider obligations under the Aged Care Act and strengthens responsibilities for providers to prevent and manage incidents, focusing on the safety and wellbeing of consumers. It requires providers to use incident data to drive quality improvement, and to report serious incidents to the Commission.

The commencement of SIRS was also associated with an expansion in the range of enforcement powers available to the Commission. These new powers include issuing Incident Management Compliance Notices, issuing infringement notices, accepting an enforceable undertaking from a provider, seeking an injunction through an application to a relevant court and issuing a written notice requiring the provider to give the Commission information or documents. New protections for whistle-blowers were also introduced at the same time as the SIRS.

Residential aged care providers are required to prevent incidents and effectively manage those that do occur. The requirements about reporting incidents to the Commission have increased from previous compulsory reporting arrangements.

Reportable incidents now include:

- unreasonable use of force
- unlawful sexual contact or inappropriate sexual conduct
- psychological or emotional abuse
- unexpected death
- stealing or financial coercion by a staff member
- neglect
- inappropriate use of restrictive practices
- unexplained absence of a resident.

We established a stakeholder consultative group to provide feedback on drafts of sector guidance and communications. Free webinars were offered to support providers in preparation for SIRS, and guidance, fact sheets, videos, posters and other resources were published.

Early experiences of the scheme, implementation challenges, ideas for improvement and early benefits were shared by residential aged care providers at a virtual roundtable convened by the Commission, which was used to further improve resources.

Information and resources were also published to help consumers understand SIRS and their right to be safe.

## Review of the restraint principles and new approach to restrictive practices

Our focus continues to be on ensuring that risks to the safety, health and wellbeing of consumers associated with the use of restrictive practices are minimised, and consumers are treated with dignity and respect. Restrictive practices must only be used as a last resort and in the least restrictive form.

In 2020, we assisted with the review of the Quality of Care Principles 2014 (Restraint Principles) being managed by the Department of Health. We participated in consultation processes and provided case study examples, complaints and compliance data relating to restraints.

The final report of the review was released in December 2020 and informed legislative amendments about restrictive practices that come into effect from 1 July 2021. These amendments clarify and strengthen provider obligations to minimise restrictive practices. They also include additional powers for the Commission, via the issuance of a Restrictive Practices Compliance Notice, to address inappropriate use of restrictive practices in residential care.

In preparation for these amendments, we updated and developed resources to support consumers, their representatives and providers with these changes and issued a Regulatory Bulletin in June 2021 setting out the new responsibilities for providers.

In the coming year, we will continue to monitor provider use of restrictive practices through complaint handling processes, notifications made under SIRS, and as part of quality assessment and monitoring activities, including accreditation audits.

As part of the government's aged care reform agenda, we are also appointing a new role of Senior Practitioner, Restrictive Practices. The role will lead education in the sector, support providers in understanding their regulatory obligations about use of restrictive practices and promote positive behaviour practices as alternatives to restrictive practices.

## Quality Indicator Program

The National Aged Care Mandatory Quality Indicator Program (Quality Indicator Program) became compulsory for residential aged care services on 1 July 2019. Residential aged care providers are required to report data quarterly against 3 quality indicators of care:

- pressure injuries
- use of physical restraint
- unplanned weight loss.

Providers and services are expected to use these indicators to oversee and assess aspects of quality of care which may affect consumer health and wellbeing. The Quality Indicator Program supports providers to measure, monitor, compare and improve the quality of their services, to identify trends in their performance over time and compare themselves against national averages.

In the 2020–21 Budget, we received funding to deliver the Quality Indicator Program in conjunction with the Department of Health. Over the past year, we have worked with the Department of Health to transition the regulatory aspects of the Quality Indicator Program from the Department of Health to the Commission. The Commission assumed responsibility for consumer and provider education and

communications, and data analysis and publication, on 1 October 2020. During the year we also supported changes to the Quality Indicator Program, including the introduction of 2 new quality indicators:

- falls and major injury
- medication management.

The Department of Health maintains responsibility for policy development of the Quality Indicator Program, including the development of new quality indicators.

We have also worked with the Australian Institute of Health and Welfare (AIHW) to ensure ongoing publication of quarterly quality indicator reports on the AIHW's GEN Aged Care Data website. We worked with AIHW to publish the first annual report under the program in 2020–21.

We are continuing to work with the aged care sector, the AIHW and the Department of Health to strengthen quality indicator data, analysis and publication. Over time, the Quality Indicator Program will be used to inform future policy decisions, enable future trend analysis and develop national benchmarks. This will further support the application of quality indicators in regulatory oversight including risk profiling, targeting and priority setting.

## Prudential campaign

The Commission commenced a prudential campaign in May 2021 to help providers better understand permitted uses of refundable accommodation deposits (RADs), with particular reference to loans.

Residential aged care providers holding RADs must comply with the Prudential Standards and only use these deposits as permitted under the Aged Care Act and the Fees and Payments Principles 2014. Providers must implement and maintain governance arrangements that ensure RADs are used only as permitted and refunded to care recipients correctly. RADs can only be used to make loans in specified circumstances.

An analysis of prudential information indicated that some providers are using RADs to make loans, however, our data does not specify the purpose of the loan. Our targeted campaign aimed to help providers better understand how they can use RADs and comply with the governance requirements of the Prudential Standards.



The campaign involved a site visit to selected providers to determine whether they were compliant with their statutory obligations for loan agreements using RADs and to identify risks associated with the use of the deposits.

Tailored education activities, based on insights gained from the campaign, will be implemented in 2021–22 to ensure providers focus attention on potential risks. If the review identifies non-compliance, the Commission may consider regulatory action.

## Regulatory alignment between aged care and the NDIS

From 1 December 2020, aged care providers supporting NDIS participants have also been required to be registered as NDIS providers with the NDIS Quality and Safeguards Commission. These providers have regulatory responsibilities under both schemes, and quality and monitoring arrangements have been streamlined to reduce regulatory burden for affected providers.

As part of this process, we worked with the Department of Social Services, the NDIS Quality and Safeguards Commission, the National Disability Insurance Agency and the Department of Health as members of the Young People in Residential Aged Care Regulatory Arrangements Working Group. This Group determined the transitional regulatory arrangements for aged care providers that provide care and services for NDIS participants.

A mapping process of the Aged Care Quality Standards (Quality Standards) against the NDIS Practice Standards was undertaken to determine where the standards overlapped and where regulatory burden for providers could be reduced as part of any assessment and monitoring activities. A pilot audit with a small group of providers was also conducted to determine the strengths and opportunities to further align regulatory arrangements for affected aged care providers.

We will continue to accredit, assess and monitor quality of care and services provided through residential aged care services and ensure provider compliance with the Quality Standards. We will also continue to manage complaints related to NDIS participants in these services.

### Worker screening requirements

From 1 February 2021, the worker screening requirements under the NDIS apply to residential aged care providers registered under the NDIS. In recognition of the existing worker screening requirements under the Aged Care Act, the staff of residential providers will not need to undertake the NDIS worker screening requirements until their existing aged care equivalent check (a police check) expires.

From 16 June 2021, amendments to aged care legislation recognise NDIS worker screening clearances for both aged care staff and volunteers. This further assists in reduction of regulatory burden for aged care providers that support NDIS participants.

This work is ongoing, and feeds into new work about regulation of care workers that has been included in the government's aged care reform agenda to be undertaken in 2021–22.

## Food and dining experience

In 2020–21, we began a campaign to improve resident food, dining and nutrition in residential aged care.

As part of the campaign, we established a specialist expert advisory group on nutrition and the dining experience. Members were appointed through a targeted expression of interest process and included experts in nutrition, oral health, speech pathology and dementia, as well as consumers, carers and advocates.

Members of the expert advisory group supported the function and activities of the Chief Clinical Advisor, including:

- advising on the nutrition, meals and dining experiences in aged care
- designing and reviewing campaigns on nutrition to ensure they are based on best practice
- providing input into stakeholder and consumer events.

The expert advisory group identified the following priority areas for action:

- Improving the overall dining experience
- Supporting consumer choice
- Addressing the impacts of swallowing difficulties
- Improving oral health.

Work commenced in 2021 to develop provider and consumer resources in these priority areas.

The campaign will continue in 2021–22 to develop and implement resources for providers and consumers, and to analyse and report on food complaints from 2018 to 2020. We will also use the opportunity to learn from the experience of providers in this area and to showcase examples of innovative ideas and best practice.



## Antimicrobial stewardship

The final report of the Royal Commission highlighted concerns about the ongoing levels of inappropriate use of antimicrobials (including antibiotics, antivirals and antifungals) in Australian residential aged care services. Inappropriate antimicrobial use can contribute to antimicrobial resistance.

Effective infection prevention and control (IPC) measures and antimicrobial stewardship (AMS) interventions improve infectious disease outcomes and help to address the problem of antimicrobial resistance. The Quality Standards set out requirements for providers in the areas of IPC and AMS.

Our primary focus on AMS is as it relates to:

- clinical best practice
- consumer focus, involvement and information
- clinical governance in residential aged care services.



We are reviewing AMS resources and fact sheets that will be suitable for residential aged care settings in collaboration with:

- Dr Lyn-Li Lim, a specialist AMS physician
- the Australian Commission on Safety and Quality in Health Care
- the National Centre of Antimicrobial Stewardship/VICNISS.

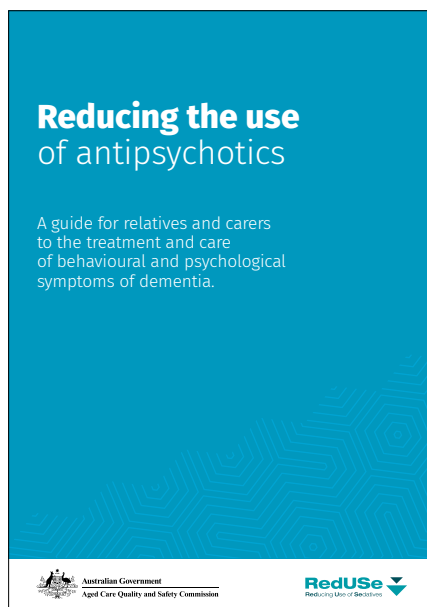
This will inform continuing work with providers to improve their understanding of the appropriate use of antimicrobials.

## Pharmacy Outreach Project

Despite the challenges of the COVID-19 pandemic, the Pharmacy Outreach Project reached 102 services during 52 visits in all jurisdictions with rural/remote residential aged care services.

In addition to educating champion nurses and staff at these services in the Reducing the Use of Sedatives (RedUSE) program and Antimicrobial Stewardship, Commission pharmacists delivered specific education on urinary tract infections, diabetes, managing constipation, medication administration and dementia. Where consumers and relatives expressed an interest, pharmacists provided information sessions on medication use and interactions as we age. The pharmacists also provided ongoing support to all visited services.

The Australian Government has extended funding for the project to 2025 as part of its commitment in the 2021–22 Budget to strengthen regulation around the use of physical and chemical restraints.



## People Strategy and Workforce Strategy

The government's aged care reform agenda will have a significant impact on our operating context with a substantial increase in our powers, responsibilities and resources. Building the capability of our workforce and supporting our people to be the best they can be is central to our continuing development as a world-class aged care regulator. The people and workforce strategies will help us to do this.

The Commission's Workforce Strategy and a supporting Workforce Operational Plan have been implemented this year with the following priorities:

- Organisational realignment and restructure to support joined up, flexible, streamlined, and coordinated work practices and coordinated approach to workforce development across the Commission
- Recruitment of additional staff to deliver on the regulatory program and budget measures
- Staff who are trained and capable to perform their duties and who are engaged and well
- Promotion of diversity
- Embedding of the performance framework.

We started to develop our People Strategy in March 2021 with the aim of supporting and strengthening our workforce. The objective is to enable every staff member to bring their best to work, to thrive, and to contribute to ensuring the Commission delivers on its purpose to protect and enhance the safety, health, wellbeing and quality of life of aged care consumers.

The People Strategy has been developed with extensive consultation and co-design from staff. The draft strategy includes the following goals:

1. Work together as One Commission.
2. Build capable and collaborative leadership.
3. Nurture the health and wellbeing of our people.
4. Enable diverse and capable people to join the Commission.
5. Develop our people and help them grow.
6. Support our people through change.

The People Strategy was finalised in September 2021.

Implementation of many initiatives under the strategy has already commenced, and this will continue over the coming year.

## ICT Strategy

We have continued to invest significantly in uplifting our digital, ICT and business systems capability in line with the government's Digital Transformation Strategy 2018–2025, mandatory technology initiatives and protective security requirements.

We have delivered a substantial amount of work within a short period of time, focusing on building our core ICT environment, leveraging business systems and technology to support and enhance regulatory activities, rapidly enabling all staff to work remotely in response to the COVID-19 pandemic, and integrating optimised data, information and protective security systems.

During 2020–21, we continued to develop the Aged Care Case Management Information System (ACCMIS) that will replace our existing Better Business Program (BBP) and integrate the National Complaints and Compliance Information Management System (NCCIMS) into a single cloud-based solution.

Working with the Department of Health, we completed the initial implementation of the Risk Based Targeting and Information Sharing (RBITS) system which provides a dashboard for Commission staff to better access and use information about the aged care sector. In addition, we worked closely with the Department of Health to plan and deliver operational readiness for the commencement of SIRS on 1 April 2021.

## Our regulatory strategy

**Our regulatory strategy sets out our approach to delivering regulatory functions under the ACQSC Act, in accordance with the Rules. The regulatory strategy provides clarity and transparency about our regulatory intent and approach, and outlines the way in which we use a proportionate, risk-based and intelligence-led approach to deliver regulatory functions under the legislative framework.**

### How we deliver regulatory functions

We apply the range of functions and powers available under the ACQSC Act and the Aged Care Act to achieve our objectives, including:

- vetting a person or organisations seeking approval to provide aged care
- educating consumers and providers
- resolving complaints
- monitoring and assessment of provider performance against the Quality Standards
- monitoring and assessment of provider compliance with the Prudential Standards
- responding to reportable incidents under the SIRS
- taking compliance and enforcement actions where approved providers do not meet their aged care responsibilities, including monitoring implementation of provider action to address non-compliance or taking further enforceable regulatory actions
- publishing performance data.

These complementary functions enable us to understand, predict, and reduce risks in the aged care sector.

We work with providers to encourage them to go beyond complying with minimum standards to strive for best practice within the aged care sector.

## Compliance and enforcement

Effective compliance and enforcement actions are an important part of our broader functions. Visibility of our actions to address non-compliance is essential for consumers and the wider community to have confidence and trust in the provision of aged care.

Most aged care providers voluntarily comply with their responsibilities, and many go well beyond the minimum responsibilities in delivering aged care services. It is reasonable for providers to expect that providers who fail or refuse to comply with their responsibilities are held to account.

Our compliance and enforcement actions are designed to:

- respond to non-compliance that poses an immediate and severe risk to the safety, health or wellbeing of consumers
- hold providers, who have not or are not complying, to account to meet their responsibilities
- ensure that providers take all the necessary steps as quickly as possible to comply with their aged care responsibilities
- revoke the approval of providers who are no longer suitable to provide aged care
- promote sector-wide compliance through deterrence and clearly establish the boundaries of the law

- assure the community that the government will respond to non-compliance that poses a risk to the safety, health, wellbeing or quality of life of consumers, and that there are consequences for providers that do not take action to meet quality and safety expectations.

Under our full range of powers, we may:

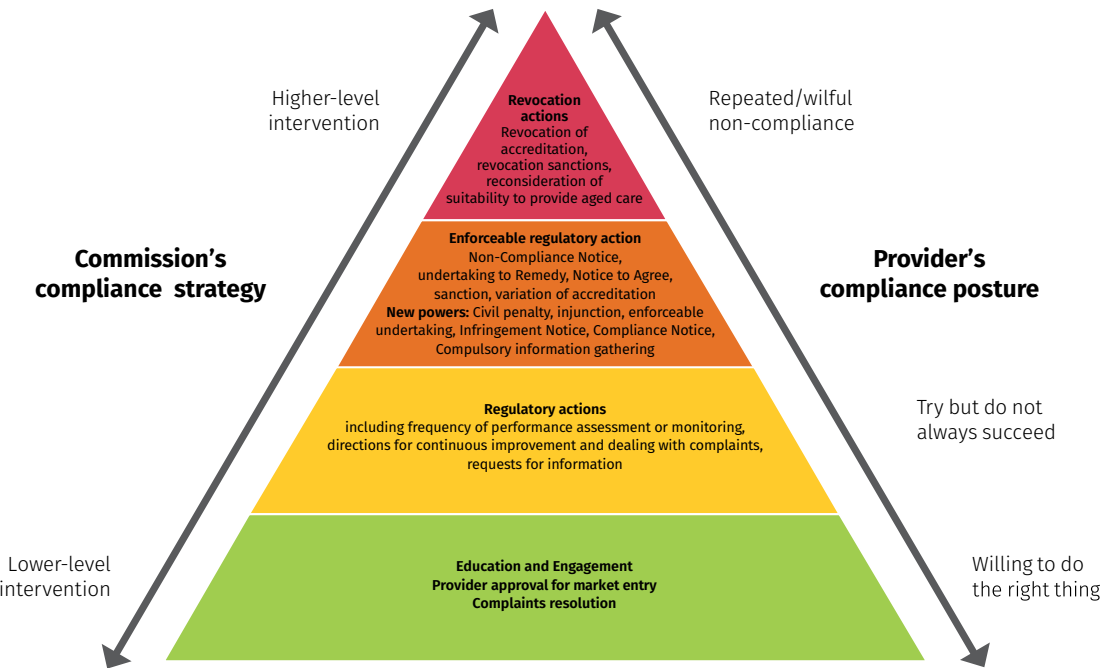
- direct a provider to address areas for improvement in order that it complies
- require providers to produce documents or information
- require providers to give undertakings to remedy non-compliance
- accept and enforce enforceable undertakings from providers
- issue notices requiring approved providers to take or refrain from certain actions to protect consumers
- issue infringement notices to providers
- apply to a court for an injunction or an order to enforce a civil penalty
- impose sanctions on providers
- suspend or revoke the approval of providers.

We may take one or more of these actions where it is deemed appropriate and proportionate to address identified non-compliance. A number of these powers may be applied, as appropriate, where a provider is not complying with its aged care responsibilities.

We are committed to clearly communicating our regulatory intent and approach to compliance and enforcement, and to providing accessible, consistent and clear reporting on enforcement strategies and activities.

Our Compliance and Enforcement Policy, released in January 2021, outlines how we will apply the powers we have available where a provider has failed or refuses to comply with its aged care responsibilities. The policy also describes our approach to compliance and enforcement as part of our strategic campaign activities that seek to address sector-wide risks.

Figure 1: The Commission’s regulatory pyramid



## New enforcement powers

Amendments to the ACQSC Act, which took effect from 1 April 2021 with the introduction of the SIRS, expanded the range of enforcement powers available to the Commission.

Drawing mostly from the *Regulatory Powers (Standard Provisions) Act 2014*, we now have a broader range of powers to support regulatory effectiveness and improved consumer outcomes. These new powers include:

- An **Incident Management Compliance Notice**, which requires a provider to take specific actions within a reasonable period, or refrain from taking actions, to address actual or potential non-compliance with incident management responsibilities.
- An **infringement notice** that may be issued if the Commission believes on reasonable grounds that a provider has contravened a specified civil penalty provision or offence provision in the Aged Care Act or the ACQSC Act. The infringement notice will include details such as the alleged contravention and the amount payable. The provider is then required to either pay the specified amount or seek a court order to have the notice set aside.
- A **civil penalty** is a monetary penalty that may be imposed by a relevant court on application by the Commission for contraventions of specified civil penalty provisions in the Aged Care Act or the ACQSC Act.
- The Commission may accept an **enforceable undertaking** from a provider, where the Commission and the provider have reached agreement on a course of action to ensure that the provider complies with its aged care responsibilities.
- The Commission may seek an **injunction** through an application to a relevant court if a provider has engaged, or intends to engage, in conduct which contravenes the provider's aged care responsibilities. The injunction may restrain the provider from engaging in the conduct, and if necessary, require the provider to do a specific thing.
- The Commission may issue a written notice to a provider **requiring the provider to give the Commission information or documents** specified in the notice.



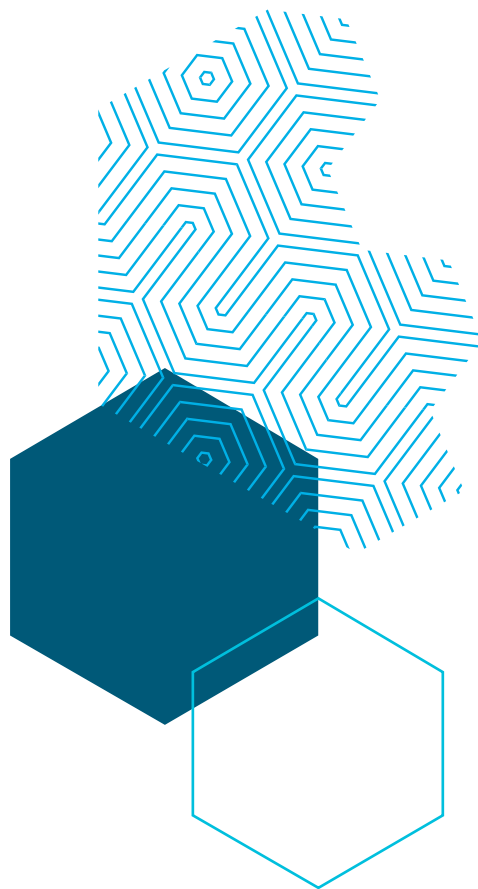
## Delegation of decision-making

Under the ACQSC Act and Rules, the Commissioner may delegate functions or powers to a member of the Commission's staff. The delegations must be in writing and the delegate must comply with any written directions of the Commissioner.

The ACQSC Act and Rules provide the framework for our statutory decisions, including matters that must be taken into account when making a decision.

When making statutory decisions, delegates outline the reasons for the decision and evidence considered in making the decision. Decisions are clearly communicated to providers and may be published on our website.

Delegated decision makers monitor statutory and internal decision-making timeframes to ensure that all timeframes are consistently met.



## Becoming an approved provider: entry to the system

**To receive funding from the Australian Government under the Aged Care Act, an aged care service must be operated by an organisation approved by the Commission. Approved providers delivering residential and flexible aged care services must also hold an allocation of places.**

Approval is gained through an application and assessment process that determines whether the applicant is suitable to provide aged care in accordance with specific requirements set out under the ACQSC Act.

We have 90 days to determine an application, and we can require an applicant to provide further information in order to complete our assessment. A formal request for further information must be responded to within 28 days. When the requested information is received, the 90-day timeframe restarts.

For 2020–21, applications received for approval to provide aged care that exceeded 90 days took on average 134 days to be processed. In the majority of instances where an application exceeded 90 days to process, we made one or more requests to the applicant for further information.

We carried over 53 applications for approval from 2019–20 and received 214 applications for approval to provide aged care in 2020–21. There were 73 applications carried over to 2021–22. The results are shown in Table 2.

Table 2: Provider applications

Application outcomes	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	2020-21
Applications received	53	64	49	48	214
Applications approved #	4	5	2	3	14
Applications not approved	11	25	9	14	59
Applications that did not proceed *	32	13	29	10	84
Reconsiderations received	1	3	1	0	5
Applications over 90 days	14	31	17	31	93
Applications carried over to 2020-21	—	—	—	—	73

# Includes approvals and deemed approvals. A state, territory or local government authority may seek to be deemed as an approved provider of aged care services provided by them in accordance with section 63F of the ACQSC Act.

\* An application may not proceed because it is either incomplete, withdrawn by the applicant, or the applicant failed to provide the requested information within legislated timeframes.

# Quality assessment and monitoring

## Accreditation of residential aged care services

### Accreditation

Residential aged care services provide a range of care options and accommodation for older people who are unable to continue living independently in their own homes.

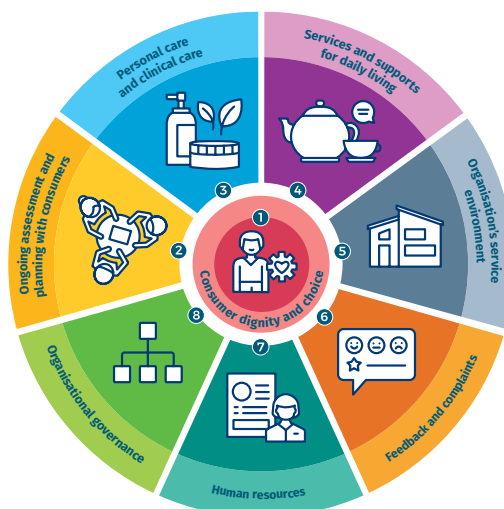
Established by the Aged Care Act, accreditation is a key component of the aged care regulatory environment.

Accreditation seeks to assess the quality of care and services delivered by approved providers against the Quality Standards and contributes to improved safety, quality and continuous improvement of services.

Residential aged care services must be accredited to receive Australian Government subsidies.

An approved provider of a commencing or recommencing service may apply to the Commission for accreditation or re-accreditation of the service. We consider the application and other relevant matters in deciding whether to accredit the service for a period of one year.

In 2020–21, 26 commencing services were accredited and a further 2 recommencing services were re-accredited.



Subsequent re-accreditation of a service requires:

- the submission of an application for accreditation of a service
- a site audit conducted by an assessment team consisting of registered quality assessors
- a decision about whether a service will be re-accredited and the period of accreditation.

Accreditation is supported by monitoring the quality of care and services of accredited services through assessment contacts and review audits.

Flexible care services delivering short-term restorative care in a residential care setting are accredited in accordance with the Rules or are taken to be an accredited service.

## Site audits

Site audits involve an assessment team carrying out a comprehensive assessment of a provider's performance against each of the 8 Quality Standards in relation to a service. Site audits occur 'unannounced' without notice to the approved provider.

In the lead up to accreditation, the provider must inform consumers and their representatives:

- that a site audit is expected to be conducted
- the anticipated period in which the site audit could occur
- that they may meet with members of the assessment team in private or contact the Commission by other means such as telephone or online survey.

We give providers the form of words to be used to tell consumers and their representatives about the site audit and a poster to display at the service. Consumers and their representatives can contact us prior to the site audit if they have any feedback about the quality of care and services provided to them. This feedback is then considered and followed up by the assessment team during the site audit.

The assessment team must interview at least 10% of consumers and/or their representatives. It is frequently the case that a larger proportion of consumers are interviewed.

The assessment team asks a series of entry questions that target risks to consumers and also interviews key staff, management and other relevant people, observes the environment and practices of the service, and reviews documented evidence to assess the performance of the service.

The assessment team prepares a site audit report for consideration by a delegated officer of the Commissioner. The provider of the service is given a copy of the site audit report so that they can understand the reasons, evidence and facts that the delegate is to rely on in making their decision; and to respond to the matters identified in the report.

## **Accreditation decisions following site audit**

A delegated officer will consider the site audit report, any response made by the provider of the service and any other relevant matters to prepare a performance report and make an accreditation decision.

The decision is either to re-accredit the service or not to re-accredit the service.

If a decision is made not to re-accredit an accredited service, the delegated officer may also decide to revoke accreditation of the service.

A service which is not accredited is ineligible to receive Commonwealth subsidy for aged care provision.

The provider is notified of the accreditation decision along with the reasons for the decision with a copy of the delegate's performance report.

The accreditation decision and the performance report are published on our website.

In 2020–21, we conducted 543 site audits. We found non-compliance against the Quality Standards in 276 of these audits. Of the decisions made by the Commission regarding accreditation, 59% of services were accredited for 3 years and 41% of services were accredited for periods of less than 3 years.

In the event that a performance report identifies non-compliance with the Quality Standards, our response will be risk-based and proportionate to ensure the service addresses identified risks to the safety, health and wellbeing of consumers, and achieves compliance as soon as possible.

## **Review audits**

A review audit may be conducted with a residential aged care service if we consider, on reasonable grounds, that the approved provider of the service may not be complying with the Quality Standards.

A review audit is a full audit of the performance of a residential aged care service against all requirements of the Quality Standards. Review audits may be announced but are typically conducted unannounced and without notice to the provider of the service.

A review audit may also be conducted if the Commissioner becomes aware that the approved provider:

- has had a change in circumstances
- has had a transfer of allocated places
- has changed premises since the service was last accredited.

Similar methodologies and decision-making processes are used for review audits as for site audits.

In 2020–21, we conducted 19 review audits. We found non-compliance against the Quality Standards in 13 of these audits. We also decided to revoke accreditation at one service as a result of these audits.

## **Reconsideration of accreditation decisions**

The Rules make provisions for reconsideration and review of certain decisions made by us.

A provider may request reconsideration of a Commission decision to:

- not accredit a commencing service
- not re-accredit a recommencing service
- not re-accredit a residential service
- determine the further period for which a residential service is to be accredited
- revoke the accreditation of an accredited service following a re-accreditation site audit or a review audit
- vary the period of accreditation of an accredited service following a review audit.

The Commissioner may reconsider a decision referred to above if satisfied that there is sufficient reason to do so.

A reconsideration decision will either:

- affirm the decision
- vary the decision
- set aside the decision and substitute a new decision.

In 2020–21, we made 665 reviewable decisions and we were requested to reconsider 5 decisions by the relevant providers. Of the 5 requests, 4 decisions were affirmed, and one decision was set aside and substituted with a new decision.

Applications may be made to the Administrative Appeals Tribunal for review of reconsidered decisions, and at times, we may also review a decision on our own initiative.

## Home services

Home services provide support to help people stay at home and be more independent with their day-to-day activities and in the community. This includes home care, flexible care providing short-term restorative care at home, or home support.

### Quality audits

We conduct quality audits of home services to assess whether a provider delivers services in accordance with the Quality Standards, and monitor the quality of care and services through assessment contacts.

Quality audits were introduced through amendments to the Rules on 1 January 2020. The quality audit process is more closely aligned to the process for site audits and increases consistency in the assessment process between residential services and home services, while recognising that some differences remain in the context of a home service.

If the provider is advised of the date of the quality audit, they must advise consumers and their representatives that they will have an opportunity to speak to the assessment team.

During a quality audit, the assessment team reviews a sample of consumer records and other documents such as policies, procedures, agreements and registers. Interviews are conducted with consumers or representatives as well as staff and management about their systems, processes and practices. Quality assessors observe any activities in progress at the service and any interaction with consumers or representatives.

Where there is non-compliance with the Quality Standards, our response will be risk-based and proportionate to ensure the service achieves compliance and addresses any risks to the safety, health, wellbeing and quality of life of consumers.

In 2020–21, 50 quality audits were conducted on home services.

Performance reports following quality audits are published on our website.



## **Home Services Regulation Project**

In July 2020, we commenced the Home Services Regulation Project (HSRP) to facilitate the effective and efficient regulation of home services across the range of Commission functions through the use of revised regulatory practices, risk-based frameworks and operational processes. The initial focus of the project was the development and trial of an enhanced approach for assessing and monitoring home services against the Quality Standards to respond to immediate issues in the quality review program.

The approach builds on a risk profile model, with data and intelligence to support identification and sampling of providers, services and consumers. The approach was developed, trialled and refined in consultation with a pilot team over a 6-month period. Thirty-six performance assessments (comprising 29 quality audits and 7 assessment contacts) were conducted between January and June 2021.

Key features of the new approach include:

- Quality assessors undertaking an initial meeting with service management prior to the site visit
- The Commission selecting consumers to be sampled, based on a list from the provider, and targeted questions asked at the initial meeting with management
- The Commission requesting targeted information (in relation to both the sampled consumers and the service) in advance of the site visit
- Quality assessors undertaking some consumer interviews prior to the site visit and expanding their sample based on risks identified over the course of the performance assessment.

The approach will be transitioned into business as usual and rolled out across all home services assessment and monitoring activity from July 2021.

# National Aboriginal and Torres Strait Islander Flexible Aged Care Program services

Services delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program are designed to deliver a flexible mix of residential, day care, respite care and community-based aged care.

## Quality audits

We aim to conduct a quality review of each National Aboriginal and Torres Strait Islander Flexible Aged Care Program service at least once every 2 years to assess performance against the Quality Standards.

The audit process is similar to the home services quality audit process.

There were 37 National Aboriginal and Torres Strait Islander Flexible Aged Care Program services at 30 June 2021 and 5 of these services had a quality audit in 2020–21.

## Flexible Aged Care Program services

37

Quality audits

5

## Short-term restorative care

The short-term restorative care program is an early intervention program that aims to reverse and/or slow functional decline in older people and improve overall wellbeing.

The program provides a variety of care and services for consumers for up to 8 weeks, to help prevent or reduce difficulties that older people may be having with completing everyday tasks.

Short-term restorative care services may be delivered in a home care setting, a residential care setting, or a combination of both.

## Assessment contacts

Monitoring the quality of care and services of aged care services is undertaken through assessment contacts. We use data and intelligence to accurately assess the risk of non-compliance with the Quality Standards and undertake assessment contacts where there is the greatest risk. We have the regulatory discretion to determine the arrangements for assessment contacts, including when an assessment contact will be conducted and for what purpose.

Assessment contacts are any form of contact (other than a site audit, a review audit or a quality audit) between a regulatory official or registered quality assessor and the provider for either or both of the following purposes:

- To assess the provider's performance, in relation to the service, against the Quality Standards
- To monitor the quality of care and services provided by the provider through the service.

We can undertake an assessment contact with any provider of any service, including a previously accredited service.

Assessment contacts can be conducted in several ways, depending on the risk profile of the service and the reason or purpose of the assessment contact.

We may conduct an assessment contact by:

- phone or email
- participation in a survey
- conducting an announced or unannounced visit at the service
- attending a management meeting or board meeting to seek or provide information on the accreditation process and requirements, or to discuss issues relating to non-compliance.

For providers operating a residential service and a home service, a single assessment contact covering all those services may be conducted at the same time.

Assessment contacts may occur with or without notice, with the majority being undertaken without notice. Assessment contacts conducted without notice (unannounced) provide increased assurance to the public that approved providers are held to account for meeting the Quality Standards at all times.

Risk-based responsive assessment contacts may be conducted where issues are identified in information provided by consumers or their representatives, the public, or if regulatory intelligence about the service or provider (for example, complaints or compulsory reporting information) identifies risk of harm to consumers or issues with the quality of care and services.

If a provider has been found non-compliant with one or more requirements of the Quality Standards, an assessment contact can also be used to monitor a provider's progress against a plan for continuous improvement or assess the provider's performance against the Quality Standards to determine if the provider has remedied the non-compliance.

Targeted assessment contacts may also be used as a quality and monitoring component of a Commission-wide regulatory campaign, or in response to certain areas of potential non-compliance or risk identified through regulatory intelligence.

Where there are reasonable grounds to form a view during an assessment contact that a provider of a service is not complying with the Quality Standards, we may escalate to a review audit for residential care services or a quality audit for home services.

### Assessment contacts

12,295



Where there is non-compliance with the Quality Standards, our response will be risk-based and proportionate to ensure the service achieves compliance and addresses any risks to the safety, health and wellbeing of consumers.

In 2020–21, we conducted:

- 11,233 assessment contacts at residential aged care services
- 1,009 assessment contacts at home services
- 53 assessment contacts at National Aboriginal and Torres Strait Islander Flexible Aged Care Program services.

## Workforce

### Registration of quality assessors

Our performance assessments are undertaken by registered quality assessors who have:

- completed an approved course delivered by the Commission about aged care quality assessment
- satisfied a range of other requirements as specified in the Rules.

At 30 June 2021, there were 236 registered quality assessors nationally, where:

- 160 (68%) were employed by the Commission on a full-time, part-time or casual basis
- 9 (4%) were external assessors engaged on a contract basis
- 46 (19%) were external assessors engaged on a contract basis through a labour hire agency
- 21 (9%) had current registration but may have ceased employment or were no longer contracted by the Commission to conduct assessment activities.

In 2020–21, we made 2 decisions to refuse to register an applicant as a quality assessor and cancelled the registration of one quality assessor upon their request.

Of the 236 registered quality assessors, 92 (39%) had nursing qualifications and experience.

Allied health professionals were among the other registered quality assessors.

A person whose registration as a quality assessor has been refused or cancelled may request reconsideration of the decision to refuse or cancel the registration. In 2020–21, there were no requests for reconsideration of a registration decision.

## **Continuing professional development**

We offer continuing professional development (CPD) opportunities for all staff, so they can develop skills and knowledge relevant to their role and maintain currency related to the industry environment and government policy agenda.

Our CPD offering includes supporting quality assessors to undertake a minimum of 15 hours each year to maintain their registration, with at least 10 of these hours developed, delivered or approved by the Commission. In 2020–21, we made available 44 hours of CPD to quality assessors through workshops, events and e-learning. Further self-directed CPD opportunities were also approved by the Commission, including readings and industry resources suitable for quality assessor development.

## **Seeking provider feedback**

We regularly seek feedback from providers on assessment and monitoring visits conducted by our quality assessors.

At the conclusion of a site visit, providers are invited to complete a confidential feedback form about the visit.

The responses inform the Commission's continuous improvement processes.

Collection of all feedback is completed by an independent third party, Datatime Services.

Data is collected from visits to residential aged care services, home services and National Aboriginal and Torres Strait Islander Flexible Aged Care Program services.

During 2020–21, 468 site visit feedback forms were received, and the summary of responses is provided in Table 3. Just over half of the responses were for visits that were assessment contacts (52%) followed by site audits (38%).

Overall sentiment was positive, with 93% of the core questions returning positive responses (strongly agree or agree) and 95% of the focus questions returning positive responses.

**Table 3: Summary of feedback received from the confidential site visit feedback form, 2020–21**

Questions	% positive responses	% neutral responses	% negative responses
1. On arrival, the assessment team members introduced themselves to you and gave you a written notice about their authority for the visit	97.6	0.2	2.1
2. The assessment team explained how the assessment would be conducted	96.6	1.9	1.5
3. The assessment team communicated effectively with you and your staff during the visit	91.6	3.2	5.2
4. The assessment team spoke with consumers and their representatives to discuss the care and services they are receiving	96.5	2.2	1.3
5. The assessment team were respectful during the visit	93.8	2.4	3.8
6. The assessment team took reasonable steps to minimise the impact of their visit on the operation of the service	91.7	4.1	4.3
7. The assessment team helped you and your staff to understand the information they were seeking	91.0	3.8	5.1
8. The assessment team were fair in their approach	89.7	3.9	6.5
9. A member of the assessment team met with you on the last day of the visit to discuss the key issues that the team identified during the visit	95.3	2.2	2.6
<b>Focus question:</b> My service engages consumers as partners in the design and delivery of care	96.9	1.7	1.3

# Managing non-compliance

## Taking compliance and enforcement action

If we find a provider has failed to meet its responsibilities under the *Aged Care Act 1997* and relevant principles, ACQSC Act, the Rules, or its funding agreement with the Australian Government, we apply an approach that is proportionate to the assessed risk to consumers. Action taken may include administrative or enforceable regulatory action.

Administrative action may be considered where risk to consumers is assessed as low or medium. This approach reflects the level of trust and confidence the Commission has in the provider's motivation and capacity to manage the risk and address the non-compliance. It signals to the provider where there has been a failure to meet responsibilities and encourages the provider to rectify the non-compliance and take action to sustain improvements.

In cases where the risk to consumers is medium to immediate and severe, where a provider has failed to remedy non-compliance, or failed to give or comply with an undertaking to remedy, we may respond with enforceable regulatory action. This level of regulation reflects our reduced confidence in the provider's motivation or capacity to address the non-compliance.

Enforceable regulatory action is intended to oblige the provider to take action to address quality and safety risks and to comply with their responsibilities as quickly as possible.

Enforceable regulatory action also acts to deter the provider from future non-compliance. In the event there is unwillingness or inability by the provider to address non-compliance, we may consider revoking the provider's approval to deliver aged care. Enforceable regulatory action includes Non-Compliance Notices, Notices to Agree, and Sanctions.

See Table 4 for the regulatory activities undertaken by the Commission during 2020–21.



**Table 4: Regulatory activities undertaken 2020–21**

Regulatory activities	2020–21*
Decisions not to reaccredit	1
Decisions to revoke accreditation	1
Number of Incident Management Compliance Notices	5 **
Number of Non-Compliance Notices (NCN) issued	134
Number of Notices to Agree (NTA) issued	43
Number of Notices of Decision to issue Sanction (NDIS) issued	25
<b>TOTAL Notices</b>	<b>209</b>
Compliance action (i.e. NCN, NTA, NDIS) triggered by quality assessment activities	157
Plan for Continuous Improvements (PCI) Directions	336

\* Data as at 30 June 2021, extracted 3 September 2021. Data may change if reproduced in the future.

\*\* Data from 1 April 2021 to 30 June 2021 associated with the commencement of the SIRS.

## Notification of serious incidents

The SIRS commenced on 1 April 2021 and aims to reduce the risk of abuse and neglect of older Australians in residential aged care services subsidised by the Australian Government. The SIRS complements existing provider obligations by establishing responsibilities for approved providers of residential aged care and flexible care delivered in a residential aged care setting, to prevent and manage incidents, use incident data to drive quality improvement and to report serious incidents to the Commission.

Prior to 1 April 2021, providers of residential aged care and flexible care in a residential setting were required to report incidents to the Commission under the compulsory reporting arrangements, which required providers to report unlawful sexual contact, unreasonable use of force, and unexplained absence of a resident.

Under SIRS this has been expanded to include unexpected death, neglect, financial abuse or coercion by staff, psychological and emotional abuse, and inappropriate use of restrictive practices. SIRS also removed the previous exemption on the reporting of resident-on-resident incidents where the perpetrator has an assessed cognitive impairment.

From 1 July 2020 to 31 March 2021, we received 4,439 notifications<sup>1</sup> in relation to reported assaults, and 837 notifications of unexplained absences of residents. From 1 April to 30 June 2021, we received 4,354 SIRS notifications.<sup>2</sup>

The Commission risk assesses all SIRS notifications to identify and prioritise those requiring further action which may include administrative or enforceable regulatory action.

<sup>1</sup> Includes 3 sub-categories: serious physical assault, sexual assault, and a combination of serious physical and sexual assault.

<sup>2</sup> Includes 8 categories of serious incident: unreasonable use of force, unlawful sexual contact or inappropriate sexual conduct, psychological or emotional abuse, unexpected death, stealing or financial coercion by a staff member, neglect, inappropriate use of restrictive practices, and unexplained absence from care.

## Continuous improvement

Providers are required to have continuous improvement systems and processes that assess, monitor, and improve the quality and safety of care and services. This includes identifying areas for improvement as part of the provider's self-assessment of its compliance with the Quality Standards in relation to a service.

As part of continuous improvement systems and processes, providers must have a written plan for continuous improvement (PCI) and check their progress against this plan to improve the quality and safety of care services.

If there are any areas in which improvements in relation to the service are needed to ensure the Quality Standards are complied with, the PCI should set out how the provider of the service will make those improvements.

We may also identify areas of improvement against the Quality Standards based on information obtained through regulatory activities such as performance assessments, monitoring contacts, complaints or reportable incidents.

The Rules include specific provisions relating to PCIs – providers must have a written PCI, must provide a copy of their PCI to the Commission if requested, and must revise their PCI if directed by the Commissioner.

If the Commissioner reasonably believes it is necessary for the PCI of a service to be revised to ensure compliance with the Quality Standards, we may issue a Direction to revise a PCI notice (Direction Notice). Issuing a Direction Notice for a service is a regulatory action in the Commission's graduated and escalating set of responses to non-compliance.

If directed by the Commission, providers must submit a revised PCI demonstrating how improvements will be made to ensure that the Quality Standards are complied with.

## Complaints resolution

**Anyone can raise a concern with the Commission about the quality of care provided to a consumer by an Australian Government funded aged care service.**

Concerns can be reported anonymously, confidentially or openly. Our complaints service is free, and concerns can be lodged by phone, email, our website, in person or post.

We assess each issue in a complaint to determine the level of risk it presents to aged care consumers.

We take a proportionate approach and aim to resolve complaints, where appropriate, to the satisfaction of the complainant. Higher risk and more complex complaints may be managed through a more formal process, which may include conciliation and investigation. Where necessary, we can take compliance action if a provider fails to meet its responsibilities identified during a complaints process.

Complaints are an important source of intelligence for the Commission. Complaints are used to inform our understanding of risk and our regulatory approach. Where a complaint indicates a risk to one or more consumers, we will take immediate action which may include an unannounced site visit or other activities to protect the safety, health and wellbeing of an aged care consumer.

## Contacts

We received 19,753 contacts in 2020–21. Of these, 3,208 contacts were classified as out of scope as the concern did not relate to an Australian Government funded aged care service. Where a contact is out of scope, we provide information on who may be able to assist.

The remaining 16,545 contacts were within our scope and included 7,270 enquiries, which include requests for information from consumers and others to better understand a provider's responsibilities. We provide information to the person who has contacted us and invite them to contact us again if they require further assistance.

We also commenced 39 own initiative resolution processes and 16 new resolution processes as the result of requests for review (see following pages for explanation of these processes).

The remaining 9,220 contacts were classified as complaints.

## Complaints received

The number of complaints lodged with the Commission increased from 8,536 in 2019–20 to 9,220 (an 8% increase).

Of the complaints received in 2020–21:

- 6,383 were about residential care (69.2%)
- 2,433 were about home care packages (26.4%)
- 320 were about Commonwealth Home Support Programme (CHSP) (3.5%)
- 78 were about flexible care (0.8%)
- 6 did not classify the care type.

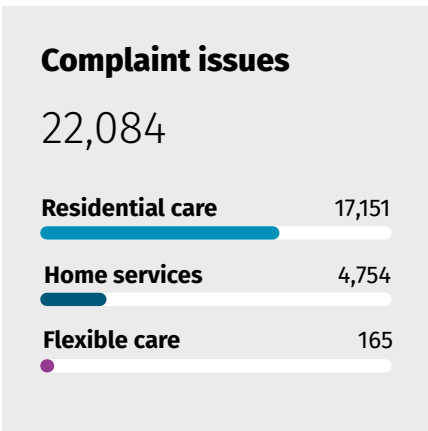
**In 2020–21, more than half of all complaints (51%) were raised by a representative or family member of the consumer (4,701).**

Consumers raised 20% of complaints (1,851) on their own behalf, other interested person(s) (which includes aged care staff) raised 8% (732), and other complainant types including external agencies and service providers accounted for 2% (212) of complaints. The remaining 19% were raised anonymously (1,724).

## Issues included in complaints

Each complaint can include more than one issue and we may resolve them in different ways. We received 22,084 complaint issues, comprising 17,151 for residential care, 4,754 for home care and CHSP, and 165 for flexible care. Fourteen issues did not classify the care type.

In 2020–21, 32% of complaints included one or more clinical issues, some of which required expert clinical advice available within the Commission.



The most common issues raised in complaints about residential aged care have remained relatively consistent between 2020–21 and 2019–20, with the top issues being:

- personnel number/sufficiency
- medication administration and management
- infectious diseases/infection control
- falls prevention and post-fall management
- personal and oral hygiene
- consultation and communication.

The most common issues raised in complaints about home care packages and CHSP have also remained relatively consistent between 2020–21 and 2019–20, with the top issues being:

- consultation and communication, including about fees and charges
- domestic assistance
- fees and charges, including management of finances and reimbursements
- consistent client care and coordination.

For flexible care, there were too few issues to be able to report on common categories.

## Complaints finalised

In 2020–21, we resolved 9,198 complaints, 14% more than in 2019–20 (8,081). We finalised 22,220 issues of concern with 11,270 (54%) issues being resolved to the satisfaction of the complainant.

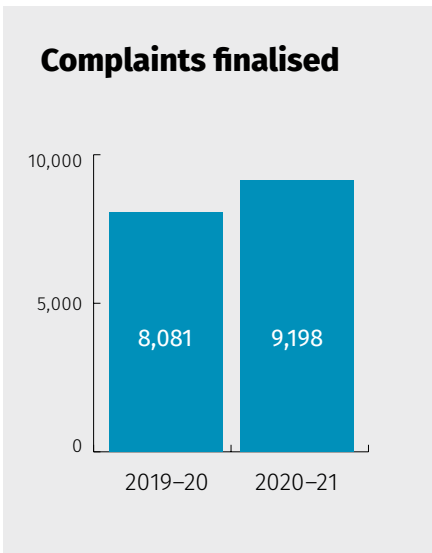
Some complaints are not resolved ‘to the satisfaction of the complainant’ for reasons which do not necessarily mean that the complainant is not satisfied. These include anonymous complaints and complaints which have been withdrawn. Some issues are raised by complainants more than once, in one or more separate complaints. Some issues raised by complainants may also be the subject of compliance or quality assessment and monitoring activities.

Where an issue has been dealt with, or is being dealt with in another complaint or through our regulatory activities, the Commissioner may finalise the issue on that basis.

We aim to resolve 80% of complaints within 60 days. In 2020–21, we resolved 6,216 complaints (67.6%) within 60 days, compared with 6,049 complaints (75%) in 2019–20.

The length of time taken to resolve a complaint depends on a range of factors, including the overall volume of complaints received, level of risk, complexity of the issues raised, the responsiveness of the provider, and the complainant’s engagement with the process.

The timeliness of our complaints process is also reflected in the average time to resolve a complaint. In 2020–21, the average time was 40 days and the median time was 25 days, including non-business days. The median days to resolve was lower than the average days due to a small number of complaints that took a significantly longer period to resolve. The median is therefore more representative of a typical complainant’s experience.



## Complaints process

Complaints are resolved in different ways depending on the risk and complexity of the issues raised. When we receive a complaint, assessment of risk to aged care consumers determines how quickly we need to act. Where a complaint suggests a higher level of risk, we will commence a process within one business day.

Following receipt of a complaint we may collect information from the parties involved in the complaint, including the person who raised the complaint, the consumer or their representative, and the service provider. We assess this information and decide how to address the concern. Where a risk to consumers has been identified, we also determine if further assessment and monitoring actions, such as an unannounced site visit, are required.

Where possible, we support the complainant to resolve their concerns directly with the service provider where the issues of concern are assessed as lower risk.

In this phase, we may facilitate conversations between the complainant and the service provider, and we may ask the service to provide information to us to show how they have addressed the complainant's concerns.

Where early resolution is not possible or appropriate because of the risk to consumers or the complexity of the issues, we are able to use other resolution approaches, including an investigation which may include unannounced or announced site visits and conciliations to work with the parties to discuss and identify meaningful outcomes to resolve the issues or concerns.

Throughout the resolution of a complaint, we provide updates to the complainant about how the complaint is progressing and we assess new information as it is received to identify any change to the risk to consumers.

Before a complaint is finalised, we talk to all parties to explain our findings, the process followed, information considered and, where relevant, the parties' review rights. The parties to the complaint are offered the option to have the finalisation decision provided in writing.



## External referrals

If a complaint is finalised for any other reason than to the complainant's satisfaction, the complainant has a right to seek an internal review of the decision. In 2020–21, we received 85 requests for a review of a complaint decision. We finalised 71 reviews (noting that this includes requests received in 2019–20 that were carried over) and of these we set aside 16 original decisions in order to undertake a new resolution process.

At the conclusion of a complaints process, complainants and providers are invited to provide feedback on our handling of the complaint. In 2020–21, 74.1% of complainants reported satisfaction with the Commission's complaint process, below our target of 85% of complainants reporting satisfaction. From July 2021, we will introduce an improved methodology for seeking feedback from complainants and providers on their satisfaction with our complaints process. The new approach to surveying aims to increase the response rate and better identify areas for improvement. The improvements include using the complainant's preferred method of contact, simplifying the survey questions, surveying closer to the date of resolution, and engaging a third-party supplier to provide independence and specialist surveying skills.

In certain circumstances we formally release information to other organisations such as the Department of Health, state and territory Public Health Units, the police, coroners, the Australian Health Practitioner Regulation Agency, NDIS Quality and Safeguards Commission, and health care complaints bodies. We do this when the other organisation is better placed to assist or to act on the information.

We also make informal referrals to other organisations, such as the Older Persons Advocacy Network (OPAN) that may be able to support a consumer or their representative during a complaints process either with the Commission or with the aged care provider.

In 2020–21, we made 1,598 referrals to OPAN compared with 541 referrals in 2019–20.

## Improvement initiatives

We continue to implement improvements to our complaints process based on the findings of the Royal Commission, feedback from the satisfaction surveys and other sources.

To improve accessibility, we commenced work to develop a Contact Centre (Front Door) to bring together all the channels through which the Commission receives contacts from consumers, providers and members of the public. The aim of this project is to improve responsiveness and accessibility for consumers as well as ensure an integrated approach to receipt of incoming information from stakeholders.

In 2020–21, we established a Customer Contact Team to provide an integrated channel for consumers to raise concerns, enquiries and feedback about services, and to ensure that complaints and other contacts are quickly directed to the right channel. We also commenced work on simplifying the 1800 phone menu to make it easier for callers to choose the correct option. The new phone menu started on 1 July 2021.

In preparation for the next phase, we engaged a specialist consultant to review our existing intake channels and provide options for improvement. The review identified opportunities which, once implemented, should further improve the efficiency, effectiveness and accessibility of our intake channels.

To improve transparency, complaints data is being used to inform sector performance reporting that is also available to consumers.

## Education and engagement

**Our education and engagement functions directly contribute to supporting the aged care sector to improve performance and achieve better outcomes for consumers.**

Through our engagement and education activities, we aim to build confidence and trust in the aged care system, empower consumers, support providers to comply with the Quality Standards, and promote best practice service provision.

In 2020–21, our education program continued to focus on the Quality Standards, with specific emphasis on ensuring aged care providers could confidently assess their performance. In addition, the education program focused on legislative reforms including the introduction of the SIRS.

The delivery of the education program involved:

- further development and promotion of our online Aged Care Learning Information Solution (Alis)
- delivery of sector workshops on the Quality Standards
- developing tailored resources for aged care consumers
- providing support and information to the sector via the website and aged care provider webinar sessions
- developing website resources includes videos.

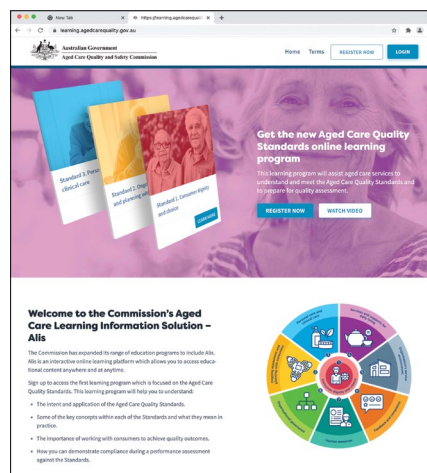
## Aged Care Learning Information Solution

During 2020–21, Alis has continued to provide the sector with access to our educational programs. The learning modules within the Alis platform provide interactive online learning experiences and include infographics, case studies and knowledge checks.

The initial modules on the Alis platform were designed to focus on the Quality Standards. These modules contain information about the intent and application of each of the Quality Standards, some of the key concepts within the Quality Standards and what these mean in practice, and the steps that learners can take to prepare for a performance assessment. Additional modules about clinical governance and SIRS were added to the Alis platform during 2020–21.

To encourage aged care providers to register for Alis, each service was initially offered up to 4 free licences to access the learning content. This offer was extended from April 2021 to October 2021 to support the sector with continuing to access the platform as new content is added, in particular, the SIRS modules.

At 30 June 2021, 9,099 users were registered with Alis. This represents an increase of 5,555 users when compared with the previous financial year.



Of these users, 4,660 represented active learners (an increase of 3,322 compared with the previous financial year), with the remaining users representing the management accounts held by either approved providers or service providers. Of the 4,660 learners, the average completion rate for the Quality Standards modules is 80%.

User and completion numbers continue to grow. Learners are encouraged to provide a review of each module as they are completed. The current reviews rate each of the Alis modules as 4 out of 5 stars.

Note, the comparisons above compare the data for the full 2020–21 financial year with the period between 20 February 2020 and 30 June 2020 following the launch of the Alis platform.

## Sector workshops

In 2020–21, our sector workshops moved into a virtual format delivered via Microsoft Teams. This ensured that the sector workshop program could continue as the aged care providers responded to the COVID-19 pandemic.

During 2020–21, 71 ‘Assessing the Standards – residential aged care’ workshops were delivered to more than 1,050 participants. More than 94% of participants who responded to a feedback survey after the workshop indicated that they either agreed or strongly agreed that they were satisfied with the workshop and it met their expectations.

While the workshops were well received and attended by representatives across the country, some of the participant feedback indicated that shorter workshops would be helpful to enable them to attend to other activities. Taking this into account, we are making some changes to the workshop program to provide information about ‘Monitoring and Assessing Performance’. These new workshops reduce the current 6-hour workshops to 3 hours and will be provided in 2 versions: for staff of residential aged care or home services. These new workshops commenced in July 2021.



## Information and resources

In addition to the content within Alis and the sector workshops, aged care providers accessed a variety of information and educational resources through the Commission's website, including fact sheets and a range of documents containing guidance, storyboards, case studies and scenarios aimed to help providers improve their delivery of residential aged care services.

We completed a review of the availability and accessibility of consumer resources, including for COVID-19 and SIRS. This review informed improvements that commenced at the end of the reporting period and will continue through 2021–22.

### Priority was given to the information and resources on COVID-19 during the pandemic.

These resources are an essential element in our ongoing mission to provide education and resources to consumers, aged care providers and other stakeholders.

## Storyboards

Our suite of storyboard resources initially focused on the Quality Standards. These resources were designed to provide a pictorial representation of how each of the Quality Standards apply in practice. The suite of resources was expanded during 2020–21 to include an additional 11 topics. These new resources provided information about:

- minimising the use of restrictive practices for both residential and home services
- advance care planning
- consumer-centred care
- COVID-19 including physical distancing, self-isolation, and coughing/sneezing etiquette
- COVID-19 Staying Safe including keeping yourself safe, keeping your loved one safe in residential care, staying safe in rural and remote communities, working safely in community care, and safe care at home.

The storyboard resources were developed to support consumers, staff and others interacting with aged care services. Imagery was tailored to those in a rural and remote context.

Each storyboard is accompanied by a detailed user guide which provides further context on the background to each story. This user guide was intended to support facilitators who might incorporate these resources into training for their aged care staff.

## **Webinars and videos**

During 2020–21, we delivered a series of webinars to support aged care providers. This initially involved the delivery of a webinar focused on outbreak management planning in aged care. This webinar followed the release of the Outbreak Management Guidelines.

Following this, a series of webinars was provided in relation to the SIRS. This series of 5 webinars was delivered over a 2-month period and provided information about all aspects of the SIRS. This included an introductory overview, the incident management requirements, the types of reportable incidents and the role of the Commission.

In total, our webinars were attended by 4,372 participants and the recordings were subsequently published on the Commission's website and on YouTube, receiving more than 14,000 views.

In addition to these webinar events, a number of new video resources were published on the website, including a series of 4 SIRS videos to complement the webinar recordings and an outbreak management planning overview, which encouraged providers to consider the detailed guidance materials. The shorter videos, many relating to COVID-19 and SIRS, attracted more than 73,000 views.

## **Translated resources**

We translated resources to provide support to both providers and consumers from multicultural communities. The translated resources added in 2020–21 included:

- the poster, guide and video resource containing information about 'How to stay safe from COVID-19'
- the poster and guide resources containing information about 'What to expect during a COVID-19 outbreak'.

These resources have been translated into 25 languages.

## **Complaints better practice guide**

We published a new resource for aged care providers to provide information about better practice complaints handling. This resource aimed to give guidance about how providers can create an effective, resolution focused complaints system within their service. It does so by promoting a positive, blame-free culture around complaints handling in an aged care service by fostering an understanding of the complaints process and how it affects the people involved. It also sets out the essential elements required to effectively manage complaints.

## Supporting the aged care sector to be ready for the SIRS – a case study

During 2020–21, we worked to support the aged care sector to prepare for the implementation of the SIRS by making a range of resources available.

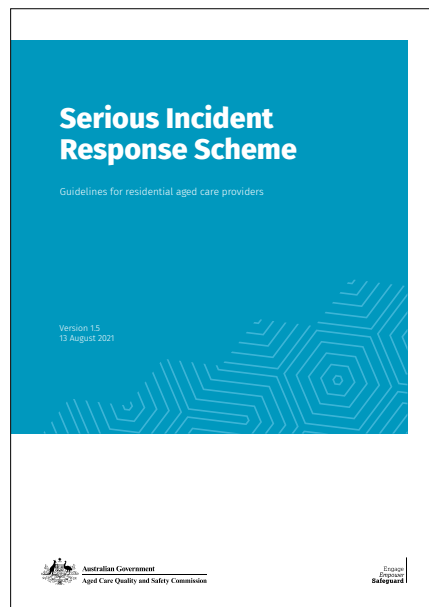
### Development of guidance materials

We developed detailed guidance materials to describe provider responsibilities in relation to the SIRS. These materials include information about:

- requirements relating to incident management, response and prevention
- types of incidents that must be notified to the Commission
- requirements for making a notification, including when and what must be notified
- the role of the Commission in managing reports and ensuring providers are notifying and responding to reportable incidents.

### Fact sheets, checklists and posters

We developed a range of fact sheets, checklists and posters to support the aged care sector to understand the requirements under the SIRS. These resources summarised key information and provided links to the more detailed guidance materials.



Examples of the topics covered included:

- What is the SIRS?
- What is an effective incident management system (IMS)?
- Recording incidents in an IMS
- SIRS Readiness Checklist
- Home services: Incident management systems
- Essential elements of effective IMS
- Reportable incidents.



## Alis – online learning modules

We developed a series of online learning modules in relation to provider responsibilities under the SIRS. These modules introduced SIRS and details of incident management obligations. Additional modules will be added in July 2021 on each reportable incident type. These modules included case studies to help providers understand their obligations in practice.

## Webinars

We delivered a series of 5 webinars between late February and early April 2021 to provide the aged care sector with information about all aspects of the SIRS. These webinars included:

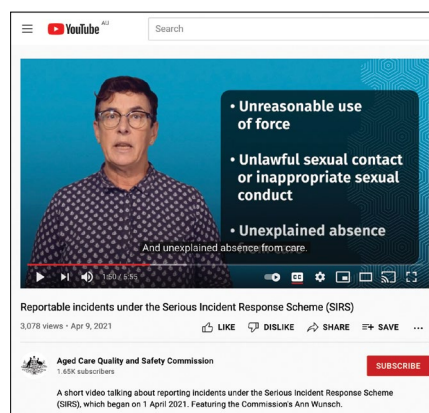
- Introduction to the SIRS  
– 25 February 2021
- Incident management systems  
– 11 March 2021
- Reportable incidents  
– 18 March 2021
- Role of the Commission  
– 25 March 2021
- Quality Aged Care and the SIRS  
– 8 April 2021.

During each of these webinars, providers were encouraged to submit questions. These questions were used as the basis of frequently asked questions included on the Commission's website.

## Videos

We developed a short video series to provide introductory information about the SIRS. These videos encouraged providers to consider the guidance materials. The video series related to:

- What is the SIRS?
- Benefits of effective incident management
- Incident management under the SIRS
- Reportable incidents under the SIRS.



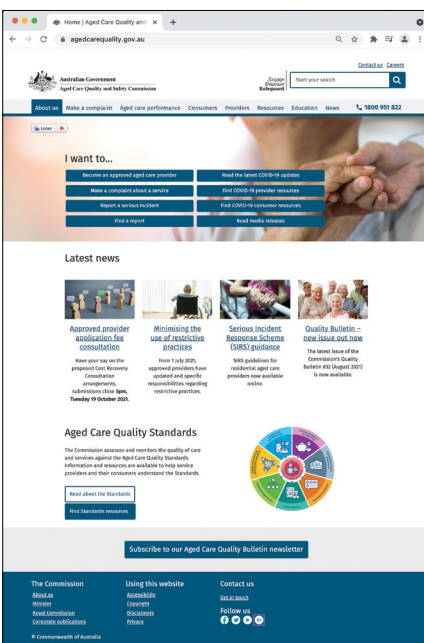
## Collaboration with OPAN

We have worked closely with OPAN to develop a video and written material explaining informed consent to consumers and those giving consent on behalf of others. The material was produced under the banner, *Medication. It's your Choice*, and was followed by a series of 6 webinars to raise awareness of the use of chemical restraint in aged care by educating older people, their partners, carers, families and representatives about their rights and roles regarding medication. A follow-up webinar, *Alternative Therapies to Chemical Restraint*, was also delivered. Arrangements have been made to have this material translated into community languages.



# Communication activities

**Our communications activities played a key role in the promotion and provision of information to aged care providers, consumers and the general community. The activities carried out throughout the year enhanced our consumer engagement, education and engagement functions.**



## Website

Our website is our key channel to communicate with the aged care sector and community. Activity on the website increased from the previous financial year. In 2020–21 the website had:

- 4,267,241 page views
- 1,384,247 sessions
- 878,837 users.

This is an increase of 18% for page views, 36% for sessions, and 65% for users, compared with 2019–20. March 2021 saw the highest utilisation in 2020–21 due to the imminent launch of SIRS, with 486,018 page views and 94,738 users visiting the site. An independent review of the website was conducted from March to June 2021, which identified functional and accessibility improvements to be implemented throughout 2021–22.

## Aged Care Quality Bulletin

The *Aged Care Quality Bulletin* is the Commission's regular newsletter for aged care providers, consumers and other members of the sector. It is distributed via email and is made available on our website. Ten editions of the Quality Bulletin were issued during 2020–21 and, as at 30 June 2021, the newsletter had approximately 13,700 subscribers.

## Social media

As at 30 June 2021, the Commission had social media pages on:

- Facebook (2,574 followers)
- LinkedIn (18,315 followers)
- Twitter (1,455 followers)
- YouTube (1,484 subscribers)

Across Facebook, LinkedIn and Twitter during 2020–21, we posted content 284 times.



## Quality Standards app

We launched our Quality Standards mobile app in November 2019, which gives users access to the Quality Standards via a mobile device. The app is available from the App Store (for Apple devices) or Google Play (for android devices). As at 30 June 2021, the app had been downloaded 7,909 times on the App Store and 2,449 times on Google Play.

## Media relations

We receive requests for information and comment from media outlets including television, radio, newspaper and online. In 2020–21, we responded to more than 400 media enquiries.



**2,574**  
followers



**18,315**  
followers



**1,455**  
followers



**1,484**  
subscribers



# **Annual performance statements**

## Introductory Statement

**I, Janet Anderson, as the accountable authority of the Aged Care Quality and Safety Commission, present the 2020–21 annual performance statements of the Commission, as required under paragraph 39(1)(a) and 39(1)(b) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). In my opinion, these annual performance statements are based on properly maintained records, accurately reflect the performance of the Commission, and comply with subsection 39(2) of the PGPA Act.**

*J. M. Anderson*

Janet Anderson PSM

**Commissioner**

Aged Care Quality and Safety Commission

1 October 2021

## Introduction

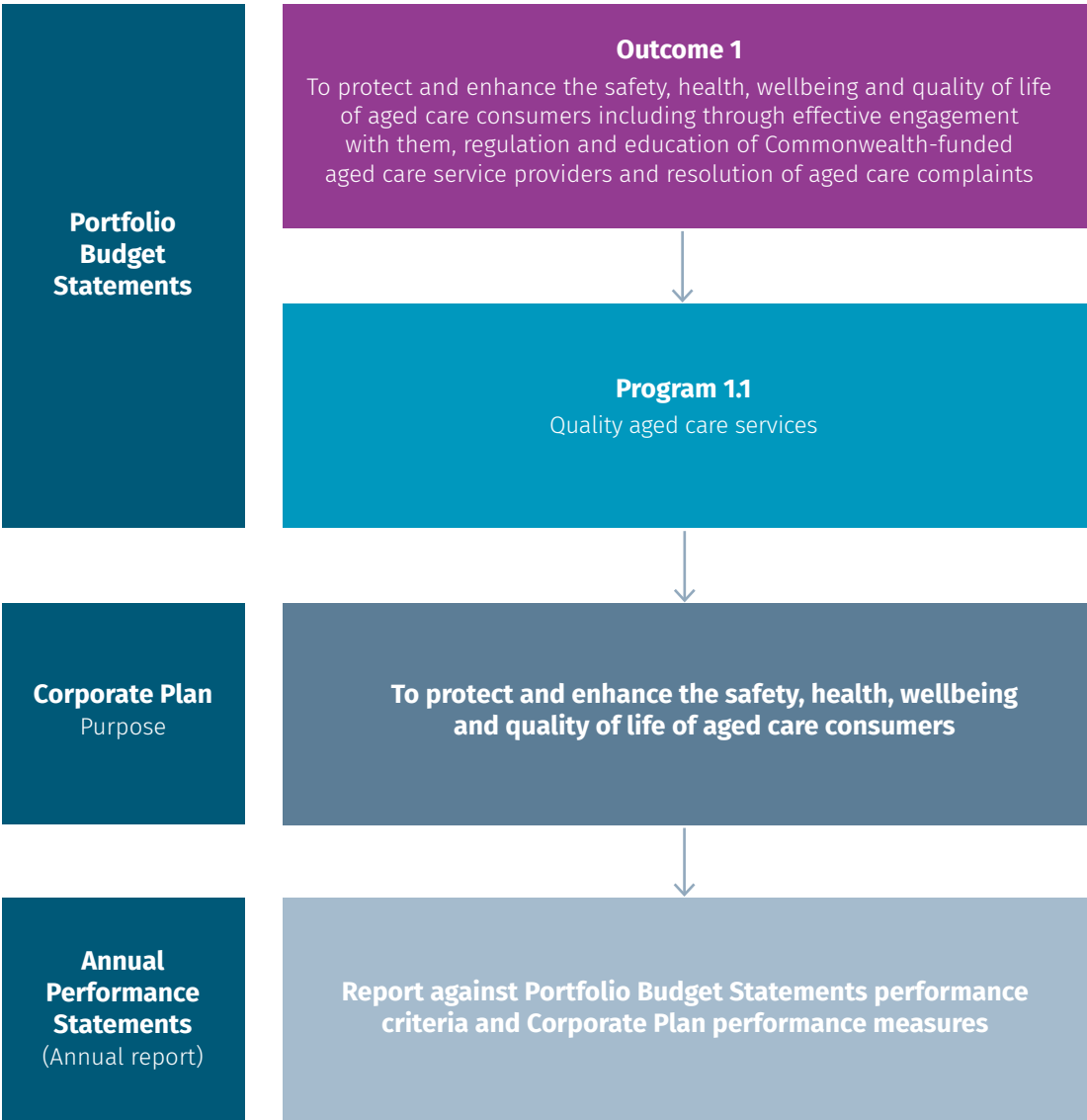
The Commonwealth performance framework covers corporate planning and performance reporting for Commonwealth entities including the Commission.

The Commission's annual performance statements provide analysis of its performance in 2020–21 against the measures in the Commission's Corporate Plan and the targets identified in its Portfolio Budget Statements (PBS) 2020–21 Budget Related Paper 1.7 Health Portfolio.

The annual performance statements clearly link targets to the relevant source document: the corporate plan, PBS or both and have been developed in accordance with all relevant guidelines.

The relationship between performance information in the PBS, corporate plan and annual performance statements is outlined in Figure 2.

**Figure 2: Relationship between Portfolio Budget Statements, corporate plan and annual performance statements**



## The Commission’s purpose, outcome and program

For 2020–21, the purpose stated in the corporate plan is:

- To protect and enhance the safety, health, wellbeing and quality of life of aged care consumers.

The Commission is responsible for a single government outcome as described below, with its related program performance indicators and targets used to assess its performance in achieving the outcome.

Deliverables are under Outcome 1, Program 1.1: Quality Aged Care Services.

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**Outcome 1:** Protect and enhance the safety, health, wellbeing and quality of life of aged care consumers, including through effective engagement with them, regulation and education of Commonwealth-funded aged care service providers and resolution of aged care complaints.

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**Program objective:** Protect and enhance the safety, health, wellbeing and quality of life of aged care consumers through the approval of providers; receipt of compulsory reports; accreditation of residential services; compliance monitoring; and enforcement activity – with regard to aged care services subsidised by the government, with timely and effective resolution of complaints about these services. The Commission aims to build confidence and trust in the provision of aged care services, empower consumers, advise providers of their responsibilities, and promote best practice service provision through engagement and education activities.

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**Monitor aged care service provider’s compliance with the aged care standards**

**2020–21 Target:** Assess services against the aged care standards in accordance with legislative timeframes and target compliance monitoring to areas of identified risk.

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**Complaints about aged care service providers are resolved in 60 days**

**2020–21 Target:** 80%

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**Protect the safety, wellbeing, and interests of Commonwealth-subsidised aged care consumers through regulatory activities**

**2020–21 Target:** Take appropriate action to address non-compliance with approved provider responsibilities under the *Aged Care Act 1997* (the Aged Care Act).

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## Summary of performance

Table 5 provides a snapshot of the Commission’s overall performance. Based on the results achieved during the 2020–21 reporting period, the Commission has assessed that it is substantially achieving its purpose.

The Commission has assessed performance against 3 categories:

- met – where reported performance met the stated target and intent
- partially met – if completion was delayed to after the published target but good progress was made towards meeting the target and/or was on track to meet the target beyond the current financial year
- not met – if the target was not achieved.

**Table 5: Summary of the Commission’s overall performance**

Performance measure	Status
1. The outcomes for consumers under the Aged Care Quality Standards are evaluated	Partially met
2. Information and resources are available and accessible for consumers to inform their choices about aged care services, and their involvement in the design and delivery of their care	Met
3. Consumer feedback and engagement is used to inform the design and focus of our regulatory activities and provider performance information	Met
4. Complaints are resolved within 60 days	Not met
5. Complaints processes are improved to be more transparent, accessible and focused on outcomes	Met
6. Evidence of effective monitoring and assessment of providers’ compliance with aged care (Quality and Prudential) standards	Met

Performance measure 4 identified within the PBS.

Performance measure	Status
<b>7.</b> Action is taken to address non-compliance with approved provider responsibilities under the Aged Care Act	<b>Partially Met</b>
<b>8.</b> Our regulatory approaches do not unnecessarily impede the efficient operation of providers	<b>Met</b>
<b>9.</b> Timely information and education are provided to consumers, providers and the public to support the Commission's functions	<b>Met</b>
<b>10.</b> We are open and transparent in our dealings with providers	<b>Met</b>
<b>11.</b> New integrated home services regulatory model in place and evaluation framework established	<b>Partially Met</b>
<b>12.</b> Integrated regulatory operating model in place to support a risk-based approach	<b>Met</b>
<b>13.</b> Actions undertaken are proportionate to the regulatory risk being managed	<b>Met</b>
<b>14.</b> Compliance and monitoring approaches are streamlined and coordinated	<b>Partially met</b>
<b>15.</b> Evidence of active contribution to the continuous improvement of our regulatory framework, including addressing feedback on performance from providers and consumers	<b>Partially met</b>
<b>16.</b> Case coordination model enhanced and implemented at national and regional level	<b>Partially met</b>
<b>17.</b> Risk profiling and information sharing dashboards are implemented to support Commission-wide intelligence	<b>Met</b>
<b>18.</b> Target of 3 major campaigns conducted annually to address identified risks in aged care, including one for prudential risk	<b>Partially met</b>

Performance measure	Status
19. Compliance and enforcement policy is developed and published, and integrated business processes for managing non-compliance are implemented	Partially met
20. Organisational structure supports joined up, flexible and effective work practices	Met
21. Workforce Strategy in place	Met
22. Improvement in APS Staff Census results for: <ul style="list-style-type: none"><li>• effective leadership</li><li>• effective communication and staff engagement</li><li>• wellbeing</li></ul>	Partially met
23. ICT Strategic Plan supports our ambition to be a world-class technology-enabled regulator	Partially met
24. Advisory Council is supported to provide timely advice to Commissioner and Minister on request	Met

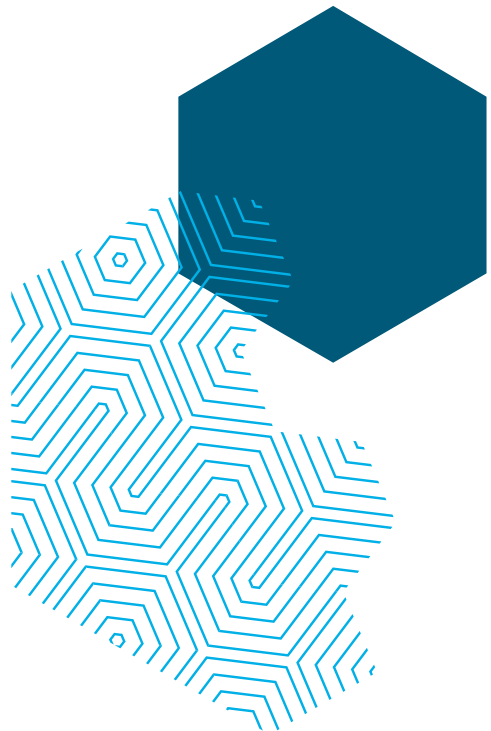
## Changes to performance measures from 2019–20 to 2020–21

The Commission made changes to its performance measures for 2020–21, reducing them in number from 37 to 24. The Commission continually reviews its performance measures to ensure they remain relevant, reliable and contribute to measuring how the Commission achieves its purpose.

As outlined in the corporate plan, the Commission identified 4 priorities to deliver on its purpose in 2020–21:

- 1.** Placing consumers at the centre at all times
- 2.** Maturing our regulatory response to strengthen quality and safety
- 3.** Advancing responsive, intelligence-led, risk-based regulation
- 4.** Becoming 'One Commission, One Culture, One Voice'.

The change in performance measures aligns to these priorities which reflect the Commission's transition from a newly formed entity in 2019 to a fully independent end-to-end regulator.



## Overview of performance

**In 2020–21, the Commission pursued its purpose and key activities by implementing appropriate budget programs to deliver its outcome on behalf of the Australian Government.**

The Commission continued to feel the pressure of COVID-19 on our monitoring, regulatory and corporate functions and enacted strategies to remain agile and responsive to the changing environment.

Over the year, the Commission:

- increased its focus on home care regulation
- successfully launched the Serious Incident Response Scheme (SIRS) in residential care
- embedded an integrated approach to risk, escalation and decision-making across our operational areas
- implemented information sharing dashboards to provide integrated information about providers and services
- developed new ways of working, including case coordination, intelligence and analysis to respond effectively to COVID-19
- strengthened its internal communications processes.

The Commission met or partially met 23 of the 24 (96%) performance measures. One performance measure (4%) was not met.

The Commission's performance was impacted by:

- significant uplift in new policies and procedures throughout the organisation
- significant investment in ICT services and systems
- maintaining responsiveness to the Royal Commission into Aged Care Quality and Safety
- integrating additional functions into the Commission
- the effect of COVID-19 on our monitoring, regulatory and corporate functions.

## Annual Operational Plan

Under the *Aged Care Quality and Safety Commission Act 2018* (ACQSC Act), the Commissioner is required to prepare an annual operational plan in consultation with the Minister and the Aged Care Quality and Safety Advisory Council (Advisory Council). The Commissioner must also provide:

- an assessment of the extent to which the Commission's operations during the period have contributed to the priorities set out in the annual operational plan
- any variations of the annual operational plan

- an evaluation of the Commission's overall performance during the period against the performance indicators set out in the annual operational plan.

The 2020–21 operational plan supported and complemented the corporate plan, setting out the Commission's key actions and accountabilities to deliver its priorities during the 2020–21 reporting period, and formed part of the Commission's annual performance cycle.

The 2020–21 operational plan included greater granularity of the activities across the Commission's 4 strategic priorities, identified in the corporate plan, to be undertaken to achieve its purpose. The operational plan also identified the lead executive director who had accountability for planning, monitoring and reporting on each of the activities identified for delivery. No variations to the operational plan were made during the reporting period.

These annual performance statements provide the necessary detail to satisfy section 52(c) of the ACQSC Act.

# Strategic Priority 1: Placing the consumers at the centre at all times

The Commission’s intended result through these measures is that improved outcomes for consumers drive the design, delivery and regulation of aged care services.

## PM1: The outcomes for consumers under the Aged Care Quality Standards are evaluated

<b>Source:</b> 2020–21 corporate plan, page 18	<b>Partially met</b>
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**Rationale:** This performance measure supports our focus on ensuring that the Aged Care Quality Standards are embedded in provider practice and improve outcomes for consumers, and that sector performance information is strengthened and more transparent.

**Target:** Complete 30 June 2021. Improvements identified for 2021–22 plan.

**Result:** The Commission undertook an audit of Standards Guidance and Resources from December 2020 to January 2021. The audit was completed in April 2021 and key recommendations were implemented, including improvements to website menu structure, website wireframes and a new governance framework.

The Department of Health is working closely with the Commission to undertake an evaluation of the Aged Care Quality Standards. The evaluation was delayed and rescheduled for completion in November 2021 and is progressing against revised milestones.

**Method:** Completion of evaluation.

**Data source:** Extracted from internal data sources, including the Commission’s audit report and implementation plan.

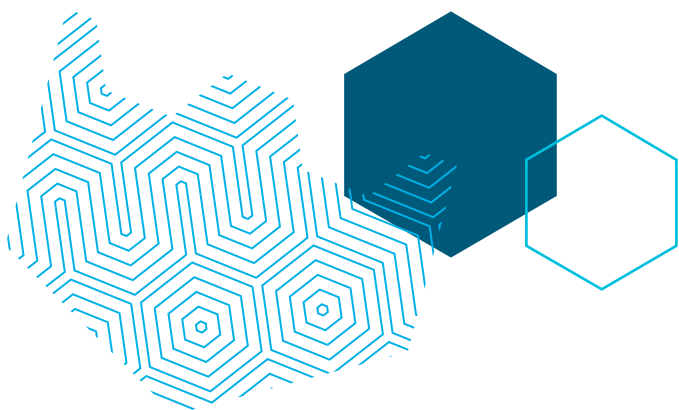
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**Analysis:** On 1 March 2021, the Australian Government received the final report from the Royal Commission into Aged Care Quality and Safety, which included a recommendation for an urgent review of the Aged Care Quality Standards (Quality Standards), including areas where the Quality Standards require strengthening or expanding. This recommendation was accepted by the Government and a evaluation led by the Department of Health is due for completion in November 2021.

Against this broader context of reform, the Commission has and will continue to focus attention on engagement in the process of Quality Standards reform, and ensuring, in conjunction with the Department of Health, that consumer impact is embedded in both review and reform of the Quality Standards.

The Commission’s audit of Standards Guidance and Resources mapped the resources to key concepts of the Standards requirements and considered the extent to which the existing suite of resources were applicable to all aged care settings, such as home care and residential care. The number of website hits and resource downloads was examined to understand provider engagement with resources and website layout more broadly. The audit results were provided to the Department of Health to inform the Quality Standards evaluation and new standards reform work. The Commission is implementing the audit recommendations as part of a redesign of its public website, including easier access to resources for providers and consumers.

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**PM2: Information and resources are available and accessible for consumers to inform their choices about aged care services, and their involvement in the design and delivery of their care**

<b>Source:</b> 2020–21 corporate plan, page 18	<b>Met</b>
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**Rationale:** This performance measure supports our focus on empowering consumers to engage with providers in the design and delivery of their care, our processes to collect and report on consumer experiences are enhanced and improved, and that consumer outcomes are improved through learnings from research, experience, consumer feedback, and complaints.

**Target:** Review complete 28 February 2021. Improvements commenced by 30 June 2021 for continued implementation in the 2021–22 plan.

**Result:** The Commission completed a review of the availability and accessibility of consumer resources, including information about COVID-19 and the Serious Incident Response Scheme (SIRS). This review informed improvements that commenced at the end of the reporting period and will continue through 2021–22.

The Commission gave a high priority to ensuring that information and resources were available and accessible for consumers to inform their choices about aged care services, and their involvement in the design and delivery of their care. Consultation through the Commission Consultative Forum ensured that resources were accessible to a wide range of consumers.

Priority was given to the information and resources about COVID-19. Consumer resources relating to the following topics were published on our website and promoted to the sector:

- Restrictions in residential aged care – your rights
- How to stay safe from COVID-19
- What to expect during a COVID-19 outbreak – residents in aged care homes
- Staying connected with the people you love during COVID-19
- How do I stay active and enjoy myself during COVID-19?

These resources included posters, how-to guides and short videos. In addition to these resources, the Commission published a suite of 7 storyboards and user guides to provide information about COVID-19 etiquette and staying safe.

Consumer information and resources were also published to support the implementation of the SIRS from 1 April 2021 to help consumers understand their right to be safe.

These included:

- What is the SIRS?
- Understand your right to be safe
- What does this mean for your care and services?

Consumers can now access service compliance ratings for residential aged care services. The rating system was developed in consultation with the Department of Health and key stakeholders, including senior Australians, their caregivers, aged care providers, and a range of peak bodies. From July 2020, every Commonwealth-subsidised residential aged care service now has a Service Compliance Rating in the 'Find a Provider' section of the My Aged Care website. The rating allows consumers to access and compare easy-to-understand information on the quality of residential aged care services, supporting more informed decision-making.

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**Method:** Peer review and completion of review.

**Data source:** Extracted from internal data sources, including evidence of consultation with consumer peak organisations to develop and review availability and accessibility of consumer resources about our functions, including for COVID-19 and SIRS resources.

Service Compliance Ratings and plain language reports in place for all aged care residential service providers on My Aged Care website.

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**Analysis:** During the reporting period, consumers were encouraged to give feedback about the quality of care and services they received, or to raise a complaint, by contacting the Commission on 1800 951 822 or visiting the Commission's website. The Commission promoted a range of advocacy and support services to consumers through its website, including OPAN, interpreting and translation services, Aboriginal interpreter services and support for hearing impaired consumers. These initiatives help consumers to understand their rights and to access quality and safe aged care services.

There was an increase in the number and type of consumer resources published by the Commission during this reporting period. This reflects the Commission's strategic priority of placing consumers at the centre at all times.

Improved consultation with key stakeholders on the development of consumer resources, including those representing consumer interests, has improved the quality and accessibility of our consumer resources, including for consumers from diverse communities.

Consumer resources have been given particular importance due to the COVID-19 pandemic, which has posed significant risks for aged care consumers, particularly those in residential aged care.

**PM3: Consumer feedback and engagement is used to inform the design and focus of our regulatory activities and provider performance information**

<b>Source:</b> 2020–21 corporate plan, page 18	<b>Met</b>
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**Rationale:** This performance measure supports our focus on empowering consumers to engage with providers in the design and delivery of their care, our processes to collect and report on consumer experiences are enhanced and improved, and that consumer outcomes are improved through learnings from research, experience, consumer feedback, and complaints.

**Target:** Feedback reports February and June 2021.

**Result:** Feedback reports were delivered as scheduled.

The Commission uses a variety of feedback from consumers to drive the design, delivery and regulation of aged care services. Across the year, the Commission improved consumer feedback mechanisms and ensured consumers had an opportunity to share their experiences about care and services to inform regulatory decisions and actions. For instance:

- The Commission modified its assessment methodology to ensure adequate sampling of consumers during performance assessments. This was introduced in 2019–20 with further refinements made in 2020–21.
- The Commission streamlined its call intake functions into a single Contact Centre. This streamlined approach allowed for a single point of contact into the Commission for consumers providing feedback or making a complaint. Call volumes are carefully monitored relating to key themes and issues, which has informed regulatory action, as required.
- The Commission also established a function within the Quality Assessment and Monitoring (QAM) Group to manage complaints and feedback ‘about us’. The Commission uses this information to monitor trends and inform continuous improvement in relation to training and capability development of quality assessors, and in some cases, to inform amendments to policies, procedures and guidelines. In 2020–21, the Commission commenced internal reporting on this data, including trends and analysis.

In addition, the Commission completed the Home Services Pilot Program to develop and test a performance assessment and monitoring approach for home services that embeds consumer feedback in the assessment methodology. The approach has facilitated feedback from more home service consumers to inform regulatory activities and decisions on compliance with the Quality Standards. The pilot involved:

- testing the effectiveness of existing Commission data and the risk profiling process in identifying higher risk services and vulnerable consumers (first phase)
- building on consumer feedback to inform monitoring, and testing newly developed assessment processes in the field (second phase).

Overall the pilot program significantly increased the volume of consumer feedback collected from home service consumers or their representatives, when compared with previous years.

The Commission has used this information to design and target regulatory activities across the year and in our forecasted activities, for example:

- using consumer feedback to inform regulatory decision-making, including compliance with the Quality Standards
- using complaints information to inform targeting of regulatory activities, including assessment contacts and full audits
- using consumer feedback to inform taking regulatory action, including issuing sanctions and notices
- using consumer feedback from the Contact Centre to inform program priorities for the upcoming year.

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**Method:** Evaluation and completion of feedback reports.

**Data source:** Extracted from internal data sources, including peer reviews and evidence of continuing assessment of feedback forms, consumer surveys/pilot, consumer complaints, national call line.

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**Analysis:** The improvements introduced allowed the Commission to access feedback from more consumers and from a variety of backgrounds, within regulatory activities. The Commission uses this information to consider patterns, trends or areas of greater risk, to further target our regulatory activities.

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PM4: Complaints are resolved within 60 days

Source: 2020–21 corporate plan, page 19; 2020–21 PBS, page 150

Not met

**Rationale:** This performance measure supports the focus of the Commission to ensure that its complaints culture and practices are further developed to ensure easy access, transparency and a focus on outcomes for consumers and complainants.

Target:

- 1. 80% of complaints resolved in 60 days.
- 2. Feedback shows that 85% of complainants are satisfied with the complaint process.

Result:

Target 1:

Between 1 July 2020 and 30 June 2021, 67.6% of finalised complaints were resolved within 60 days. The Commission experienced an 8% increase in complaints in 2020–21 (9,220) compared with last year (8,539) and we improved our productivity as evidenced in the total number of complaints resolved increasing by 14% to 9,198 in 2020–21 from 8,081 in 2019–20.

Target 2:

Between 1 July 2020 to 30 June 2021, 74.1% of complainants reported satisfaction with the Commission’s complaint process.

**Method:** Data mining.

Data source:

Target 1:

Data for complaint resolution timeframes is drawn from the Commission’s National Complaints and Compliance Information Management System. To find the proportion of complaints resolved in 60 days, the total number of complaints finalised within 60 days was divided by the total number of complaints finalised between 1 July 2020 and 30 June 2021.

Target 2:

Data on consumer satisfaction is drawn from responses to a complaint satisfaction survey of complainants and providers dispatched and completed within 2020–21. To find the proportion of complainants satisfied with the complaints process, the number of responses from complainants (excluding provider responses) that answered strongly agree, agree and somewhat agree to all the survey questions was tallied and divided by the total number of responses to all the survey questions.

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**Analysis:** The complaints process aims to improve outcomes for individual consumers by resolving concerns about their care and services. Complaints are also used to identify areas for systemic improvement and inform the Commission's regulatory activities.

The aim for the Commission was to resolve 80% of cases within 60 days. The length of time taken to resolve a complaint depends on a range of factors, including the overall volume of complaints received, level of risk, complexity of the issues raised, the responsiveness of the provider, and the complainant's engagement with the process. The Commission continued to feel the impact of the surge in complaints received in relation to COVID-19, which resulted in unresolved complaints being carried over from 2019–20 and sustained high volumes throughout 2020–21. This meant that although we resolved more complaints in 2020–21, more of them were older (having been carried over), which impacted on our ability to meet our performance target.

The timeliness of the Commission's complaints process is also reflected in the average time to resolve a complaint. In 2020–21, the average time was 40 days, and the median time was 25 days, including non-business days. The median days to resolve was lower than the average days due to a small number of complaints that took a significantly longer period to resolve. The median is therefore more representative of a typical complainant's experience.

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**PM5: Complaints processes are improved to be more transparent, accessible and focused on outcomes**

<b>Source:</b> 2020–21 corporate plan, page 19	<b>Met</b>
<b>Rationale:</b> This measure supports our focus to ensure that our complaints culture and practices are further developed to ensure easy access, timely responses, transparency and a focus on outcomes for consumers and complainants.	
<b>Target:</b> Reports on improvements in October 2020, February and June 2021.	
<b>Result:</b> The Commission reported on improvements as scheduled. <p>To improve accessibility, the Commission commenced work to develop a Contact Centre (Front Door) to bring together all the channels through which the Commission receives contacts from consumers, providers and members of the public. The aim of this project was to improve responsiveness and accessibility for consumers as well as ensure an integrated approach to receipt of incoming information from stakeholders.</p> <p>In 2020–21, the Commission established a Customer Contact Team to provide an integrated channel for consumers to raise concerns, make enquiries and give feedback about services, and to ensure that complaints and other contacts were quickly directed to the right channel. The Commission also commenced work on simplifying the 1800 phone menu to make it easier for callers to choose the correct option. The new phone menu commenced on 1 July 2021.</p> <p>In preparation for the next phase, the Commission engaged a specialist consultant to review the Commission’s existing intake channels and provide options for improvement. The review identified opportunities which, once implemented, should further improve the efficiency, effectiveness and accessibility of our intake channels.</p> <p>To improve timeliness, a dedicated team was assembled to operate from mid-January to 30 June 2021 to focus on resolving older, lower risk cases that had not been finalised due to the volume of higher risk matters. The project aimed to resolve 500 cases and exceeded this target with 527 cases closed.</p> <p>To improve transparency, complaints data is being used to inform sector performance reporting that is also available to consumers.</p>	

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**Method:** Evaluation.

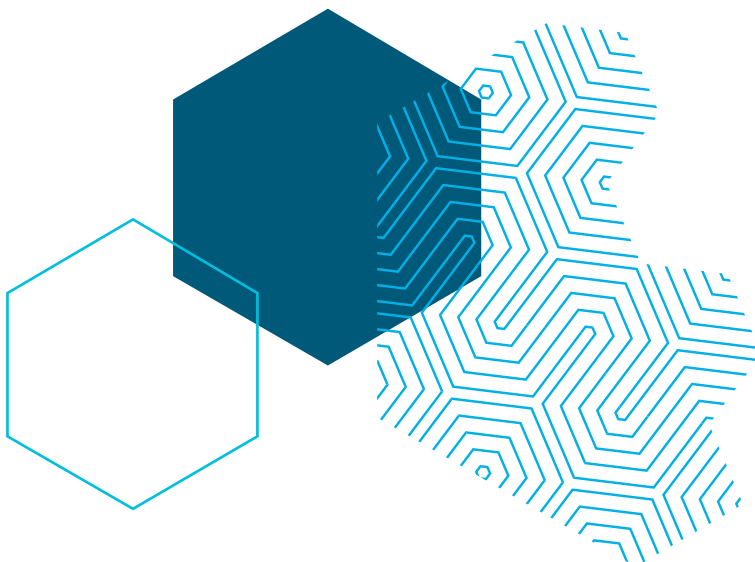
**Data source:** Extracted from internal data sources, including the Commission’s project plans and progress reports presented to the Executive Leadership Group.

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**Analysis:** Although work has commenced on integration of the Commission’s Front Door, it is not yet possible to assess the impact of these changes on consumers. Further development of this project and evaluation of impact will occur in 2021–22.

During 2020–21, 74.1% of stakeholders (consumers and providers) surveyed expressed satisfaction with the complaints process. Design of a new methodology commenced during 2020–21 and will be implemented in July 2021 with the aim to increase the response rate and better identify areas for improvement. The Commission has:

- engaged a third-party survey supplier to provide independent and specialist surveying skills
  - developed options to improve the channels to send and receive surveys based on the complainant’s preferred method of contact, such as mobile, landline, email, or post
  - simplified survey questions.
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# Strategic Priority 2: Maturing our regulatory response to strengthen quality and safety

The Commission’s intended result through these measures is to be trusted as a fair and effective regulator of aged care services.

## PM6: Evidence of effective monitoring and assessment of providers’ compliance with aged care (Quality and Prudential) standards

Source: 2020–21 corporate plan, page 20; 2020–21 PBS, page 150

Met

**Rationale:** This measure supports our focus to ensure that the provider suitability process is strengthened to lift the quality of aged care services and that our regulatory strategy supports fair, consistent and effective regulation.

**Target:** Regulatory activity targets align with legislative timeframes. Regulatory activity is responsive to areas of risk.

**Result:** The Commission delivered an effective monitoring and assessment program against both the Quality and Prudential standards in 2020–21. The Commission met its target by delivering a high volume of quality monitoring and assessment activities that monitored the effectiveness of aged care providers, and sought to improve the performance of aged care approved providers found to be deficient. The Commission applied a risk-based and proportionate response, ensuring regulatory activities were aligned with risk to consumers.

During 2020–21, the Commission:

- conducted a total of 3,663 more site visits and 9,379 more non-site activities – 13,042 regulatory activities in total
- conducted 1,579 more site visits and 2,287 more non-site activities than in 2019–20
- visited 1,121 more services than in 2019–20 (2,501 compared with 1,380 in 2019–20), primarily in the residential sector.

The Commission had a stronger reach across the sector in 2020–21 than previous years, where notably of the currently active residential services, 84% were visited in 2020–21.

Implementation of shorter visits (such as the Infection Control Monitoring spot checks) significantly increased the Commission’s ability to engage with a greater proportion of regulated entities by monitoring services on a specific topic and escalating to assessment of performance when issues were identified.

The procurement process to appoint a complementary quality assessor workforce to support the significantly larger site audit program in 2021–22 was delivered.

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**Method:** Evaluation.

**Data source:** Extracted from internal data sources, including the Commission's monthly reports against activity targets. Publication of quarterly sector performance reports. Individual approved provider / service level performance reports published on [www.myagedcare.gov.au](http://www.myagedcare.gov.au).

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**Analysis:** From the beginning of the pandemic, the Commission undertook a range of targeted monitoring and assessment activities on infection control practices. This included conducting an Infection Control Monitoring Spot Check Program as part of the regulatory response to the COVID-19 pandemic.

The program resulted in the completion of 2,807 spot checks across the country, providing intelligence on the preparedness of the residential aged care sector, and information to respond with regulatory action where necessary.

While the regulatory program was impacted by COVID-19 lockdowns and restrictions, the Commission still managed to achieve the planned volume of site audits (543) using a focus on priority scheduling.

The Commission expanded its workforce by increasing the number of quality assessors and decision makers to support the effective monitoring and assessment of services/providers against the Quality Standards and enable program delivery.

The Commission increased its focus on intelligence-led, risk-based regulation through the implementation of the Risk-Based Targeting and Information Sharing (RBTIS) tool. The tool supports the Commission through more effective targeting of regulatory resources, education, and enforcement activities, to hold providers accountable for their responsibilities under the Quality Standards and the Aged Care Act.

The result of the increased monitoring and assessment in 2020–21 led to more 'eyes-on' by the Commission than ever before, including overseeing arrangements on priority issues, such as infection control. This demonstrates the Commission's ability to monitor a broader range of issues, to directly target, and to appropriately and proportionately respond to instances of poor care and services.

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**PM7: Action is taken to address non-compliance with approved provider responsibilities under the Aged Care Act**

**Source:** 2020–21 corporate plan, page 20

**Partially met**

**Rationale:** This measure supports our focus to ensure that the provider suitability process is strengthened to lift the quality of aged care services, regulation of home services is strengthened and integrated, and that our regulatory strategy supports fair, consistent and effective regulation.

**Target:**

1. Legislative timeframes met.
2. Commission-wide investigation model in place by December 2020.

**Result:**

Target 1:

The Commission undertook the following regulatory activities during 2020–21\* within legislative timeframes:

- Plan for Continuous Improvements (PCI) Directions: 336
- Decisions not to reaccredit: 1
- Decisions to revoke accreditation: 1
- Number of Incident Management Compliance Notices: 5\*\*
- Number of Non-Compliance Notices (NCN) issued: 134
- Number of Notices to Agree (NTA) issued: 43
- Number of Notices of Decision to Impose Sanction (NDIS) issued: 25
- TOTAL Notices: 209
- Compliance action (i.e. NCN, NTA, NDIS) triggered by quality assessment activities: 157

The Commission has a risk-based and proportionate approach to determine its regulatory response to a provider’s non-compliance with its aged care responsibilities. The response to provider non-compliance is appropriate to the level of severity and immediacy of the risk to consumers and considers the most effective way to ensure that the provider complies with its responsibilities in a timely manner.

\* Data as at 30 June 2021, extracted 3 September 2021. Data may change if reproduced in the future.

\*\* Data from 1 April 2021 to 30 June 2021 associated with the commencement of the SIRS.

The issuing of notices and subsequent actions such as an undertaking to remedy have met the legislative timeframes.

Target 2:

The Commission implemented a model for investigating a reportable incident under the SIRS, including a provider's compliance with its responsibilities in relation to incident management, the Quality Standards or other responsibilities such as those under the Quality of Care Principles 2014.

The Commission continues to investigate issues raised via complaints or raised in information received by the Commission relating to provider responsibilities.

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**Method:** Evaluation and completion.

**Data source:** Extracted from internal data sources, including the Commission's reports to the Commission's Executive on compliance activity.

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**Analysis:**

Target 1:

The provider approvals and compliance functions transitioned from the Department of Health to the Commission in January 2020 and subsequent legislative changes increased the regulatory powers available to the Commission. As such the Commission does not have data to compare with activities undertaken in 2019–20.

Target 2:

The Commission may investigate the most serious reportable incidents to understand the circumstances that led to the reportable incident, the risks that resulted from the reportable incident, the risk mitigation actions taken or proposed by the provider, and the provider's incident management system.

The Commission commenced a project related to the monitoring and investigation powers held by the Commission and how those powers could best be used to achieve the Commission's objective of protecting and enhancing the safety, health, wellbeing and quality of life of aged care consumers.

As part of the project, a consistent monitoring and investigation methodology will be established across the Commission.

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**PM8: Our regulatory approaches do not unnecessarily impede the efficient operation of providers**

**Source:** 2020–21 corporate plan, page 20 **Met**

**Rationale:** This measure supports our focus to ensure that our regulatory strategy supports fair, consistent and effective regulation.

**Target:** Reports October 2020, February and June 2021.

**Result:** To inform continuous improvements to the Commission’s regulatory approach, the Commission undertook proactive analysis of service delivery complaints, decision reviews, post-site visit surveys, and feedback from providers and the Commission’s groups. A continuous improvement policy is under development.

Of the providers that completed a survey following a quality assessment site visit by the Commission, 68.2% reported the Commission’s assessment team took reasonable steps to minimise the impact of their visit on the operation of the service.

The Commission converted this paper-based process for obtaining feedback to an external online survey portal. This will reduce provider burden, further assisting efficient operation of providers, and providing the Commission with additional insights on how we effectively engage with services.

The Commission provided reports on feedback and surveys.

**Method:** Evaluation.

**Data source:** Extracted from internal data sources, including the Commission’s monthly reviews and annual analysis of site visit feedback.

**Analysis:** After a site visit, the Commission’s quality assessment team provide an opportunity for aged care services to give feedback by leaving behind a paper survey.

The survey helps the Commission continuously improve site visits and includes a focus question that is designed to inform the Commission about a topic of focus. A survey question specifically requests feedback on what improvements, if any, could be made by the Commission. The survey feedback is reported monthly and reviewed to inform continuous improvements.

From 2021–22, site visit feedback will be provided via an online survey.

**PM9: Timely information and education are provided to consumers, providers and the public to support the Commission’s functions**

<b>Source:</b> 2020–21 corporate plan, page 20	<b>Met</b>
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**Rationale:** This measure supports our focus to ensure that our functions are supported through effective communications, education and collaboration with stakeholders.

**Target:** 85% of consumers, providers and stakeholders satisfied with information and education provided. Reports October 2020, February and June 2021.

**Result:** The Commission provided a range of information and education programs to support consumers, providers and the public to understand its functions during 2020–21.

Information and education programs targeted key issues impacting the quality and safety of aged care, including COVID-19 preparedness, the Quality Standards and the SIRS.

Information was provided through the publication of a monthly newsletter, fact sheets, videos and media statements on the Commission’s website, and social media posts. Website analytics have been regularly reviewed to inform improvements to information. In addition, several webinars were delivered to the sector providing information about issues relevant to the COVID-19 pandemic, outbreak management, and legislative reforms including the introduction of the SIRS.

The publication of information assisted consumers, providers and the public to understand key issues impacting on the safety and quality of aged care services.

Education activities included the delivery of 71 virtual workshops to 1,050 participants. In addition, 4 new learning modules were released on the Commission’s online learning platform, Alis, which was accessed by 4,887 learners.

Following the virtual workshops, which were tailored for aged care providers, evaluation surveys of program participants indicated that more than 94% of participants who responded either agreed or strongly agreed that they were satisfied with the workshop and that it met their expectations.

The online learning modules within the Commission’s online learning platform, Alis, all received on average rating of 4 out of 5 stars.

Reports were provided to the Commission’s executive.

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**Method:** Data mining.

**Data source:** Extracted from cvent database and Alis on satisfaction levels with education activities.

Monthly reporting to the Executive Leadership Group on education and information functions (including details of website analytics, newsletters, resources, media responses).

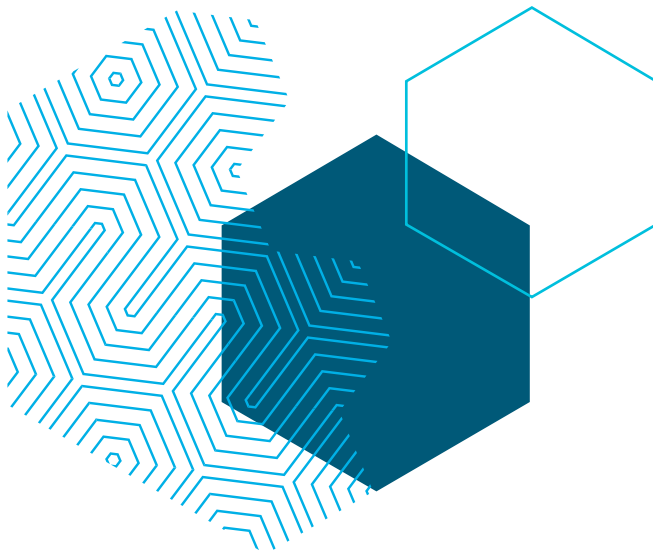
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**Analysis:** The benefit of the Commission’s education programs and resources is that providers understand their obligations to provide safe and quality aged care services and comply with statutory requirements.

The provision of timely information and education to consumers, providers and the public to support the Commission’s functions were responsive to issues and risks identified in the aged care sector.

A priority was given to information and education to support provider responses to the risk of the COVID-19 pandemic, including infection prevention, and control and outbreak management. Other priority areas included understanding consumer rights, requirements under the Quality Standards, and the SIRS.

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PM10: We are open and transparent in our dealings with providers

Source: 2020–21 corporate plan, page 21

Met

**Rationale:** This measure supports our focus to ensure that our functions are supported through effective communications, education and collaboration with stakeholders, and our regulatory strategy supports fair, consistent and effective regulation.

**Target:** Reports October 2020, February and June 2021.

**Result:** The Compliance and Enforcement Policy (CEP) was endorsed and published in January 2021 as part of the Commission’s commitment to open and transparent communication on its regulatory intent, and approach to compliance and enforcement.

The Commission’s operational policy framework and related business systems support regulatory officers to implement and comply with the CEP and related legislative requirements. This includes processes that support transparency and engagement with providers that are subject to regulatory activities and enforcement actions.

To ensure transparency in the exercising of regulatory functions, the Commission published, and regularly reviews, its Regulatory Strategy on its website. More information for providers on what to expect from the Commission in undertaking its regulatory functions is available on the Commission’s website through regulatory bulletins, fact sheets, guidelines and other curated resources.

Information on the Commission’s regulatory activities and enforcement actions was published on its website (as the Non-compliance Register) and on My Aged Care, including as a Service Compliance Rating. This allows consumers and providers to see recent decisions made about aged care services.

The Commission advised the sector on issues of concern and of the Commission’s intent to engage with them on those matters, through correspondence with providers, regulatory campaigns, quality bulletins, website, and regular reporting, including insight reports and the quarterly sector performance report.

The Commission published quarterly sector performance reports.

**Method:** Evaluation and completion of quarterly sector performance reports.



**Data source:** Extracted from internal data sources, including through supervision, legal review, monitoring of review and reconsideration requests, feedback surveys from providers, and stakeholder feedback.

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**Analysis:** The Commission is open and transparent with providers both through the activities the Commission undertakes, such as publishing relevant policies or articles, and the way in which the Commission conducts its activities, such as providing clear reasons for its decisions.

The Commission regularly publishes the Quality Bulletin, which advises providers and the community of issues of concern and activities it has undertaken or plans to undertake.

Topics covered have included, for example, campaigns relating to compliance with Prudential Standards and Antimicrobial Stewardship, as well as the results of previous campaigns such as infection control spot checks (see Quality Bulletin #22 September/October 2020, Quality Bulletin #28 April 2021).

The Commission is also open and transparent with the community more broadly by ensuring its regulatory decisions are published in a timely manner.

The Commission publishes its decisions on its website's non-compliance register, as well as within performance reports. Our non-compliance and performance information is also displayed on My Aged Care, including a Service Compliance Rating for residential services.

We are open with providers (and consumers) about our activities and facilitate their feedback. This includes through surveys on our site visits, and feedback about complainant and provider experience of the complaint resolution process.

We also demonstrate transparency through our reconsideration processes of Commission complaints, provider approvals, compliance findings, quality assessor registrations, and other regulatory functions subject to reconsideration and review under legislation.

In 2020–21, the Commission was requested to reconsider 5 regulatory decisions by relevant providers. Of the 5 requests, 4 decisions were affirmed, and one decision was set aside and a new decision substituted.

If a complaint is finalised for any other reason than to the complainant's satisfaction, the complainant has a right to seek an internal review of the decision. In 2020–21, we received 85 requests for a review of a complaint decision. We finalised 71 reviews by affirming the original decision as a result of requests for review. We also set aside 16 original decisions in order to undertake new resolution processes. From 1 January 2020 to 30 June 2021, 18 complainants requested an external review by the Commonwealth Ombudsman. None went further than an investigation being closed or preliminary inquiry.

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**PM11: New integrated home services regulatory model in place and evaluation framework established**

<b>Source:</b> 2020–21 corporate plan, page 21	<b>Partially met</b>
<b>Rationale:</b> The measure supports our focus to ensure that regulation of home services is strengthened and integrated and that clinical expertise and advice support the exercise of the Commission’s functions and improved outcomes for consumers.	
<b>Target:</b> Model in place December 2020. Evaluation June 2021.	
<b>Result:</b> In July 2020, the Commission established the Home Services Regulation Project to facilitate the effective and efficient regulation of home services across the range of Commission functions through the use of revised regulatory practices, risk-based frameworks and operational processes, to form a coherent end-to-end model.  The project has been divided into 3 phases, with the first and second phases of the project completed to deliver an enhanced quality assessment and monitoring methodology of home services.  Phase 1 resulted in the identification of options for enhanced efficiency and effectiveness in the delivery of the Commission’s quality assessment and monitoring program in home services, drawing on enhanced data resources.  Phase 2 resulted in the trialling of an enhanced assessment and monitoring approach to assess the performance of home services against the Quality Standards. An evaluation of the approach was finalised in June 2021, with recommendations for full implementation to be delivered as Phase 3 in 2021–22.  While the project has progressed well in 2020–21, the model was not in place by December 2020 due to reprioritisation of resources in line with the Commission’s COVID-19 pandemic response. Completion of implementation will occur in 2021–22.	
<b>Method:</b> Completion and evaluation of model.	
<b>Data source:</b> Extracted from internal data sources, including the Commission’s evaluation report which was completed at the end of Phase 2 to inform progression of project for 2021–22.	

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**Analysis:** Project outcomes identified from the evaluation will support implementation in 2021–22 and include:

- enhanced performance assessment methodology of home services, including supporting guidance and tools
  - enhancements to the Quality Assessor Training Program (QATP)
  - publication of a provider guidance resource titled *Risks for governing bodies to consider in delivering home care packages*, including a provider self-assurance tool
  - development of an approved provider monitoring contact tool
  - home service data products to support risk-based targeting of assessment and monitoring activities
  - recommendations on further targeted sector communications.
- 



**PM12: Integrated regulatory operating model in place to support a risk-based approach**

**Source:** 2020–21 corporate plan, page 22

**Met**

**Rationale:** This measure supports our focus to ensure that our regulatory strategy supports fair, consistent and effective regulation.

**Target:** In place by December 2020.

**Result:** The Commission’s integrated regulatory operating model was implemented with training delivered to approximately 500 Commission staff in August and September 2020 as part of embedding a consistent and proportionate approach to risk-based assessment and decision-making.

A Risk Management Framework was developed, including a Risk Assessment and Escalation Policy, which has supported the implementation of the Risk-Based Targeting and Information Sharing (RBTIS) project, enabling improved risk identification and information sharing across all regulatory functions of the Commission.

Risk-based training was delivered to approximately 250 operational staff in October and November 2020.

**Method:** Completion of model.

**Data source:** Extracted from internal data sources, including monitoring participation and feedback on training and regular reporting, provided to the Executive Leadership Group on project delivery.

**Analysis:** The Commission initiated a Regulatory Integration Project in February 2020 to implement an end-to-end regulatory operating model. This included the establishment of a dedicated intelligence and analysis function, a case coordination function, a regulatory risk management framework, and an end-to-end approach to managing non-compliance.

Training was delivered to all Commission staff on the new regulatory operating model and focused on the risk-based approach, including how this was being implemented across the Commission’s regulatory functions. This also included how the new regulatory operating model would be supported by the establishment of new functions, including intelligence and analysis, and case coordination. Attendance and feedback from attendees of the training was reported to the Executive Leadership Group. Further work in 2021–22 will convert the training package into an ongoing training product to support ongoing capability building for new Commission staff.

# Strategic Priority 3: Advancing responsive, intelligence-led, risk-based regulation

The Commission’s intended result through these measures is to ensure that its regulatory approach targets highest risk and is proportionate in response.

## PM13: Actions undertaken are proportionate to the regulatory risk being managed

<b>Source:</b> 2020–21 corporate plan, page 22	<b>Met</b>
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<b>Rationale:</b> This measure supports our focus to ensure that regulatory action is transparent, proportionate and risk-based.
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<b>Target:</b> Reports October 2020, February and June 2021.
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**Result:** The Commission made significant advances in intelligence-led, risk-based regulatory activities in 2020–21. The Commission reported on progress as programmed.

The Commission introduced and embedded a risk-based information dashboard across all operational functions, which informs scheduling of regulatory activities such as site audits and assessment contacts.

Intelligence-led regulatory programs were undertaken in relation to services presenting a higher risk of transmission of COVID-19 to consumers. The Commission’s risk-based program achieved:

- 2,807 spot checks undertaken during the financial year, which resulted in all very high and high risk rated services receiving at least one visit
- targeted phone assessment contact programs, which allowed the Commission to focus on services at increased risk identified through inputs including geographical area risk, trust and confidence in the approved provider.

These activities provided the Commission with valuable intelligence on the preparedness of the residential aged care sector to respond to a COVID-19 outbreak, including how the services were applying public health directives relating to infection control specific to their state or territory. This allowed the Commission to respond with regulatory action where necessary.

The Commission observed some services with good infection control practices, but also noted some deficiencies in practice. Where deficiencies or non-compliance with the Quality Standards was detected, the Commission took proportionate regulatory action to ensure that providers addressed the issues identified.

The Commission published general findings from the spot checks on its website and providers were encouraged to reflect on the common issues identified to improve their outbreak planning and preparedness.

The Commission also established a referral process for state and territory governments and public health units to report concerns with infection control practice, and has retained the capacity to undertake ICM infection control management (ICM) spot checks where there is an elevated risk profile and circumstances prevent a comprehensive site audit.

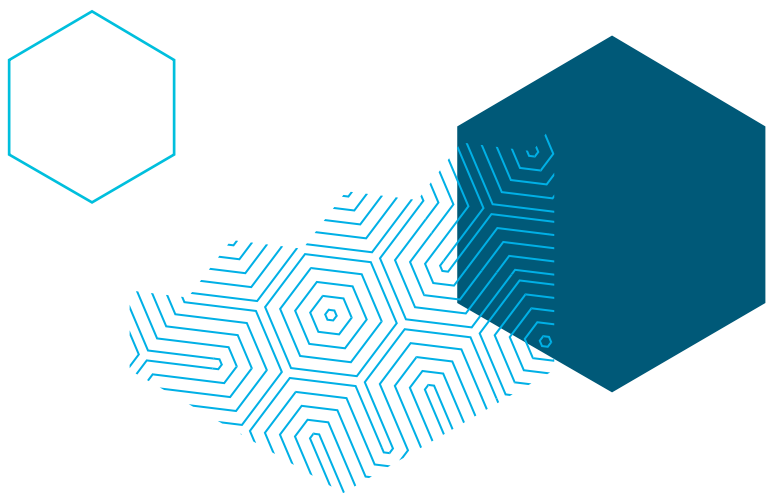
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**Method:** Evaluation.

**Data source:** Extracted from internal data sources. The Commission measures, analyses and conducts reviews on regulatory activities and whether the response was proportionate. This is carried out at both a case management level as well as through aggregated data analysis.

In addition, the Commission publishes information relating to sector performance as well as performance reports for aged care services on the [My Aged Care website](#).

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**Analysis:** Intelligence-led risk scores informed the Commission's 'own-motion' reconsideration program, which allowed Commission delegates to use risk profiles of residential aged care services to inform any recommendations for an extended accreditation period. Over 270 residential aged care services were determined to have an additional accreditation period under this program in 2020–21.

Intelligence-led risk analysis has been used to inform priorities in the Commission's reaccreditation site audit program. This has allowed the Commission to focus on conducting site audits at services proportionate to risk, and to prioritise regulatory activities on commencing services to build an early risk profile of new services.

The Commission has invested in extensive risk analysis on home services to inform design of the Home Services Regulation Pilot Program and selection of services to undertake regulatory activities during the pilot.

The introduction of the Commission's national case management approach aligns risk profiles with a consistent regulatory response across multiple operational areas.

While state- and territory-imposed lockdowns affected on-site operations during 2020–21, the Commission has continued on-site activities within the requirements of relevant restrictions.

The Commission has also seen higher rates of non-compliance since the introduction of the Quality Standards from 1 July 2019. This has translated into shortened accreditation periods, on average, requiring more frequent site audits and additional activities to monitor services that are not complying with the Quality Standards.

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**PM14: Compliance and monitoring approaches are streamlined and coordinated**

**Source:** 2020–21 corporate plan, page 22

**Partially met**

**Rationale:** This measure supports our focus to ensure that risk profiling of providers and services is strengthened based on improved intelligence, our case coordination is enhanced to ensure a consistent unified approach to high risk and complex matters at national and regional levels, and that compliance action is transparent, proportionate and risk-based.

**Target:** Reports October 2020, February and June 2021.

**Result:** The previous non-compliance management plan template was replaced with a new Risk Assessment and Response Plan (RARP). The RARP template was developed for internal use by the Commission to assess risk and establish monitoring arrangements. The RARP risk assessment (and re-assessment) process naturally flows to the development of a response plan, identification of actions to be taken by the Commission and setting of key dates for monitoring. The RARP is updated each time the Commission receives new information that may affect the risk rating and monitoring arrangements. This approach is in alignment with the Commission’s Risk Assessment and Escalation Policy and facilitates a risk-based and proportionate approach to monitoring.

Additional advances in risk-based monitoring activities across 2020–21 included:

- The introduction and embedding of the risk-based information dashboard across operational functions, which was used, and will continue, to inform programming of a variety of regulatory activities such as site audits and assessment contacts.
- Intelligence-led regulatory programs undertaken in relation to services presenting a higher risk of transmission of COVID-19 to consumers. Our risk-based program achieved:
  - 2,807 spot checks undertaken during the financial year, which included all very high and high risk rated services.
  - Targeted phone assessment contact programs, which allowed the Commission to focus on services of increased risk identified through inputs including geographical area risk, trust and confidence in the approved provider.
  - From 1 April 2021, implementation of SIRS risk-based referrals for investigation.



- Intelligence-led risk analysis was used to inform priorities in the Commission’s reaccreditation site audit program. This allowed the Commission to focus on conducting site audits at services proportionate to risk, and to prioritise regulatory activities on commencing services to build an early risk profile of new services.
- The Commission invested in extensive risk analysis of home services to inform design of the Home Services Regulation Pilot Program and selection of services to undertake regulatory activities during the pilot.
- The introduction of the Commission’s national case management approach to align risk profiles with a consistent regulatory response across multiple operational areas.

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**Method:** Completion.

**Data source:** Extracted from internal data sources including the RBTIS and non-compliance project management plan, and review of these against objectives.

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**Analysis:** The Commission continues to develop its compliance guidelines, ensuring alignment to legislation and the Compliance Enforcement Policy, as a replacement for the compliance manual. Four modules were drafted by the end of June 2021, and this work is progressing rapidly. While risk profiling was not fully embedded by the end of the reporting period, this is evolving rapidly.

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**PM15: Evidence of active contribution to the continuous improvement of our regulatory framework, including addressing feedback on performance from providers and consumers**

<b>Source:</b> 2020–21 corporate plan, page 22	<b>Partially met</b>
<b>Rationale:</b> This measure supports our focus to ensure that risk profiling of providers and services is strengthened based on improved intelligence, our case coordination is enhanced to ensure a consistent unified approach to high risk and complex matters at national and regional levels, and that compliance action is transparent, proportionate and risk-based.	
<b>Target:</b> Reports October 2020, February and June 2021.	
<b>Result:</b> The Commission was open with providers and consumers about its activities and facilitated their feedback. This included surveys with providers about our site visits, and feedback about complainant and provider experience of the complaint resolution process. To inform continuous improvements to the Commission’s regulatory approach, the Commission undertook proactive analysis of post-site visit surveys, feedback from providers and complainants, the Commission’s Advisory Council and Consumer Forum, service delivery feedback and complaints, requests for process reviews, and decision reconsiderations.  Extensive improvements were made to the SIRS Guidelines for providers in response to issues identified through provider emails (published 27 May 2021) and following feedback from a provider roundtable on 9 June 2021 (published 17 June 2021). While a significant body of work was completed during the year, the Commission did not meet its target reporting schedule.	
<b>Method:</b> Evaluation.	
<b>Data source:</b> Extracted from internal data sources, including information from feedback processes provided to operational areas and reported to the Executive Leadership Group for consideration and appropriate action.	

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**Analysis:** In the 2020–21 period, significant work was undertaken to further improve the Commission’s Regulatory Framework. In part this work included:

- release of a new Compliance and Enforcement Policy (CEP)
- publishing improvements to Decision Maker Guidelines based on internal user feedback and changes in policy and process
- development and publishing of provider material regarding the SIRS and the Commission’s role and regulatory approach
- a review the Commission’s monitoring and investigation framework and development of an enhanced methodology for all operational areas on the exercise of monitoring and investigation powers
- development and implementation of a new investigation function and methodology in relation to incident management
- development of a Risk Management Framework and Risk Assessment and Escalation Policy
- role-based risk training delivered to operational staff.

After a site visit, the Commission’s quality assessment team provides an opportunity for aged care services to give feedback by leaving behind a paper survey for completion.

The survey helps the Commission continuously improve these site visits and includes a focus question that is designed to inform the Commission about a topic of focus. A survey question specifically requests feedback on what improvements, if any, could be made by the Commission. The survey feedback is reported monthly and reviewed to inform continuous improvements. A further option to complete the survey online is being implemented in 2021–22.

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**PM16: Case coordination model enhanced and implemented at national and regional level**

**Source:** 2020–21 corporate plan, page 23

**Partially met**

**Rationale:** This measure supports our focus to ensure that the full range of regulatory tools and approaches in our regulatory strategy are integrated and used to manage risk, our case coordination is enhanced to ensure a consistent unified approach to high risk and complex matters at national and regional levels, and that compliance action is transparent, proportionate and risk-based.

**Target:** Progress reports October 2020, February 2021 and June 2021. Evaluation complete June 2021.

**Result:** While significant progress was made to embed the case coordination model, it was not fully implemented by the end of June 2021. The progress reports were completed as scheduled, however the evaluation of the model was not achieved within the timeframe specified.

Case coordination meetings were convened as required for matters within the operational arm of the Commission. Regional case management meetings were held fortnightly. The case coordination team met regularly with the Department of Health to discuss providers of concern. It operated as the coordination point between the Department of Health and the Commission to gather and disseminate information on providers of concern.

The Commission made progress to recruit specified ongoing staff.

The case coordination function was established in June 2021 and testing across the Commission commenced in July 2021. The case coordination purpose has been refined to encompass:

- coordination of multiple regulatory activities via case coordination meetings for complex, high risk and contentious cases to ensure the most effective regulatory outcome and present as One Commission to the sector
- coordination of operational intelligence and data to evidence a line of sight to risk and emerging issues in each jurisdiction, and across the regulatory functions of the Commission.

The Commission established a strong governance and reporting regime, terms of reference, and supporting tools and processes. These are being finalised for new functions with:

- regional meetings with Department of Health held every 3 weeks to gather operational intelligence (to replace fortnightly regional case management meetings)

- national forums held on an 'as needed' basis to share tactical, operational and strategic intelligence on emerging national provider issues and risks (to replace monthly national case coordination meetings)
- monthly reporting of operational intelligence and data to the Executive Leadership Group.

An implementation plan for the new case coordination functions as outlined above is underway, and this includes a change management program which will be used to design an evaluation framework in early 2021–22.

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**Method:** Evaluation and completion of progress reports.

**Data source:** Extracted from internal data sources.

In July 2021, internal reviews of existing functions commenced, with 23 directors and 3 executive directors participating in case coordination meetings, regional case management meetings and national case management meetings.

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**Analysis:** Thirty-five case coordination meetings have been held since February 2021. The effectiveness of this function was tested with participating directors and executive directors. Unanimously, all agreed that this function had achieved its purpose of streamlining the Commission's response to complex, high risk cases that involve multiple regulatory functions. Feedback confirmed that the function enabled a fast response and ensured a coordinated One Commission approach instead of multiple regulatory functions communicating with the sector. All agreed that the function resulted in regulatory outcomes that targeted highest risk and were proportionate in response.

Feedback on the existing regional case management meeting function indicated the current model requires central coordination, and the involvement of Department of Health staff, to enable operational intelligence to be gathered, evaluated and escalated appropriately. As a result of this evaluation, a new regional meeting format has been designed and will be implemented in September 2021.

National case coordination meetings were held monthly until March 2021. Feedback from the evaluation strongly indicated that these forums should be held on an 'as required' basis only, to share tactical, operational and strategic intelligence on emerging national provider issues and risks with the purpose of ensuring risk-based, proportionate treatments. A new format has been designed in response to the evaluation and will be implemented by November 2021.

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**PM17: Risk profiling and information sharing dashboards are implemented to support Commission-wide intelligence**

<b>Source:</b> 2020–21 corporate plan, page 23	<b>Met</b>
<b>Rationale:</b> This measure supports our focus to ensure that the full range of regulatory tools and approaches in our regulatory strategy are integrated and used to manage risk, that risk profiling of providers and services is strengthened based on improved intelligence, our case coordination is enhanced to ensure a consistent unified approach to high risk and complex matters at national and regional levels, and that compliance action is transparent, proportionate and risk-based.	
<b>Target:</b> In place by June 2021.	
<b>Result:</b> The Risk-Based Targeting and Information Sharing (RBTIS) project, which included the introduction of risk profiling capability and information sharing dashboards, was implemented by June 2021.  The initial RBTIS production version of the dashboards was released in January 2021, enabling use of functional dashboards to access relevant information for regulatory operations and by other areas of the Commission.  The June 2021 RBTIS release extended the range of information available via the dashboard for use when conducting risk assessments under the Commission’s Risk Assessment and Escalation Policy and guidance.	
<b>Method:</b> Completion of the project.	
<b>Data source:</b> Extracted from internal data sources, including project status reports and briefing to the Executive Leadership Group, and attendance records for training sessions.	

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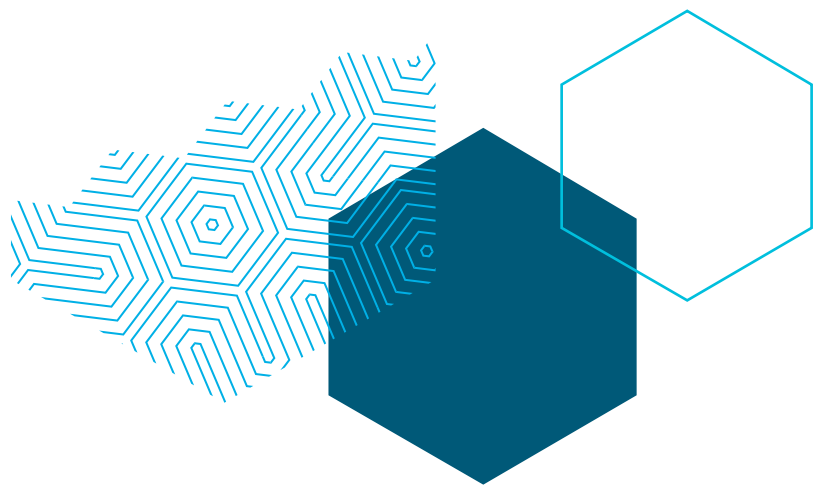
**Analysis:** The Commission Quality Assessment and Monitoring Group uses RBTIS information as an input to the Risk Assessment and Response Plans process for every investigation. Awareness and uptake of the RBTIS service risk profiles and information sharing dashboards is increasing across the whole of the Commission.

From 30 June 2021, a formal process of curation of the RBTIS risk profiling output will be performed monthly to provide risk-led recommendations for targeting of assessment and monitoring activities conducted by the Commission.

Assessments conducted are now also being used as routine considerations in internal intelligence briefs and intelligence reports developed by the Commission.

RBTIS risk profiles are being used to risk assess SIRS Priority 1 notifications and complaints received by the Commission and are extensively used to support complaints resolution and SIRS investigations activities.

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**PM18: Target of 3 major campaigns conducted annually to address identified risks in aged care including one for prudential risk**

<b>Source:</b> 2020–21 corporate plan, page 23	<b>Partially met</b>
<b>Rationale:</b> This measure supports our focus on a ‘campaign-based’ regulatory approach to regulate sector-wide risks and pursue Commission priorities.	
<b>Target:</b> 85% of stakeholders indicate campaigns are effective in addressing risks.	
<b>Result:</b> The Commission’s Campaign Framework was developed in late-2020 and endorsed in May 2021.  Three key campaigns were progressed in the reporting period:  1. The Prudential Campaign was completed. The Commission now has a clearer understanding of the risks associated with approved providers’ use of refundable accommodation deposits. Using this understanding, the Commission can now tailor education products to ensure that providers focus attention on potential risks. Education activities (such as via regulatory bulletins) will be implemented in 2021–22 and behaviour change will be monitored.  2. The Improving Meals, Nutrition and the Dining Experience Campaign convened an expert advisory group to ensure that the Commission consulted and collaborated with stakeholders to drive change in the aged care sector.  3. The Antimicrobial Stewardship Campaign is in progress and seeks to improve the use of antibiotics in residential aged care services. This campaign will be evaluated in 2021–22.  In addition, a Complaints Campaign and Restrictive Practices Campaign are being established. Evaluation is being designed as part of the campaign framework.  While the Commission was able to deliver 3 major campaigns within the reporting period, it did not measure whether the campaigns were effective. This is an area of focus for the Commission in 2021–22.	
<b>Method:</b> Evaluation.	
<b>Data source:</b> Extracted from internal data sources, including the Commission’s evaluation. This evaluation will inform the development of the Commission's Campaign Framework.	



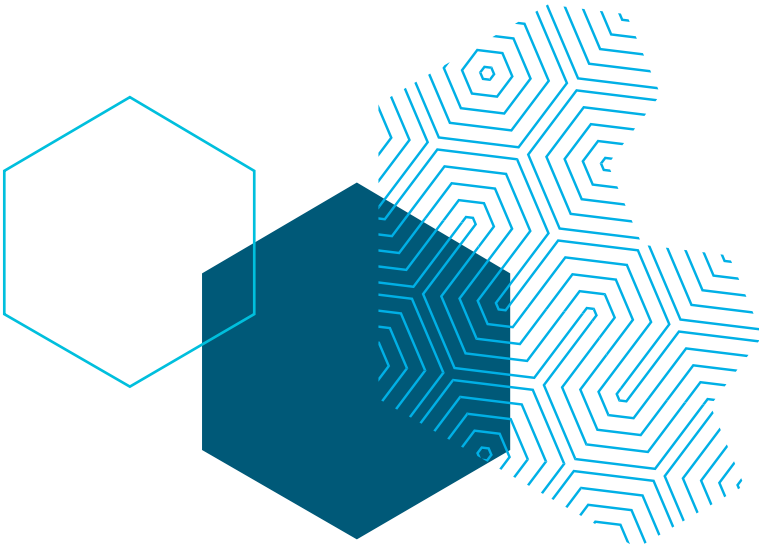
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**Analysis:** The intent of the target was to ensure that all campaigns were evaluated for their effectiveness. This may include eliciting the views of stakeholders at the end of the campaign, which is the intent with the Antimicrobial Stewardship and Dining Experience campaigns. At other times, stakeholders may be engaged as part of the design and implementation of the campaign, such as the convening of an expert advisory group for the Dining Experience Campaign, and engaging stakeholders to pilot parts of the Antimicrobial Stewardship Campaign.

Other campaigns that aim to improve the Commission’s understanding of an issue by undertaking site visits or other verification activity, do not necessarily require a stakeholder survey to assess effectiveness. Rather, the Commission works cooperatively with providers to better understand behaviours and risks.

The Commission’s new Campaign Framework requires all campaigns to consider evaluation during the design stage, including the most appropriate means of evaluation. This may or may not require stakeholder surveys to assess effectiveness, as effectiveness may be measured via different means depending on the campaign.

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**PM19: Compliance and enforcement policy is developed and published and integrated business processes for managing non-compliance are implemented**

<b>Source:</b> 2020–21 corporate plan, page 23	<b>Partially met</b>
<b>Rationale:</b> This measure supports our focus to ensure that the full range of regulatory tools and approaches in our regulatory strategy are integrated and used to manage risk, and that compliance action is transparent, proportionate and risk-based.	
<b>Target:</b> Policy published by 1 September 2020. Implementation of integrated business processes by 1 July 2020. Feedback sought to inform improvements by June 2021.	
<b>Result:</b> The Commission’s Compliance and Enforcement Policy was endorsed and published in January 2021 following feedback from the Aged Care Quality and Safety Advisory Council.  Publishing of this policy demonstrated the Commission’s commitment to communicating openly and transparently about its regulatory intent and approach to compliance and enforcement, including the management of non-compliance.	
<b>Method:</b> Completion of policy and implementation of processes.	
<b>Data source:</b> Extracted from internal data sources, including from feedback on published reports, workshops and on drafting guidance material. Education sessions were provided to relevant operational staff and Commission decision makers.	
<b>Analysis:</b> Successive legislature amendments introducing new provider obligations (for example, the SIRS and restrictive practices) required periodic revision and republication of the Compliance and Enforcement Policy to include expanded enforcement powers.  To support the new enforcement powers, education sessions were provided to all relevant Commission staff with further training provided to Commission decision makers. The Commission also hosted a webinar on 25 March 2021 to assist the aged care sector to prepare for the introduction of SIRS by discussing the role of the Commission under the SIRS, including the new enforcement powers.  The Commission continues to review and refine whole of Commission processes for detecting, determining and managing provider non-compliance. This review included extensive consultation across Commission operational areas to inform improvements.	

# Strategic Priority 4: Becoming ‘One Commission, One Culture, One Voice’

The Commission’s intended result through these measures is to deliver on our functions with the right governance, leadership, technology, capability, and work practices.

## PM20: Organisational structure supports joined up, flexible and effective work practices

**Source:** 2020–21 corporate plan, page 24

**Met**

**Rationale:** This performance measure supports the Commission’s priority to become ‘One Commission, One Culture, One Voice’ through joined up, flexible, streamlined and coordinated work practices across the Commission.

**Target:** Commission structure reviewed by December 2020.

**Result:** The Commission undertook a Realignment Project which included a review of the Commission structure. The review was completed as scheduled in December 2020, with the implementation of the review finalised in February 2021. Recommendations for immediate improvement were implemented. Work is underway to implement longer-term recommendations from the final report.

The realignment supports work practices that are joined up, flexible, streamlined and coordinated across the Commission. This enables more efficient and effective operation of the Commission’s regulatory and enabling functions, including:

- more effective cross-functional response to aged care providers of concern through the establishment of a national case coordination function
- more advanced intelligence about aged care providers from our centralised Intelligence and Analysis section to support our risk-based approach to regulation and to inform campaigns to improve performance in the aged care sector
- a coordinated approach to workforce development, including a focus on skills and knowledge required for all regulatory staff, from our training and professional development team.

The experience of staff is measured through the APS Employee Census, as well as internal staff surveys and anecdotal feedback from individuals. Feedback from the 2020 APS Employee Census indicated that 54% of staff considered that there had been progress in creating one joined up culture across the Commission.

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**Method:** Evaluation.

**Data source:** Extracted from internal data sources, including through anecdotal and survey feedback from staff.

A review of structure and a realignment process were undertaken, with recommendations provided for next steps accepted and implemented.

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**Analysis:** A range of strategies and channels were employed to promote 'One Commission, One Culture, One Voice'. The Executive Leadership Group now receives a monthly report that identifies issues associated with the structure of the Commission. This includes issues arising from the organisational realignment, as well as issues arising from subsequent organisational and operational changes. The Commission continually reviews its end-to-end service offering/s and has established processes that will support delivery.

Each Group prepared an Accountability Statement as the basis for strategic approaches to cross-functional priorities, workforce planning and risk-based resource management, workforce capability, business planning, communication and cultural integration as a strategy to drive the One Commission ambition.

While the realignment was completed in 2020, the Commission continues to examine its structure and functions to ensure that they are aligned and fit for purpose. Further changes will be made as necessary to ensure the Commission can most effectively deliver its required outcomes.

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PM21: Workforce Strategy in place

Source: 2020–21 corporate plan, page 24

Met

**Rationale:** This performance measure supports the Commission’s priority to become ‘One Commission, One Culture, One Voice’ through joined up, flexible, streamlined and coordinated work practices across the Commission.

**Target:** Workforce Strategy developed by December 2020. Progress reports on implementation February and June 2021.

**Result:** The Commission’s leadership group approved a Workforce Strategy in December 2020. The Workforce Strategy and supporting Workforce Operational Plan set out the key actions that will deliver on our workforce priorities in the 2020–21 year.

The Commission prioritised the following:

1. Embed the organisational realignment and regulatory integration project.
2. Recruit additional staff to deliver its regulatory program and budget measures.
3. Staff are trained and capable to perform their duties.
4. Staff are engaged and well.
5. Promote diversity.
6. Embed the performance framework.

Outstanding actions have been incorporated in the Commission’s People Strategy for delivery over the period to end of 2023. This will provide further improvements and set up the Commission to become a world class regulator.

**Method:** Completion. The Workforce Strategy was delivered on time.

**Data source:** Extracted from internal data sources, including through reports to the Commission’s executive on key initiatives.

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**Analysis:** The Commission made significant progress in implementing all priorities, having met or partly met 78% of performance measures set out in the Workforce Operational Plan.

The Commission benefited from a new organisational structure which supports more joined up, flexible and effective work practices. A Case Coordination team and Intelligence and Analysis team were established under the strategy to give effect to the integrated regulatory operating model.

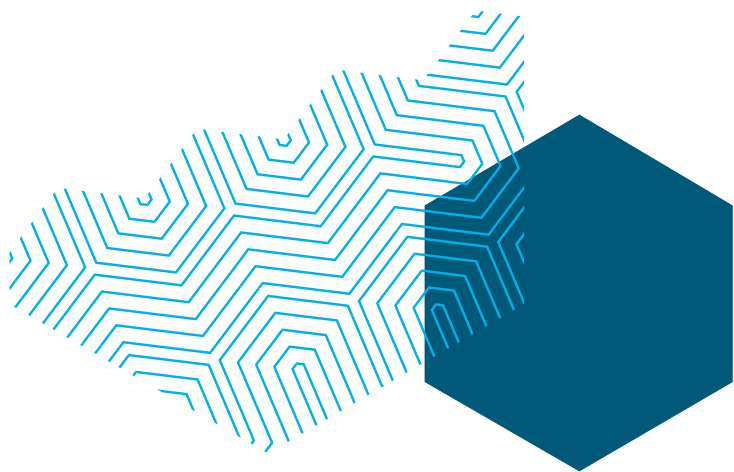
A new Corporate Induction Program was developed and is provided to new starters to enable a welcoming experience and a smooth, consistent transition to employment in the Commission.

The Commission commenced its Lifting Leadership Program to empower its leaders to be their best and to steer the Commission through a period of rapid growth and change.

The Commission has developed a People Strategy which describes the strategic approach and specific initiatives the Commission will take to support and strengthen its workforce, and to enable it to deliver on its purpose.

The Indigenous Staff Network has been embedded in the Commission to guide a journey of cultural growth and provide advice on building cultural competence which will influence how staff undertake their duties.

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**PM22: Improvement in APS Staff Census results for:**

- **effective leadership**
- **effective communication and staff engagement**
- **wellbeing**

<b>Source:</b> 2020–21 corporate plan, page 24	<b>Partially met</b>
<b>Rationale:</b> This performance measure supports the Commission’s priority for its staff to have the right capability, support and information to do their jobs well, and feel valued.	
<b>Target:</b> 15% target for improvement on leadership, communication and engagement and 20% target for improvement on wellbeing.	
<b>Result:</b> The results of the APS Employee Census in 2020 indicated improvements across a number of areas compared with 2019, with work still needed to bring the Commission up to the average of the APS in some areas.  The Commission’s overall engagement score did not change from 2019. The overall wellbeing score increased from 55% in 2019 to 59% in 2020.  Examples of questions in the areas of engagement, communication and wellbeing where there was improvement included: <ul style="list-style-type: none"><li>• <i>Overall I am happy with my job:</i> an increase of 9% from 2019 (to 71%).</li><li>• <i>My SES manager communicates effectively:</i> an increase of 12% (to 60%).</li><li>• <i>Internal communication is effective:</i> an increase of 23% (to 52%).</li><li>• <i>My agency does a good job of communicating what it can offer me in terms of health and wellbeing:</i> an increase of 10% (to 45%).</li></ul> Examples of questions in the areas of engagement, communication and wellbeing where there is work to do to reach the APS average included: <ul style="list-style-type: none"><li>• <i>I am proud to work in my agency:</i> 11% below the APS average (Commission score = 66%)</li><li>• <i>My SES manager communicates effectively:</i> 9% below the APS average (Commission score = 60%)</li><li>• <i>I am satisfied with the policies/practices in place to help me manage my health and wellbeing:</i> 21% below the APS average (Commission score = 51%).</li></ul>	

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**Method:** Data mining.

**Data source:** Extracted from 2020 APS Employee Census compared with 2019 Employee Census Survey and Evaluation. The APS Survey was conducted in November 2020.

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**Analysis:** The results of the 2020 APS Employee Census indicate that the work undertaken within the Commission to focus on communication, culture, engagement and wellbeing had a positive impact on the experience of staff. While the target set in the 2020–21 Corporate Plan was not met, this target required a very large increase in scores, and the results of the 2020 survey show improvements in many areas compared with 2019. Nonetheless, the Commission also recognises the need for ongoing work to support further improvement. Following the release of the results of the 2020 APS Employee Census, the Commission took a structured and coordinated approach to discuss these results within teams, with each director working with their team to develop an action plan. These local and team-based actions complemented work at a whole of organisation level to make improvements. Initiatives across the Commission that have been informed by feedback from staff included:

- increasing the size of the workforce to reduce pressures for frontline staff
- continuing the arrangements that commenced during the COVID-19 pandemic so that staff have the option to work from home 2 days a week during 2021
- implementing a staff recognition program in 2020
- increasing communication channels, including monthly webinars and virtual informal conversation sessions
- implementing a new program for frontline complaints staff to support wellbeing and resilience
- business improvement initiatives in the Quality Assessment and Monitoring Group to address issues relating to travel, wellbeing and support
- supporting and strengthening leadership – at an executive level and for directors and managers to guide and support their staff.

Many of the issues highlighted in the APS Employee Census will be addressed in the Commission's first People Strategy, which will be finalised in August 2021.

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PM23: ICT Strategic Plan supports our ambition to be a world-class technology-enabled regulator

Source: 2020–21 corporate plan, page 25

Partially met

**Rationale:** This performance measure supports and builds the Commission’s knowledge management and business systems for its new work practices.

**Target:** Progress reports October 2020, February and June 2021.

**Result:** The 2020–21 ICT Strategic Plan was developed in November 2020 and endorsed by the Commission’s Executive Leadership Group in January 2021. The plan sets out the key information, communication and technology initiatives that the Commission would invest in and focus on during 2020–21 to support its ambition of becoming a world-class technology-enabled aged care regulator.

The 2020–21 ICT Strategic Plan was further developed to underpin the Commission’s priority of becoming ‘One Commission’ through technology-supported organisational realignment and regulatory integration. The plan outlined the Commission intent to leverage technology to deliver on its functions in a dynamic and fast changing operating environment.

Designed as a living document, the 2020–21 ICT Operational Plan was developed in December 2020 to monitor progress against the ICT Strategic Plan during the 2020–21 reporting period.

During 2020–21, the Commission made progress against all 6 priority areas within the ICT Strategic Plan:

- Priority 1: Ensure joined up, flexible, streamlined work.
- Priority 2: Provide enablers for our new work practices.
- Priority 3: Contribute to the Commission’s governance and leadership to support high performance.
- Priority 4: Ensure staff are equipped to do their jobs well.
- Priority 5: Ensure that the latest technological upgrades to improve collaboration are available across the Commission.
- Priority 6: Keep our staff, aged care consumers and data protected from cyber criminals.

As at 30 June 2021, the Commission achieved or made significant progress against 27 of the 28 activities outlined within the 2020–21 ICT Operational Plan. Twenty activities (71%) had been met, 7 activities (25%) were partly met, and one activity (4%) was not met.

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**Method:** Completion of progress reports.

**Data source:** Extracted from internal progress reports, project status reports and relevant briefing papers against key initiatives within the 2020–21 ICT Strategic Plan.

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**Analysis:** The Commission has continued to invest significantly in uplifting its digital, ICT and business systems' capability in line with the government's Digital Transformation Strategy 2018–2025, mandatory technology initiatives and protective security requirements.

The Commission has delivered a substantial amount of work within a short period of time, focusing on building our core ICT environment, leveraging business systems and technology to support and enhance regulatory activities, rapidly enabling all staff to work remotely in response to the COVID-19 pandemic, and planning for and integrating optimised data, information and protective security systems.

During 2020–21 the Commission:

- focused on core business applications to ensure increased productivity, business continuity and system resilience
- delivered improved service outcomes aligned with government and Commission requirements
- planned and prepared for broader accessibility to the Commission's information systems to enable joined up government outcomes
- engaged and utilised shared services where relevant
- focused on improving cyber security and increasing staff awareness of cyber security risks and threats.

A final report noting progress against the 6 priorities within the 2020–21 ICT Strategy Plan and key activities within 2020–21 ICT Operational Plan as at 30 June 2021 identified that the Commission had achieved or made progress against 27 of 28 key activities during the reporting period.

While the Commission made good progress against its ambition to be a world-class technology-enabled regulator during this reporting period, the pace of progress against the suite of planned initiatives was affected by the need to pivot resources and refocus priorities in line with the Commission's COVID-19 pandemic response.

Development of the Commission's next ICT strategy (2021–2024) is underway and this plan will build on the foundations established within the 2020–21 ICT Strategic Plan. Key outstanding activities from the 2020–21 ICT Strategy will be incorporated into the new plan and delivered in 2021–22.

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**PM24: Advisory Council is supported to provide timely advice to Commissioner and Minister on request**

**Source:** 2020–21 corporate plan, page 25

**Met**

**Rationale:** This performance measure supports the Commission’s focus to have the governance arrangements and leadership model that supports the Commission being a world-class regulator and a high performing organisation.

**Target:** Regular reporting to Minister following each meeting.

**Result:** The Aged Care Quality and Safety Advisory Council provides advice to the Commissioner in relation to the Commissioner’s functions, and to the Minister, on request, about matters arising in relation to these functions.

The Advisory Council met 6 times throughout the reporting period. Meeting agendas addressed key issues impacting on the role and functions of the Commission, including the Commission’s response to the COVID-19 pandemic, expansion of the Commission’s regulatory powers, regulation of home services, priority areas for the Commission resulting from the Royal Commission into Aged Care Quality and Safety, introduction of the SIRS, and preparation of the Commission’s 2020–21 Corporate Plan.

Following each of the 6 meetings held during 2020–21, correspondence was sent from the Chair to the Minister outlining key issues discussed and outcomes of the meetings. The Minister’s responses to this correspondence in 2020–21 indicated satisfaction with the advice provided by the Advisory Council.

Each of the Advisory Council’s meetings included an evaluation and feedback from the Chair and members indicated a high level of satisfaction with the discussion topics and the meeting papers informing them.

The Commissioner and Minister benefited from the strategic advice provided by the Chair and members of the Advisory Council, who have a wealth of relevant knowledge and experience across the aged care sector.

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**Method:** Completion.

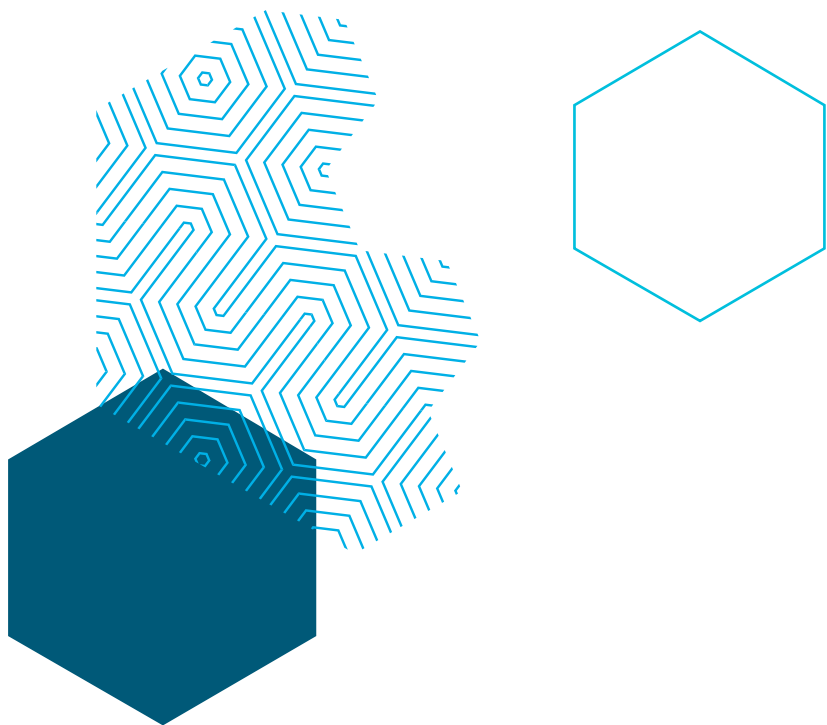
**Data source:** Extracted from internal data sources, including:

- 100% of correspondence to Minister from Advisory Council meetings
- meeting papers distributed within the timeframes outlined in the Advisory Council Charter
- quality of papers and minutes confirmed through meeting evaluation processes.

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**Analysis:** The Advisory Council fulfilled an important role during 2020–21 providing strategic advice to the Commissioner and the Minister during a time when there were significant challenges and opportunities for the Commission.

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## Financial activities

### Operating results

The Commission returned a surplus of \$3,870,453 before depreciation of assets other than lease right-of-use assets and a total net surplus of \$1,944,296 against a budgeted deficit of \$1,811,000.

### Operating revenue

The total operating income was \$123,107,770 and consisted of the following:

- government appropriations of \$114,564,000
- sales of goods and rendering of services of \$8,403,823
- other revenue of \$139,947.

### Operating expenses

Total operating expenses were \$121,163,474 and consisted of:

- employee benefits of \$61,156,343
- supplier expenses of \$56,634,080
- finance costs on right-of-use assets \$28,316
- depreciation and amortisation of \$1,926,157
- depreciation of right-of-use assets of \$1,418,436
- losses from asset sales of \$142.

## Balance sheet

### Net asset position

The net assets at 30 June 2021 were \$21,202,661.

### Total assets

Total assets at 30 June 2021 were \$62,578,749, which is represented by:

- cash \$1,575,126
- trade and other receivables (including undrawn appropriations) \$55,794,878
- non-financial assets \$5,208,745.

### Total liabilities

Total liabilities at 30 June 2021 were \$41,376,088, which is represented by:

- supplier payables \$6,152,112
- unearned revenues \$12,826,201
- other payables \$1,408,279
- lease liabilities for right-of-use assets \$2,286,762
- employee provisions \$17,961,634
- other provisions \$741,100.

**Table 6: Entity resource statement for the period ended 30 June 2021**

	Actual available appropriation 2020–21 \$'000 (A)	Payments made 2020–21 \$'000 (B)	Balance remaining 2020–21 \$'000 (A)–(B)
<b>Departmental</b>			
Prior year appropriation available	34,676	(20,676)	14,000
<b>Annual appropriations</b>			
<i>Ordinary annual services</i>			
Departmental appropriation	114,564	(77,088)	37,746
S74 retained revenue receipts	15,113	(15,113)	0
Departmental capital budget	1,689	(986)	703
<i>Other services</i>			
Equity injection	92	0	92
Total departmental annual appropriations	131,458	(93,187)	38,271
<b>Total resourcing for the Commission</b>	166,134	(113,863)	52,271



## **Management and accountability**

## Corporate governance

**Our governance framework provides the context within which we operate to achieve our objectives, ensuring transparent, ethical and accountable evidence-based decision-making, and to effectively manage risk and stakeholder relationships.**

The Commission is governed under the ACQSC Act. Under the Act, the Commissioner has the power to do all things necessary or convenient to be done for, or in connection with, the performance of the Commissioner's functions. The functions of the Commissioner are described in the ACQSC Act.

The Commissioner has the power to delegate all or any of the Commissioner's functions and powers to a member of staff of the Commission. The Commissioner has established the Executive Leadership Group to assist in ensuring effective operational governance.



## Executive Leadership Group (ELG)

**The ELG provides strategic, whole-of-organisation leadership to the Commission. The ELG meets weekly and ensures effective decision-making, management and oversight of our operations and performance.**

The ELG is chaired by the Commissioner and as at 30 June 2021, comprised:

- Chief Clinical Advisor
- Executive Director Approvals, Compliance and Investigations
- Executive Director Quality Assessment and Monitoring
- Executive Director Intake and Complaints Resolution
- Executive Director Regulatory Policy and Intelligence
- Executive Director Engagement and Education
- Executive Director Organisational and Workforce Development
- Chief Operating Officer.

The biographies of the Commissioner and Executive Directors can be found at **Our leadership team**.

## Risk and Audit Committee

**In accordance with the *Public Governance, Performance and Accountability Act 2013 (PGPA Act)* the Commission has a Risk and Audit Committee which operates independently of management.**

The committee's function is to report to the Commissioner on matters relating to compliance with obligations under the PGPA Act, any regulations and Finance Minister's Orders, and provide a forum of communication between the Commissioner, senior managers, internal auditors and the Auditor-General. The Risk and Audit Committee provides independent advice to the Commissioner on the Commission's financial and performance reporting, risk oversight, and management and system of internal control.

Membership of the Risk and Audit Committee comprises an external Chair and 3 external members with diverse backgrounds and specialist capabilities to deliver on its functions.

The Commission engages professional services firms to conduct internal audits. The internal auditors undertake reviews of systems and operations to ensure they are in place and working efficiently and effectively to satisfy the compliance requirements of the PGPA Act and associated regulations. The internal auditors report their findings and recommendations to the Risk and Audit Committee, and provide internal advice and assurance to the accountable authority.

A copy of the Risk and Audit Committee charter is available at <https://www.agedcarequality.gov.au/about-us/corporate-documents#risk-and-audit-committee-charter>

**Table 7: Membership of the Risk and Audit Committee**

Member name	Qualifications, knowledge, skills or experience	Number of meetings attended / total number of meetings*	Total annual remuneration (excluding GST)	Additional information
<b>Geoffrey Applebee</b>	FCA, FAICD. Retired senior partner of EY and previous registered company auditor. Experienced Company Director and audit committee chair for companies and agencies in private and public sectors over many years.	8/8	<b>\$18,700</b>	Chair
<b>Carol Lilley</b>	FCA. Retired partner of PwC and previous registered company auditor. Experienced independent Company Director and audit committee member. Undertakes quality assurance of financial statements for many government entities as part of audit committee work.	8/8	<b>\$14,000</b>	Deputy Chair
<b>Chris Champ</b>	FCPA Australia, 30 years in senior financial and regulatory roles. Prior experience with the Commission's predecessor organisations on audit committees and as Chief Financial Officer for 5 years.	8/8	<b>\$14,000</b>	N/A
<b>Peter Rayner</b>	FCPA Australia, FAICD. Experienced Company Director and Trustee – audit, risk and investment committees. Extensive private equity, company valuation, Chief Operating Officer and Chief Finance Officer experience. 20+ years domestic and international senior funds management roles (including as CEO Allianz Global Investors). Former manager at EY and Nelson Parkhill.	8/8	<b>\$14,000</b>	N/A

\* Meetings included briefing sessions and workshops relating to the Commission's operations.

## Fraud control

**Our fraud control plan is designed to prevent, detect, deter and deal with fraud in accordance with the requirements of section 10 of the PGPA Rule.**

It includes a:

- statement of the Commission's policy on, and approach to, fraud risks
- description of our fraud control responsibilities and strategies
- direction for fraud control, fraud response and fraud awareness
- description of fraud reporting obligations within the Commission.

Our fraud control strategy encompasses staff training in minimising the risk of fraud and corruption from both internal and external threats. Fraud awareness and security training is provided to staff as they join the Commission and on an ongoing basis, as required.

# Organisational chart



This organisational chart includes members of the leadership team and their position titles as at 30 June 2021.

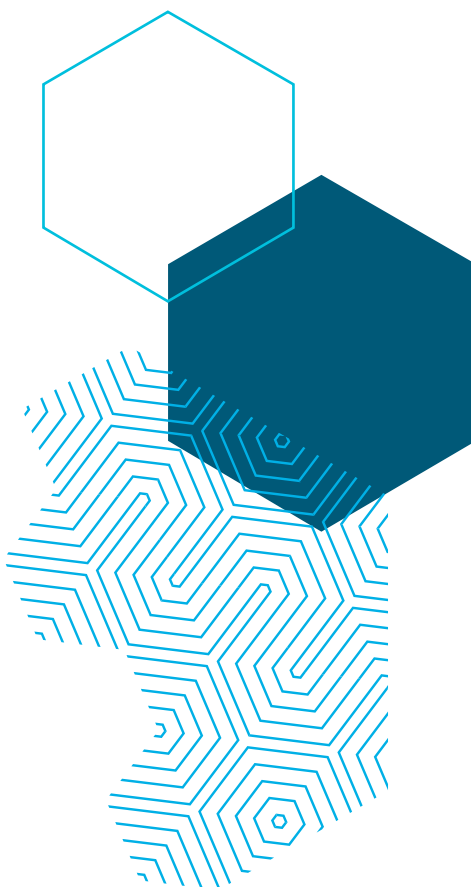
Members of the leadership team who served for part of the reporting period include:

- Shona Reid, Executive Director Performance, Education and Policy (Complaints Resolution) (1 July 2020 to November 2020)
- Christina Bolger, Executive Director Regulatory Policy and Performance (1 July 2020 to September 2020)

## Enabling legislation

**The Commission operates independently and objectively in performing its functions and exercising its powers as set out in the *Aged Care Quality and Safety Commission Act 2018* (ACQSC Act) and the *Aged Care Quality and Safety Commission Rules 2018* (the Rules).**

The Commission is an Australian Public Service (APS) agency that engages staff under the *Public Service Act 1999* (Public Service Act) and is subject to the PGPA Act.



## Our leadership team

### Aged Care Quality and Safety Commissioner

#### Janet Anderson PSM

Janet Anderson PSM has held leadership positions in Commonwealth and State/Territory health and aged care agencies for over 20 years.

Immediately prior to her appointment as inaugural Commissioner in January 2019, she was Deputy CEO and then acting CEO of the Northern Territory Department of Health. While in the Northern Territory, she was also in charge of leading the government's response to the Royal Commission into Child Protection and Youth Justice.

Previous roles held by Janet have included executive positions in the NSW Department of Health, Australian Government Department of Veterans' Affairs, and Australian Government Department of Health.

In 2009, Janet was awarded a Public Service Medal for her contributions to health system policy.



#### Role

The Commissioner is the statutory head of the Commission and is governed by the ACQSC Act and the Rules.

The Commissioner reports directly to the Minister for Senior Australians and Aged Care Services, and has the power to delegate to a member of staff any of the Commissioner's functions or powers under the Act or the Rules. The Commissioner is responsible for the performance of the functions set out in sections 16–20 of the Act, which include:

- protect and enhance the safety, health, wellbeing and quality of life of aged care consumers
- promote the provision of quality care and services
- consumer engagement, education and complaints resolution
- regulatory requirements of accreditation, quality assessment, monitoring, compliance and enforcement.

## Chief Clinical Advisor



### Dr Melanie Wroth

Dr Melanie Wroth graduated from the University of Sydney in 1981 and became a Fellow of the Royal Australasian College of Physicians in 1992. She began her longstanding involvement in medical care for older Australians in 1990.

Dr Wroth is a Senior Staff Specialist in Geriatric Medicine at Royal Prince Alfred Hospital. She has been extensively engaged in clinical teaching, especially in Geriatric Medicine, and is a Clinical Senior Lecturer in the Faculty of Medicine and Health, University of Sydney. She has been a consultant to the NSW Medical Council and is a senior member of the Guardianship Division of the NSW Civil and Administrative Tribunal.

### Role

The Chief Clinical Advisor is responsible for providing high level expert clinical advice to Commission staff, and assisting aged care providers to source and access guidance on best practice clinical care for people receiving aged care services. The role also works on a sector-wide basis to help raise awareness of clinical issues in aged care. This includes leading and supporting engagement with key stakeholders, with a particular focus on communicating with aged care providers, consumers, health professionals, and peak bodies representing both providers and consumers. Dr Wroth's role at the Commission is 0.8 full-time equivalent (FTE).



## Acting Chief Operating Officer

### Shelley Castree-Croad

Shelley Castree-Croad is a senior executive with a proven track record of lifting the performance of highly complex services through engaging staff, creating a shared vision, drive and creative thinking.

Prior to joining the Commission in September 2020, Shelley was the Chief Operating Officer at Austin Health in Victoria and previously held the role of Chief Executive Officer at Calvary Health Care Kogarah in NSW. Shelley is a Graduate of the Australian Institute of Company Directors and served on the Board of the Health Services Association of New South Wales and as an Alternate Director of the Victorian Comprehensive Cancer Centre.

Shelley's experience is underpinned by a Master of Health Administration, a Diploma in Professional Studies (Clinical Practice) and an extensive clinical background in critical care within Australia and the United Kingdom.



### Role

The Chief Operating Officer is the executive lead of the Commission's Corporate Services Group. The Corporate Services Group is responsible for supporting the Commission and enabling staff to deliver the Commission's purpose, through enhancing effectiveness, efficiency and safety; making the best use of resources and continuously improving performance; and enhancing, integrating and optimising the IT and corporate systems that support Commission staff.

## **Executive Director Approvals, Compliance and Investigations**



### **Ann Wunsch**

Prior to the formation of the Commission in January 2019, Ann Wunsch was the Executive Director of the Operations Branch in the Quality Agency. Prior to that, she held various roles in the Quality Agency's predecessor, the Accreditation Agency.

Before joining the Accreditation Agency in 2005, Ann worked in the NSW disability sector in a variety of roles from service management through to serving on boards of management. Ann has also worked in the NSW regulatory environment at the Community Services Commission and in a policy role at NSW Health.

Ann served as a part-time member of the NSW Administrative Decisions Tribunal for 10 years in the Guardianship and Protected Estates Division, where she heard appeals on guardianship matters.

Ann has been a surveyor for the International Society for Quality in Health Care (ISQua) since 2010 and currently represents the Commission on the ISQua Accreditation Council.

### **Role**

The Approvals, Compliance and Investigations Group (ACIG) undertakes compliance and enforcement activities. ACIG monitors provider compliance through a range of mechanisms, including information received from performance assessments against the Quality Standards, notifications of serious incidents and complaints. The information is assessed to determine the Commission's response based on the identified risks to care recipients.

The ACIG also reviews the financial operations of providers to ensure they are appropriately managing all fees and payments. The ACIG has the powers to undertake detailed investigations of providers where necessary. The ACIG also assesses and determines the suitability of incorporated organisations that apply to become an approved provider of home, flexible and residential care.

## **Executive Director Engagement and Education**



### **Pam Christie**

Pam Christie has extensive experience working across a variety of government, statutory and senior executive roles in the areas of regulation, and vocational education and training.

Prior to her role with the Commission from its commencement in January 2019, Pam worked as Executive Director, Regulatory Operations at the Australian Skills Quality Authority with responsibility for leading student-centred reforms to the national regulatory model.

Throughout her career, Pam has maintained a passion for changing lives and improving outcomes for individuals by accessing the best quality services to meet their needs.

Pam is a member of the Australian Institute of Company Directors, an Honorary Senior Fellow, L H Martin Institute, University of Melbourne, and a graduate of the ANZSOG Executive Fellows Program. Pam holds a Bachelor of Arts (Macquarie University), Diploma of Education (University of Sydney) and Graduate Diploma of Special Education (University of Wollongong).

### **Role**

The Engagement and Education Group is responsible for the Commission's communication and engagement with key internal and external stakeholders, including peak bodies and other representative groups to ensure best possible outcomes for people accessing aged care.

Functions include delivery of education and engagement activities, management of communications and media engagement, and provision of secretariat support for the Aged Care Quality and Safety Advisory Council and the Commission Consultative Forum.

## **Acting Executive Director Intake and Complaints Resolution**



### **Sally Ross**

Sally Ross has extensive experience in public administration in health and community services, including in complaints resolution, program management and delivery, and human resources management. Prior to taking on the acting role of Executive Director Intake and Complaints Resolution, Sally was Director Complaints Operations for NSW/ACT for 5 years. Sally holds a Bachelor of Arts (Hons) and a Graduate Diploma in Communications.

### **Role**

The Intake and Complaints Resolution Group is responsible for:

- managing contacts with the Commission from consumers, providers and other stakeholders who want to make enquiries, raise concerns, lodge complaints and/or provide feedback about an aged care service
- resolving concerns and complaints about an aged care service in a way that improves outcomes for individual consumers, and applying the outcomes of these processes to improve the quality of services for recipients across the sector
- helping consumers and their representatives by providing them with information, assistance and support to address their concerns or answer their questions about aged care
- taking actions to address risks to the health, safety and wellbeing of consumers.

**Executive Director  
Organisational and  
Workforce Development**

**Nicola Dunbar**

Nicola Dunbar has a background in health research, program management and policy development, and has worked for government, universities and non-government organisations at local, state and national levels. She has a PhD in neuropsychology and HIV infection, and a Master of Policy.

Prior to joining the Commission in February 2019, she spent 12 years at the Australian Commission on Safety and Quality in Health Care as its Director of Strategy.



**Role**

The Organisational and Workforce Development Group ensures the Commission has capable, effective and engaged staff, promotes the safety and wellbeing of our staff to enable them to perform at their best, and cultivates a work environment that supports the Commission to be high performing with a shared culture and values.

## **Executive Director Quality Assessment and Monitoring**



### **Anthony Speed**

Anthony Speed has over 25 years' experience in health and social services policy design, program delivery and regulatory roles.

Prior to joining the Commission, Anthony worked in senior executive roles in the Australian Government Department of Health, where he most recently led the Aged Care Compliance functions before transitioning to the Commission on 1 January 2020. He previously worked across the Health portfolio in a National Health Reform executive role, and as state manager with a primary focus on stakeholder engagement and policy delivery in several states. Prior to the APS, Anthony worked in health promotion roles in the community sector and has served as a board member for several not-for-profit organisations.

Anthony holds a Bachelor of Arts (Hons) and a Master of Public Administration (ANZSOG, Monash).

### **Role**

The Quality Assessment and Monitoring Group holds providers accountable for delivering quality care and services, in line with the Quality Standards, through assessment and monitoring of the quality of care and services delivered by aged care providers which receive Commonwealth funding; and accreditation of residential aged care services.

## **Executive Director Regulatory Policy and Intelligence**



### **Emma Jobson**

Emma Jobson has over 20 years' experience working across health and social services in policy design, program implementation and service delivery.

Prior to joining the Commission, Emma undertook senior executive roles in the Australian Government Department of Health, including as State Manager of the NSW/ACT Office where she led the implementation of aged care regulation, and health care programs. She later held national roles leading the design and implementation of regulation in aged care compliance. Emma has also held corporate leadership roles and brings expertise in organisational redesign, capacity building and change management.

Emma has a Bachelor of Social Work (Hons) from the University of NSW.

### **Role**

The Regulatory Policy and Intelligence Group is responsible for:

- establishing and influencing legislation, regulatory reform, policies and procedures, and rules and standards
- guiding and supporting regulatory teams to ensure that regulatory practice is lawful, best practice, timely, proportionate, consistent and accurate
- developing policy and tools to focus the Commission's activities on the areas of greatest risk to consumers
- providing insights on sector performance to drive a learning system in the delivery of quality care
- leading internal quality assurance and continuous improvement through oversight and review of decision-making, and translating this into learning and improvements in regulation and practice
- forming strategic and research partnerships to develop, inform and enhance sector performance and regulatory practice.

# Aged Care Quality and Safety Advisory Council

**The Aged Care Quality and Safety Advisory Council (Advisory Council) is established under section 37 of the ACQSC Act. Council members have a wealth of knowledge and experience in aged care, with diverse backgrounds in areas including clinical care, service delivery and consumer representation.**

The legislated functions of the Advisory Council are:

- On its own initiative or at the request of the Commissioner, to provide advice to the Commissioner in relation to the Commissioner's functions.
- At the request of the Minister, to provide advice to the Minister about matters arising in relation to the performance of the Commissioner's functions.

The Advisory Council met 6 times in 2020–21. The Advisory Council members for this period were:

- Ms Andrea Coote (Chair)
- Ms Carolanne Barkla
- Dr Matthew Cullen
- Ms Sally Evans
- Dr Dorothy Jones
- Professor Susan Kurrle
- Ms Maree McCabe AM
- Mr Paul Sadler
- Mr Ian Yates AM
- Ms Janet Anderson PSM, Commissioner (ex-officio)
- Dr Melanie Wroth, Chief Clinical Advisor (ex-officio)
- Ms Amy Laffan, Department of Health (ex-officio).



The Advisory Council considered the final report of the Royal Commission into Aged Care Quality and Safety and the government's response, and provided advice to the Commissioner on the priority issues for the Commission. Other strategic issues discussed by the Advisory Council in 2020–21 included:

- the Commission's response to the COVID-19 pandemic, challenges faced by the sector and lessons learned
- expansion of the Commission's regulatory powers
- regulation of aged care home services
- introduction of the SIRS
- preparation of the Commission's 2020–21 Corporate Plan.

The Advisory Council continues to support the Commission's important role in contributing to the implementation of the government's 5-year, 5-pillar aged care reform plan.

## Commission Consultative Forum

The Aged Care Quality and Safety Commission Consultative Forum (Consultative Forum) was established in 2019 to seek feedback on the Commission's policies and approach from key stakeholders, and to discuss emerging issues in the aged care sector.

Membership of the Consultative Forum comprises national consumer and provider peak bodies and the Department of Health. Meetings are chaired by the Commissioner and are held 3 to 4 times a year.

Consulting and engaging with consumer and industry groups about improving the quality of aged care supports the Commission's role and functions.

The Consultative Forum provides a valuable mechanism for 2-way communication and feedback between key stakeholders and the Commission, at a national level.

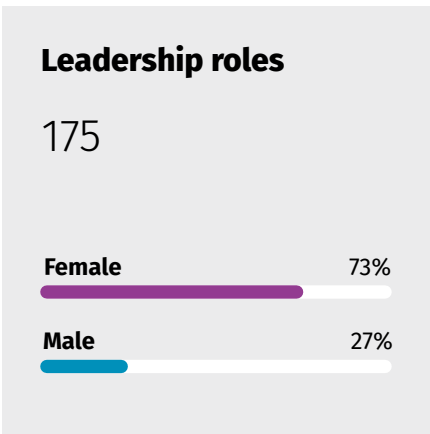
The Consultative Forum provides a sector-wide setting for discussion on issues relevant to the Commission's functions and ensures relevant viewpoints of key stakeholders are understood and considered by the Commission.

# Management of human resources

**Our staff are our greatest asset, and we continually develop and build their capabilities.**

The following sections provide key workforce statistics and other key indicators of effectiveness in managing and developing employees to achieve our objectives, including:

- workplace arrangements
- our approach to learning and development
- staff engagement
- work health and safety
- diversity.



**Workforce planning, staff retention and turnover**

At 30 June 2021, our headcount of APS staff was 590.

Our workforce also included 232 contracted staff, being 28% of the total workforce.

Of our 590 APS headcount:

- 88% are full-time employees
- 96% are ongoing employees
- 75% are female
- leadership roles range from EL 1 to SES level and are held by 175 staff, of which 73% are female and 27% male
- 37% are quality assessors
- 25% are complaints officers.

There was a total of 78 separations during the reporting period, of which:

- 9 were non-ongoing employees, 69 were ongoing
- 18 were executive level employees, 60 were APS level employees
- 28 were quality assessors
- 26 were complaints officers.

## Workforce statistics

**Table 8: All ongoing employees current report period (2020–21)**

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
NSW	46	3	49	114	22	136	–	–	–	185
QLD	18	1	19	58	13	71	–	–	–	90
SA	12	–	12	46	5	51	–	–	–	63
TAS	12	–	12	27	1	28	–	–	–	40
VIC	23	1	24	59	10	69	–	–	–	93
WA	8	–	8	19	5	24	–	–	–	32
ACT	19	1	20	37	7	44	–	–	–	64
NT	–	–	–	–	1	1	–	–	–	1
External territories	–	–	–	–	–	–	–	–	–	–
OS	–	–	–	–	–	–	–	–	–	–
<b>Total</b>	<b>138</b>	<b>6</b>	<b>144</b>	<b>360</b>	<b>64</b>	<b>424</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>568</b>

**Table 9: All non-ongoing employees current report period (2020–21)**

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
NSW	1		1	6	1	7	–	–	–	8
QLD	1	–	1	4	2	6	–	–	–	7
SA	–	–	–	–	–	–	–	–	–	–
TAS	1	–	1	–	–	–	–	–	–	1
VIC	1	–	1	–	–	–	–	–	–	1
WA	–	–	–	–	–	–	–	–	–	–
ACT	1	–	1	4	–	4	–	–	–	5
NT	–	–	–	–	–	–	–	–	–	–
External territories	–	–	–	–	–	–	–	–	–	–
OS	–	–	–	–	–	–	–	–	–	–
<b>Total</b>	<b>5</b>	<b>–</b>	<b>5</b>	<b>14</b>	<b>3</b>	<b>17</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>22</b>

Table 10: All ongoing employees previous report period (2019–20)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
NSW	47	3	50	95	21	116	–	–	–	166
QLD	12	1	13	43	15	58	–	–	–	71
SA	9	–	9	35	7	42	–	–	–	51
TAS	4	–	4	12	–	12	–	–	–	16
VIC	24	1	25	53	13	66	–	–	–	91
WA	7	–	7	20	6	26	–	–	–	33
ACT	19	3	22	42	7	49	–	–	–	71
NT	–	–	–	–	–	–	–	–	–	–
External territories	–	–	–	–	–	–	–	–	–	–
OS	–	–	–	–	–	–	–	–	–	–
Total	122	8	130	300	69	369	–	–	–	499

Table 11: All non-ongoing employees previous report period (2019–20)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
NSW	2	–	2	3	1	4	–	–	–	6
QLD	–	–	–	2	1	3	–	–	–	3
SA	–	–	–	–	–	–	–	–	–	–
TAS	1	–	1	–	–	–	–	–	–	1
VIC	–	–	–	–	1	1	–	–	–	1
WA	–	–	–	1	–	1	–	–	–	1
ACT	–	–	–	4	1	5	–	–	–	5
NT	–	–	–	–	–	–	–	–	–	–
External territories	–	–	–	–	–	–	–	–	–	–
OS	–	–	–	–	–	–	–	–	–	–
Total	3	–	3	10	4	14	–	–	–	17

## Australian Public Sector (APS) classification and gender

**Table 12: Australian Public Service Act ongoing employees  
current report period (2020–21)**

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
SES 3	–	–	–	–	–	–	–	–	–	–
SES 2	–	–	–	–	–	–	–	–	–	–
SES 1	1	–	1	4	–	4	–	–	–	5
EL 2	13	–	13	26	1	27	–	–	–	40
EL 1	31	–	31	71	18	89	–	–	–	120
APS 6	49	4	53	96	31	127	–	–	–	180
APS 5	6	–	6	26	2	28	–	–	–	34
APS 4	4	1	5	18	3	21	–	–	–	26
APS 3	1	1	2	10	3	13	–	–	–	15
APS 2	–	–	–	–	–	–	–	–	–	–
APS 1	–	–	–	–	–	–	–	–	–	–
Other*	33	–	33	109	6	115	–	–	–	148
<b>Total</b>	<b>138</b>	<b>6</b>	<b>144</b>	<b>360</b>	<b>64</b>	<b>424</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>568</b>

\* Other (Legal, Quality Surveyor and Senior Quality Surveyor).

**Table 13: Australian Public Service Act non-ongoing employees  
current report period (2020–21)**

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
SES 3 <sup>4</sup>	–	–	–	–	–	–	–	–	–	–
SES 2	–	–	–	–	–	–	–	–	–	–
SES 1	–	–	–	1	–	1	–	–	–	1
EL 2	–	–	–	–	–	–	–	–	–	–
EL 1	–	–	–	1	–	1	–	–	–	1
APS 6	3	–	3	3	–	3	–	–	–	6
APS 5	1	–	1	5	1	6	–	–	–	7
APS 4	–	–	–	–	–	–	–	–	–	–
APS 3	1	–	1	–	–	–	–	–	–	1
APS 2	–	–	–	–	–	–	–	–	–	–
APS 1	–	–	–	–	–	–	–	–	–	–
Other	–	–	–	4	2	6	–	–	–	6
<b>Total</b>	<b>5</b>	<b>–</b>	<b>5</b>	<b>14</b>	<b>3</b>	<b>17</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>22</b>

<sup>4</sup> This total differs from the total non-ongoing SES 3 printed in the 2019–20 Annual Report (at Table 13) as the Commissioner was recorded against an SES 3. The Commissioner holds a statutory officer position.



**Table 14: Australian Public Service Act ongoing employees previous report period (2019–20)**

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
SES 3	–	–	–	–	–	–	–	–	–	–
SES 2	–	–	–	–	–	–	–	–	–	–
SES 1	1	–	1	6	–	6	–	–	–	7
EL 2	9	–	9	26	1	27	–	–	–	36
EL 1	33	2	35	56	11	67	–	–	–	102
APS 6	69	4	73	168	45	213	–	–	–	286
APS 5	5	–	5	18	3	21	–	–	–	26
APS 4	3	1	4	14	3	17	–	–	–	21
APS 3	2	1	3	12	6	18	–	–	–	21
APS 2	–	–	–	–	–	–	–	–	–	–
APS 1	–	–	–	–	–	–	–	–	–	–
Other*	–	–	–	–	–	–	–	–	–	–
<b>Total</b>	<b>122</b>	<b>8</b>	<b>130</b>	<b>300</b>	<b>69</b>	<b>369</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>499</b>

\* Other (Senior Quality Surveyor, Medical Officer).

**Table 15: Australian Public Service Act non-ongoing employees previous report period (2019–20)**

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
SES 3	–	–	–	1	–	1	–	–	–	1
SES 2	–	–	–	–	–	–	–	–	–	–
SES 1	–	–	–	–	1	1	–	–	–	1
EL 2	1	–	1	1	–	1	–	–	–	2
EL 1	–	–	–	–	–	–	–	–	–	–
APS 6	1	–	1	5	3	8	–	–	–	9
APS 5	–	–	–	2	–	2	–	–	–	2
APS 4	–	–	–	1	–	1	–	–	–	1
APS 3	1	–	1	–	–	–	–	–	–	1
APS 2	–	–	–	–	–	–	–	–	–	–
APS 1	–	–	–	–	–	–	–	–	–	–
Other	–	–	–	–	–	–	–	–	–	–
<b>Total</b>	<b>3</b>	<b>–</b>	<b>3</b>	<b>10</b>	<b>4</b>	<b>14</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>17</b>

## Employment type by full-time and part-time status

**Table 16: Australian Public Service Act employees  
by full-time and part-time status current report period (2020–21)**

	Ongoing			Non-Ongoing			Total
	Full-time	Part-time	Total ongoing	Full-time	Part-time	Total non-ongoing	
SES 3	–	–	–	–	–	–	–
SES 2	–	–	–	–	–	–	–
SES 1	5	–	5	1	–	1	6
EL 2	39	1	40	–	–	–	40
EL 1	102	18	120	1	–	1	121
APS 6	145	35	180	6	–	6	186
APS 5	32	2	34	6	1	7	41
APS 4	22	4	26	–	–	–	26
APS 3	11	4	15	1	–	1	16
APS 2	–	–	–	–	–	–	–
APS 1	–	–	–	–	–	–	–
Other	142	6	148	4	2	6	154
<b>Total</b>	<b>498</b>	<b>70</b>	<b>569</b>	<b>19</b>	<b>3</b>	<b>22</b>	<b>590</b>

**Table 17: Australian Public Service Act employees  
by full-time and part-time status previous report period (2019–20)**

	Ongoing			Non-Ongoing			Total
	Full-time	Part-time	Total ongoing	Full-time	Part-time	Total non-ongoing	
SES 3	–	–	–	1	–	1	1
SES 2	–	–	–	–	–	–	–
SES 1	7	–	7	–	1	1	8
EL 2	35	1	36	2	–	2	38
EL 1	89	13	102	–	–	–	102
APS 6	237	49	286	6	3	9	295
APS 5	23	3	26	2	–	2	28
APS 4	17	4	21	1	–	1	22
APS 3	14	7	21	1	–	1	22
APS 2	–	–	–	–	–	–	–
APS 1	–	–	–	–	–	–	–
Other	–	–	–	–	–	–	–
<b>Total</b>	<b>422</b>	<b>77</b>	<b>499</b>	<b>13</b>	<b>4</b>	<b>17</b>	<b>516</b>

## Employment by location

**Table 18: Australian Public Service Act employment type by location  
current report period (2020–21)**

	Ongoing	Non-Ongoing	Total
NSW	185	8	193
QLD	90	7	97
SA	63	–	63
TAS	40	1	41
VIC	93	1	94
WA	32	–	32
ACT	64	5	69
NT	1	–	1
External Territories	–	–	–
Overseas	–	–	–
<b>Total</b>	<b>568</b>	<b>22</b>	<b>590</b>

**Table 19: Australian Public Service Act employment type by location previous report period (2019–20)**

	Ongoing	Non-Ongoing	Total
NSW	166	6	172
QLD	71	3	74
SA	51	–	51
TAS	16	1	17
VIC	91	1	92
WA	33	1	34
ACT	71	5	76
NT	–	–	–
External Territories	–	–	–
Overseas	–	–	–
<b>Total</b>	<b>499</b>	<b>17</b>	<b>516</b>

## Indigenous employment

**Table 20: Australian Public Service Act Indigenous employment  
current report period (2020–21)**

	Total
Ongoing	5
Non-ongoing	–
<b>Total</b>	<b>5</b>

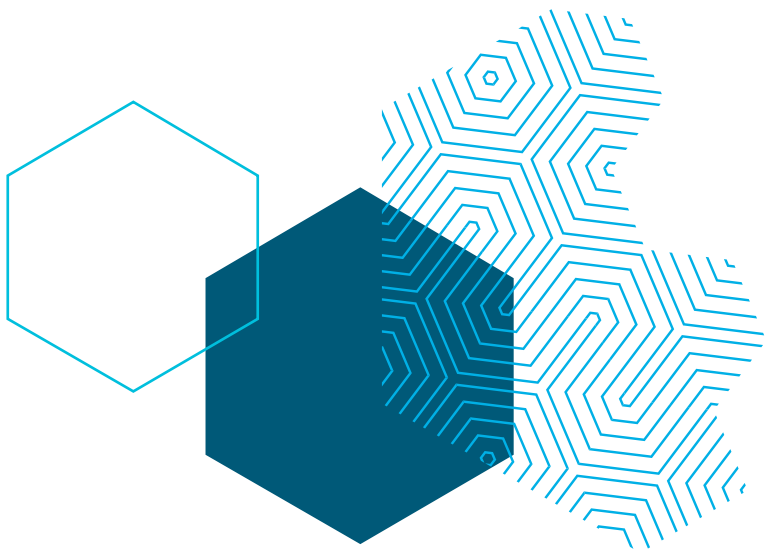
**Table 21: Australian Public Service Act Indigenous employment  
previous report period (2019–20)**

	Total
Ongoing	3
Non-ongoing	1
<b>Total</b>	<b>4</b>

## Employment arrangements of SES and non-SES employees

**Table 22: Australian Public Service Act employment arrangements  
current report period (2020–21)**

	SES	Non-SES	Total
Individual flexibility agreement	–	4	4
<b>Total</b>	<b>–</b>	<b>4</b>	<b>4</b>





## Salary ranges by classification level

**Table 23: Australian Public Service Act employment salary ranges by classification level (minimum/maximum) current report period (2020–21)**

	Minimum salary \$	Maximum salary \$
SES 3	–	–
SES 2	–	–
SES 1	–	–
EL 2	122,306	144,804
EL 1	102,512	116,916
APS 6	83,420	94,110
APS 5	74,518	80,588
APS 4	69,523	73,459
APS 3	61,364	68,017
APS 2	53,100	57,946
APS 1	45,434	51,026
Other	–	–
Minimum/maximum range	–	–

## Key management personnel

The Commission provides the following information about remuneration for senior executives.

### Policies and practices

Under section 24 of the ACQSC Act, the Minister for Senior Australians and Aged Care appointed the Commissioner of the Commission. The terms and conditions of this appointment are determined in accordance with the Remuneration Tribunal Amendment Determination (No. 4) 2018.

Senior executives (SES employees) are employed under section 22 of the Public Service Act. Remuneration of SES employees is determined by the Commissioner in accordance with the Commission's SES employees' remuneration, conditions and performance policy and the APS Executive Remuneration Policy. Their terms and conditions of employment are provided through a section 24(1) determination under the Public Service Act.

The section 24(1) determination includes:

- annual salary
- superannuation arrangements
- provision for parking of the employee's vehicle
- leave, official travel and other entitlements in accordance with the Commission's applicable policies and guidelines
- flexible working arrangements (where applicable).

Other highly paid staff are remunerated under the terms and conditions of the Commission's Enterprise Agreement 2019–2022, which may be varied by an Individual Flexibility Arrangement (IFA) as per the provisions of Schedule 2.2 of the Fair Work Regulations 2009, if approved by the Commissioner. An IFA needs to meet the genuine needs of the Commission and the employee, is mutually agreed, and is based on capability, experience and qualifications of the employee.

## Executive remuneration

**Table 24: Information about remuneration for key management personnel current report period (2020–21)**

Key management personnel	Short-term benefits		Post-employment benefits	Other long-term benefits	Termination benefits	Total remuneration
Name and position title	Base salary \$	Other benefits and allowances \$	Superannuation \$	Long service leave \$	\$	\$
<b>Janet Anderson</b> Commissioner	417,196	–	64,453	8,538	–	<b>490,187</b>
<b>Dr Melanie Wroth</b> Chief Clinical Advisor	222,749	26,914	36,902	5,306	–	<b>291,871</b>
<b>Shona Reid</b> Executive Director	74,355	11,819	14,234	2,321	134,848	<b>237,577</b>
<b>Pam Christie</b> Executive Director	249,903	–	38,293	6,213	–	<b>294,409</b>
<b>Christina Bolger</b> Executive Director	43,648	–	7,369	1,385	–	<b>52,402</b>
<b>Ann Wunsch</b> Executive Director	211,219	–	34,057	5,526	–	<b>250,802</b>
<b>Emma Jobson</b> Executive Director	166,208	24,920	32,444	4,298	–	<b>227,870</b>
<b>Shelley Castree-Croad</b> Chief Operating Officer (acting)	189,182	–	27,208	4,313	–	<b>220,703</b>
<b>Anthony Speed</b> Executive Director	192,749	24,920	34,728	4,900	–	<b>257,297</b>
<b>Totals</b>	<b>1,767,209</b>	<b>88,573</b>	<b>289,688</b>	<b>42,800</b>	<b>134,848</b>	<b>2,323,118</b>

Note: minor differences between this table and the Annual Financial Statements are due to rounding.

### Governance arrangements

The Commissioner has the authority to determine the remuneration for key management personnel, senior executives and other highly paid employees under section 24(1) of the Public Service Act.



### Basis of determining remuneration

The Commissioner determines executive remuneration individually for each executive level employee under the Commission’s section 24(1) determination, considering the APS Executive Remuneration Management Policy and other guidance provided by the Australian Public Service Commission.

The SES employees’ remuneration, conditions and performance policy does not allow for any bonus component related to performance. Progression to a higher salary is based on an annual performance assessment conducted in July under the Performance Development Scheme (PDS) in place for all SES employees. Salary progression is not automatic.

The preceding tables provide disaggregated information related to Commission executive remuneration for the reporting period (2020–21).

# Workplace arrangements

## Recruitment

Applicants are assessed on their demonstrated ability, skills, knowledge, experience and qualifications to perform the role. These requirements are in line with the APS Work Level Standards.

We have undertaken 3 quality assessor recruitment rounds and 6 complaints officer recruitment rounds in 2020–21. As a result, we have engaged 55 quality assessors and 23 complaints officers nationally as APS employees. We also engaged 10 compliance officers.

Table 25: Recruitment per state (2020–21)

	Snr/Quality assessor	Complaints officer	Compliance officer
NSW	20	2	4
QLD	15	11	0
SA	3	3	2
TAS	–	1	2
VIC	11	4	0
WA	4	2	1
ACT	2	0	1
NT	–	–	–
Total	55	23	10

## **Salary ranges and advancement**

The Commission's Enterprise Agreement 2019–2022 details our classification structure and salaries.

The opportunity for salary advancement for employees occurred in the first full pay period in August 2020.

The Commission does not pay performance pay.

## **Our approach to learning and development**

We identify individual job capabilities, functions and roles to effectively manage the Commission's business. Our aim is to have a dynamic and educated workforce that meets our capability requirements now and into the future.

We continued to provide a wide range of learning and development opportunities to all staff. We use Learnhub as a core learning platform for the induction of new starters. All staff are required to complete mandatory learning modules and we continually add and update modules to ensure we are compliant with regulation.

During 2020–21, we incorporated the updated APS induction modules in our suite of Learnhub training modules. The centrepiece of the APS induction program is 12 dynamic and interactive eLearning modules aimed at improving the induction experience for those new to the APS.

Quality assessors are required to complete the Quality Assessor Training Program. This 4-week induction program provides new quality assessors with the basic knowledge needed for their role, and successful completion is a requirement for registration as a quality assessor. In 2020–21, the training program was reviewed and strengthened to improve job-readiness for new quality assessors.

Employee pursuit of professional qualifications continues to be supported.

In 2020–21, 8 staff accessed study assistance and/or study leave, and 32 days of study leave was approved. There were 12 requests approved for individuals to participate in external learning events including workshops, courses and conferences.

## **Staff engagement**

Engagement with staff continued to be an important focus for the Commission with new ways of informing, consulting and engaging teams throughout the year.

In 2021, extensive consultation occurred to inform the development of a People Strategy. All staff had the opportunity to participate in focus groups held in April and design sessions in June 2021, to contribute to the strategic approach and specific initiatives we will undertake over the next 3 years to support and strengthen our workforce.

In May 2021, staff participated in discussions about the strategic direction and key activities of the Commission to contribute to the development of our 2021–22 Corporate Plan.

The Commissioner met in person with staff in all 11 sites across the country in May 2021 to discuss the government's 2020–21 Budget, its response to the final report and recommendations of the Royal Commission, and the aged care reform package.

## Monthly webinars

Monthly all-staff webinars continued in 2020–21. During the webinars, staff heard from the Commissioner and other members of the National Leadership Group about important issues, strategic updates and innovative initiatives from across the Commission.

Feedback from staff has been positive with many valuing the opportunity to hear directly from the Commissioner in this online format.

## Commission Conversations

Commission Conversations are regular informal sessions that provide an opportunity for staff to hear about key priorities and events, ask questions and talk about issues. They are designed to be a 2-way dialogue about happenings, experiences and ideas. The sessions are held every 3 weeks and generally involve 100–200 participants.

## National Leadership Group

The National Leadership Group consists of the Executive Leadership Group as well as EL 2 officers. The group met monthly, via video conference, to discuss strategic issues impacting the Commission, and to share information, insights and innovation.

## Staff Participation Forum

The Commission's Staff Participation Forum is its peak employee consultation mechanism. The forum provides a means for consulting with employees about proposed changes to workplace policies, the enterprise agreement, and issues and events of significance to the whole of the Commission.

The forum comprises staff, management and union representatives, and met quarterly via an online platform.

## Innovation Corner

We established a suggestion box, called Innovation Corner, for staff to contribute ideas to improve how we do things at the Commission. Ideas are reviewed by relevant directors to determine whether and how they can be acted on. The best ideas will be acknowledged at the end-of-year staff recognition event.

## Work Health and Safety (WHS)

***The Safety, Rehabilitation and Compensation Act 1988 (SRC Act) contains the workers' compensation scheme for employees of the Australian Government.***

The SRC Act provides rehabilitation and workers' compensation to employees covered by the scheme for a work-related injury or illness. The Commission is covered by Comcare for the management of its workers' compensation liability. Within the Commonwealth jurisdiction, Comcare administers the *Work Health and Safety Act 2011* (WHS Act) and *Work Health and Safety Regulations 2011* (WHS Regulations), which implement the model work health and safety laws.

We are committed to providing and maintaining a safe and healthy workplace and meeting our responsibilities under the SRC Act, WHS Act and WHS Regulations. There were 102 incidents and early intervention cases lodged during 2020–21 and 4 workers' compensation claims submitted, 2 of which were accepted, one declined, and one transferred from another APS agency. A total of 852 days were lost due to compensable injuries, incurring a total cost of \$205,540.74 in incapacity payments.



We have an early intervention program in place that provides support and injury management assistance for injured or ill employees as soon as possible after an injury or illness occurs. The injury or illness may be sustained at work, or be a non-work-related condition, which is impacting the employee's ability to remain at or be engaged in work. The early intervention strategy enables us to manage cases without them requiring to be lodged as workers' compensation claims, and facilitates early return to work through rehabilitation assessment, return to work plans and flexible working arrangements. There has been an increase in uptake of early intervention assistance enabling our employees to work safely and be well supported in the management of their illness or injury.

An Employee Assistance Program (EAP) is available for all workers including contractors. The utilisation rate of EAP for 2020–21 was 7.41%. EAP team support sessions were run through the year, including programs on:

- Self-care through COVID-19
- Burnout and compassion fatigue
- Resilience through change
- Positive leadership
- Effective teams for greater performance.

We provide all staff including ongoing, non-ongoing and contractor staff with a free annual influenza vaccination. In 2020–21, the influenza vaccination program included in-office clinics and pharmacy vouchers managed by an external provider, or reimbursement for vaccinations received from a GP or other private provider. Work time was provided for staff to receive the influenza vaccination. The influenza vaccination take-up rate as at 30 June 2021 was 61%.

Under our Vaccination Policy, all field staff who may visit residential aged care facilities in the course of their work are required to have a seasonal influenza vaccination unless they provide evidence of a medical contraindication. We strongly recommend that all staff are vaccinated against COVID-19 as it becomes available under the national vaccination rollout strategy. Mirroring requirements for aged care workers, from 17 September 2021, the Commission's field staff will be required to be vaccinated against COVID-19.

# Diversity

**We value the diversity of our staff. Our Respectful Workplace Framework was established to embrace and value differences in our workplace, such as age, gender and race. The framework is part of our commitment to fostering a diverse and inclusive workplace.**

We welcome and actively encourage applications from people with disability, people from multicultural communities, and people from Aboriginal and Torres Strait Islander backgrounds. We recognise the richness of diversity and the unique knowledge all employees can bring to our workplace, policy development and service delivery.

All our employees are required to complete mandatory online courses about Diversity and Discrimination and also Diversity and Inclusion, which is part of the induction for new starters.

One of the goals of our newly developed People Strategy 2021–2024 is to enable diverse and capable people to join the Commission by diversifying the use of recruitment channels and creating strategies to attract specific diversity cohorts. One such strategy is to build Indigenous employment opportunities in our organisation. We aim to reach 3% Indigenous participation in our workforce, in line with APS targets, by promoting targeted entry pathways into the Commission for Indigenous Australians and investing in capability and career development to increase retention rates of Indigenous employees.

In 2021, the Commission is participating in the Indigenous Australian Government Development Program (IAGDP) as an entry pathway for Indigenous Australians to gain employment in the Commission. The IAGDP will provide participants with the opportunity for ongoing permanent employment in the Commission as well as the opportunity to study and obtain a diploma qualification that will enhance their skills and support their continued development. We established an Indigenous Staff Network to guide our journey of cultural growth through the provision of peer support for our Aboriginal and Torres Strait Islander staff, and provide advice on building our cultural competence and advancing our Reconciliation Action Plan.

Events have been organised to celebrate diversity, including NAIDOC Week and International Women's Day. Other events usually held across the Commission were suspended due to working from home arrangements invoked in response to COVID-19.

## Staff with carer responsibilities

Through the *Carer Recognition Act 2010* (the Carers Act) and the *Carer Recognition Act 2010 Guidelines April 2016*, the Australian Government recognises the contribution made by unpaid carers.

The aim of the Carers Act is to increase recognition and awareness of the role carers play in providing daily care and support to people with disability, a medical condition, mental illness or who are frail and aged. We recognise the need of some of our employees to provide care, support and assistance in the role of carer.

**We support access to personal/ carers leave for all employees. Our enterprise agreement has provisions for personal/ carers leave and flexible working hours to manage carer responsibilities.**

In 2020–21, 299 staff (50.7% of the Commission's employees), of whom 79 (26.4%) were males, accessed carers leave. There was a total of 660 days taken as carers leave, and 98 of those days were taken by males. We will continue to foster an organisational culture in which carers are encouraged and supported.

## Indigenous staff

In March 2015, the government announced a new target of 3% Aboriginal and Torres Strait Islander representation in the Commonwealth public sector by 2018. To monitor progress against the target, Aboriginal and Torres Strait Islander representation is to be reported.

Our staff can nominate as being either of Aboriginal or Torres Strait Islander origin and 5 staff members (0.85%) have done so in the reporting period.

In 2020–21, the organisation implemented a number of strategies and activities to recruit and retain Aboriginal and Torres Strait Islander staff. These included:

- The establishment and support of an Indigenous Staff Network and Friends of Indigenous Staff Network to promote awareness of Indigenous issues and provide a forum for staff support and engagement.
- The development of a draft Reconciliation Action Plan to document the Commission's commitment to specific reconciliation activities that the organisation will take in 2021–22.

- Participation in the IAGDP to increase entry pathways to the Commission for Indigenous Australians.
- Specific activities to promote inclusive practices including production of communication materials, and distribution of Acknowledgement of Country cards and lanyards for use by all staff.

## Reporting on disability

*The Commonwealth Disability Strategy 2010–20* sets out a 10-year national policy framework to improve the lives of people with disability, promote participation and create a more inclusive society. Reports tracking progress against each of the 6 outcome areas of the strategy are available at [dss.gov.au](https://dss.gov.au).

We offer employees reasonable adjustment in the workplace and accessible workplaces.

## External scrutiny

### Office of the Australian Information Commissioner decisions

We were notified of 2 new review applications before the Office of the Australian Information Commissioner in the period from 1 July 2020 to 30 June 2021. One of these was finalised in the period by the Information Commissioner after receipt of the Commission's initial submissions. The other review is awaiting a decision by the Information Commissioner.

We carried over one Information Commissioner review of an FOI decision made by the Commission in the previous financial year. This outstanding review is awaiting a decision by the Information Commissioner.

### Commonwealth Ombudsman

The Commonwealth Ombudsman commenced 4 investigations under section 8 of the *Ombudsman Act 1976* and made 13 section 7A preliminary inquiries about how we handle specific complaints. We provided information in response to all 17 matters and were subsequently advised by the Ombudsman that no further action was required in relation to 16 of these cases. One matter was carried over to the following year.

### Regulator performance framework

We are accountable to the government for our performance as a regulator. The Australian Government's Regulator Performance Framework (RPF) sets out the government's expectations of Commonwealth regulators. The RPF encourages regulators to undertake their functions with minimum impact to achieve regulatory objectives, and give businesses and the community confidence that regulators effectively and flexibly manage risk.

From 1 July 2021, entities with regulatory functions will no longer be required to produce a standalone performance report as required under the previous 2014 RPF. Instead, regulator performance reporting will be incorporated into an entity's reporting processes (with a focus on the corporate plan and annual report – including annual performance statement), as required under the PGPA Act and PGPA Rule.

## Parliamentary accountability

We appear before parliamentary committees to answer questions about our role and functions.

During 2020–21, the Commissioner appeared at parliamentary committee hearings for:

- Senate Select Committee on COVID-19 on:
  - 4 August 2020
  - 21 August 2020
  - 29 September 2020.
- Standing Committee on Social Policy and Legal Affairs Inquiry into family, domestic and sexual violence on 17 November 2020.

During 2020–21, the Commissioner appeared before the Community Affairs Legislation Committee for:

- 2020–21 Budget Estimates on 27 October 2020
- 2020–21 Additional estimates on 24 March 2021 and 3 May 2021
- 2021–22 Budget Estimates hearing on 2 June 2021.

## Royal Commission into Aged Care Quality and Safety

The Royal Commission’s final report, *Care, Dignity and Respect* was released on 1 March 2021. Further information is provided in the Overview section.

## Administrative Appeals Tribunal (AAT)

There were 4 active matters during the 2020–21 financial year.

One of the 4 was under review at the AAT at the commencement of the financial year and remains open pending decision of the Tribunal. Of the remaining 3, one was finalised during the period with the applicant withdrawing their application, and the other 2 were still in progress as at 30 June 2021.

# Assessment of effectiveness of assets management

This item is not applicable because assets management is not a significant aspect of the strategic business of the Commission and none of the asset base has a life of 50 years or greater.



# Purchasing

The Commission’s approach to procurement activity is driven by the core principles of the Commonwealth’s financial management framework. The framework encourages competition, value for money, transparency and accountability, as well as the efficient, effective, ethical and economical use of Commonwealth resources.

During 2020–21, the Commission made further investment in procurement resources to support officers and delegates undertaking complex procurement activities and commence an update of internal procurement tools and resources.



# Consultancies

**Decisions to engage consultants during 2020-21 were made in accordance with the PGPA Act and related regulations including the Commonwealth Procurement Rules and relevant internal policies. The Commission selects consultants through the use of panel arrangements or by making an open approach to market.**

The Commission contracts providers of professional services after considering the skills and resources required for the task, internal capacity and the cost effectiveness of contracting an external service provider.

## Expenditure on reportable consultancy contracts

No consultancy contracts were entered into during 2020-21.

## Expenditure on reportable non-consultancy contracts

During 2020-21, 355 reportable non-consultancy contracts were entered into involving expenditure of \$32,646,024, together with 15 ongoing reportable non-consultancy contracts with expenditure during 2020-21 of \$1,309,792.

Annual reports contain information about actual expenditure on reportable consultancy and non-consultancy contracts. Information on the value of reportable consultancy and non-consultancy contracts is available on the AusTender website.

**Table 26: Consultancy trend data**

	2019-20	2020-21
<b>New contracts</b>		
Number of new contracts	3	0
Consultancy expenditure \$'000s	111.9	0.0
<b>Ongoing contracts</b>		
Number of ongoing contracts	1	0
Consultancy expenditure \$'000s	7.0	0.0



**Table 27: Reportable non-consultancy contracts**

	Number	Expenditure (GST inclusive) \$
New non-consultancy contracts let in the current year	355	32,646,024
Ongoing non-consultancy contracts let in prior years	15	1,309,792
<b>Total</b>	<b>370</b>	<b>33,955,816</b>

**Table 28: Organisations receiving a share of reportable non-consultancy contract expenditure**

Name and ABN of organisation	Expenditure (GST inclusive) \$	Proportion of 2020–21 total spend (%)
Hays Specialist Recruitment (Aust) Pty Ltd	6,405,202	19.6
Programmed Health Professionals	5,943,318	18.2
Quay Appointments	3,210,095	9.8
Macquarie Telecom Pty Ltd	2,044,205	6.3
Hudson Global Resources (Aust) Pty Ltd	1,889,981	5.8
<b>Total of the largest shares</b>	<b>19,492,801</b>	<b>59.7</b>

## Australian National Audit Office access clauses

Entities must provide details of any contract let during the reporting period of \$100,000 or more (inclusive of GST) that does not provide for the Auditor-General to have access to the contractor's premises.

During 2020–21, no contracts were let that did not require the Auditor-General to have access to the contractor's premises.

## Procurement initiatives to support small business

We support small business participation in the Australian Government procurement market wherever possible.

Where whole-of-government travel requirements cannot be met due to remote locations, the Commission seeks to book accommodation with local small business accommodation venues.

Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website.

## Exempt contracts

If any contract in excess of \$10,000 (inclusive of GST) or a standing offer has been exempted by the Commissioner from being published in AusTender on the basis that it would disclose exempt matters under the *Freedom of Information Act 1982* (FOI Act), the fact the contract has been exempted and the value of the contract or standing offer must be reported to the extent that doing so does not in itself disclose the exempt matters.

During 2020–21, there were no contracts considered exempt from publication in AusTender.



## **Other accountability reporting**

## ISQua accreditation

**We strive to be a best practice regulator and to ensure our accreditation framework is consistent with internationally recognised accreditation frameworks.**



The Commission is accredited by the International Society for Quality in Health Care (ISQua) under its *Guidelines and Standards for External Evaluation Organisations, 4th edition*. ISQua assesses the standards of organisations that set the benchmarks in healthcare safety and quality.

It is the only international organisation that specifically uses health and social care standards.

Our Quality Assessor Training Program is accredited by ISQua against its *Guidelines and Standards for Surveyor Training Programmes, 2nd edition*.

We participate in the ISQua International Accreditation Program as members of survey teams, surveying other accreditation organisations, standards and surveyor training programs.

As active members of the ISQua Accreditation Council, we promote quality improvement in external evaluation programs through sharing and discussion with accreditation bodies across Australia and internationally, and researching evidence-based external evaluation practice.

## Freedom of Information

### **We had 6 Freedom of Information (FOI) requests on hand at 1 July 2020.**

The Commission received 49 new FOI applications in the reporting period. Of these, 35 requests were finalised during the same period, 11 requests were withdrawn, and one request was transferred in whole to another agency. Eight requests have been carried over to the new financial year.

Of the 35 decisions made, in 26 cases we gave the FOI applicant partial or full access to the documents they sought. Six requests were refused in full under s 38(1) of the FOI Act because of the extent of protected information in the documents. One request was refused under s 24A(1) of the FOI Act as no documents relating to the request existed in our records. One request was refused under s 42(1) of the FOI Act as the documents were legally privileged. One request was refused under s 47F(1) and s 47E(a) as the release of information in the documents would involve the unreasonable disclosure of personal information; or would, or could reasonably be expected to prejudice the effectiveness of procedures or methods for the conduct of tests, examinations or audits by the Commission.

In the same period, we received 5 requests for internal review of FOI decisions. We affirmed the original decision for 3 of the requests and varied the original decisions for 2 of the requests in order to release more information to the applicant.

### **Information Publication Scheme**

Entities subject to the FOI Act are required to publish information to the public as part of the Information Publication Scheme (IPS). This requirement is in Part 11 of the FOI Act and has replaced the former requirement to publish a section 8 statement in its annual report. Each agency must display on its website a plan showing what information it publishes in accordance with the IPS requirements. The Commission's plan can be found at [www.agedcarequality.gov.au/about-us/access-information/information-publication-scheme-ips](http://www.agedcarequality.gov.au/about-us/access-information/information-publication-scheme-ips).

## Complaints about our service

**In 2020–21 the Commission received 77 complaints about our service. These included complaints from service providers and from people who had raised a complaint about an aged care service with us.**

When we receive a service complaint, we respond with information that may include an outline of the Commission's complaints process, expected timeframes, the progress of the complaint and reasons for any delay, the complainant's involvement in the process, and the possible or likely outcome of the complaint.

We advise the complainant as soon as possible when we are unable to deal with any part of the complaint and provide advice about where such concerns may be directed.

Complaints about our service are analysed to identify process improvement opportunities and to inform our learning and development programs.

## Advertising campaigns

During 2020–21, the Commission did not conduct any advertising campaigns.

## Corrections

The Australian National Audit Office (ANAO) cleared the Commission's 2019–20 annual financial statements on 21 September 2020, and these statements were published in the Commission's Annual Report.

In February 2021, the Commission was advised by the ANAO of a material error in the Commission's financial statements. The ANAO identified an issue with the Commission's accounting treatment of funding received for employee entitlements to annual and long-service leave.

The Commissioner decided to amend and re-issue the Commission's financial statements.

The amount involved was \$2.176 million.

The replacement pages and revised financial statements were tabled in Parliament on 15 July 2021.

The Commission's website and the transparency portal were updated on 16 July 2021.



# Financial statements

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## INDEPENDENT AUDITOR'S REPORT

### To the Minister for Senior Australians and Aged Care Services

#### Opinion

In my opinion, the financial statements of the Aged Care Quality and Safety Commission (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 Accountable Authority and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement; 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 Commissioner is 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 Commissioner is also responsible for such internal control as the Commissioner determines 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 Commissioner is 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 Commissioner is 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

### 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



Josephine Bushell  
Senior Director

Delegate of the Auditor-General

Canberra

30 September 2021



Australian Government  
Aged Care Quality and Safety Commission

Engage  
Empower  
Safeguard

**Aged Care Quality & Safety Commission**

**Statement by the Accountable Authority 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 non-corporate Commonwealth entity will be able to pay its debts as and when they fall due.

*J. M. Anderson*

Janet Anderson  
Accountable Authority

*Simon Officer*

Simon Officer  
Chief Financial Officer

29 September 2021

1800 951 822  
[agedcarequality.gov.au](http://agedcarequality.gov.au)

## Statement of Comprehensive Income

For the year ended 30 June 2021

	Notes	2021 \$'000	2020 \$'000	PBS \$'000
<b>Net cost of services</b>				
<b>Expenses</b>				
Employee benefits	2A	61,156	54,655	69,927
Suppliers	2B	56,634	33,293	46,890
Depreciation and amortisation	5A	3,345	3,679	3,463
Finance costs	2C	28	41	92
Total expenses		121,163	91,668	120,372
<b>Own-Source Income</b>				
Revenue from contracts with customers	3A	8,404	7,383	7,600
Other revenue	3B	140	120	54
Total own-source income		8,544	7,503	7,654
Net cost of services		112,619	84,165	112,718
Revenue from Government	3C	114,564	85,607	110,907
<b>Total comprehensive surplus/(deficit)</b>		<b>1,945</b>	<b>1,442</b>	<b>(1,811)</b>

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

## Statement of Financial Position

For the year ended 30 June 2021

	Notes	2021 \$'000	2020 \$'000	PBS \$'000
<b>Assets</b>				
<b>Financial assets</b>				
Cash and cash equivalents	4A	1,575	11,006	11,238
Trade and other receivables	4B	55,795	35,870	40,319
Total financial assets		57,370	46,876	51,557
<b>Non-financial assets<sup>1</sup></b>				
Buildings	5A	1,939	2,912	2,785
Plant and equipment	5A	2,123	2,196	2,291
Computer software	5A	556	1,493	2,574
Prepayments		591	98	173
Total non-financial assets		5,209	6,699	7,823
<b>Total assets</b>		<b>62,579</b>	<b>53,575</b>	<b>59,380</b>
<b>Liabilities</b>				
<b>Payables</b>				
Suppliers		6,152	5,916	6,751
Unearned income	6A	12,826	7,063	13,288
Other payables	6B	1,408	955	–
Total payables		20,386	13,934	20,039
<b>Interest bearing liabilities</b>				
Lease liabilities	7	2,287	3,390	3,546
<b>Provisions</b>				
Employee provisions	12	17,962	17,447	18,097
Other provisions	8	741	1,327	343
Total provisions		18,703	18,774	18,440
Total liabilities		41,376	36,098	42,025
<b>Net assets</b>		<b>21,203</b>	<b>17,477</b>	<b>17,355</b>
<b>Equity</b>				
Contributed equity		18,607	16,826	20,691
Accumulated surplus/(deficit)		2,596	651	(3,336)
<b>Total equity</b>		<b>21,203</b>	<b>17,477</b>	<b>17,355</b>

<sup>1</sup> Right-of-use assets are included in the line item Buildings, and the line item Plant and equipment.  
The above statement should be read in conjunction with the accompanying notes.

## Statement of Changes in Equity

For the year ended 30 June 2021

	Notes	2021 \$'000	2020 \$'000	PBS \$'000
<b>Contributed equity</b>				
Opening balance		16,826	17,299	19,002
<i>Distributions to owners:</i>				
Return of capital		–	(17,738)	–
Restructuring		–	(2,165)	–
<i>Contributions by owners:</i>				
Equity injection	9	92	17,738	–
Departmental capital budget	9	1,689	1,692	1,689
Total transactions with owners		1,781	(473)	1,689
Closing balance as at 30 June		18,607	16,826	20,691
<b>Accumulated surplus/(deficit)</b>				
Opening balance		651	(897)	(1,525)
Adjustment on initial application of AASB 16		–	106	–
Adjusted opening balance		651	(791)	(1,525)
Surplus/(deficit) for the period		1,945	1,442	(1,811)
Closing balance as at 30 June		2,596	651	(3,336)
<b>Total equity</b>		<b>21,203</b>	<b>17,477</b>	<b>17,355</b>

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

### **Accounting Policy**

#### **Equity injections**

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) and Departmental Capital Budgets (DCBs) are recognised directly in contributed equity in that year.

#### **Restructuring of administrative arrangements**

Net assets received from or relinquished to another Australian Government entity under a restructuring of administrative arrangements are adjusted at their book value directly against contributed equity.

#### **Other distributions to owners**

The Financial Reporting Rule (FRR) requires that distributions to owners be debited to contributed equity unless they are in the nature of a dividend.

## Statement of Cash Flows

For the year ended 30 June 2021

	Notes	2021 \$'000	2020 \$'000	PBS \$'000
<b>Operating activities</b>				
<b>Cash received</b>				
Appropriations		97,764	76,496	106,476
Sale of goods and rendering of services		14,184	11,202	12,632
Other		126	658	–
Net GST received		2,469	2,928	2,184
Total cash received		114,543	91,284	121,292
<b>Cash used</b>				
Employees		(61,160)	(51,659)	(68,960)
Suppliers		(61,307)	(35,141)	(49,341)
Interest payments on lease liabilities		(28)	(41)	(92)
Total cash used		(122,495)	(86,841)	(118,393)
<b>Net cash from/(used by) operating activities</b>		<b>(7,952)</b>	<b>4,443</b>	<b>2,899</b>
<b>Investing activities</b>				
<b>Cash received</b>				
Proceeds from sale of property, plant and equipment		6	40	–
Total cash received		6	40	–
<b>Cash used</b>				
Purchase of property, plant and equipment		(1,102)	(955)	(1,098)
Purchase of computer software		(1)	(91)	(1,606)
Total cash used		(1,103)	(1,046)	(2,704)
<b>Net cash from/(used by) investing activities</b>		<b>(1,097)</b>	<b>(1,006)</b>	<b>(2,704)</b>
<b>Financing activities</b>				
<b>Cash received</b>				
Contributed equity		986	5,430	1,689
Total cash received		986	5,430	1,689
<b>Cash used</b>				
Principal repayments of lease liabilities		(1,368)	(1,538)	(1,652)
Total cash used		(1,368)	(1,538)	(1,652)
<b>Net cash from/(used by) financing activities</b>		<b>(382)</b>	<b>3,892</b>	<b>37</b>
Net (decrease)/increase in cash held		(9,431)	7,329	232
Cash at the beginning of the period		11,006	3,677	11,006
<b>Cash at the end of the period</b>	4A	<b>1,575</b>	<b>11,006</b>	<b>11,238</b>

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



# Overview

## Objectives of the Aged Care Quality and Safety Commission

The Aged Care Quality and Safety Commission (the Commission) is a non-corporate Commonwealth entity established by the *Australian Aged Care Quality & Safety Commission Act 2018*. The Commission is subject to the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

The Commission commenced operations on 1 January 2019, bringing together the functions of the Aged Care Quality Agency (which was abolished on 31 December 2018), the Aged Care Complaints Commissioner and, from 1 January 2020, the aged care regulatory functions previously performed by the Department of Health.

The Commission's functions are:

- approving providers of aged care services;
- promoting the provision of quality care and services by approved providers;
- ensuring compliance of aged care services with the relevant legislation;
- imposing and lifting sanctions on aged care providers;
- consumer engagement functions;
- complaints functions;
- regulatory functions including accreditation of residential aged care services;
- education functions; and
- reconsidering and reviewing decisions.

There were no events after the reporting period that would significantly affect the ongoing structure and financial activities of the Commission.

## 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:

- *Public Governance Performance and Accountability (Financial Reporting) Rule 2015* (FRR); and
- 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 costs 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 and values.

## **Significant accounting estimates and judgements**

Except where specifically identified and disclosed, the Commission has determined that no accounting assumptions and estimates have a significant risk of causing a material adjustment to carrying amounts of assets and liabilities within the next accounting period.

### **Employee leave provisions**

Employee leave provisions are estimated using several key inputs and parameters. The long service leave provision is estimated using the Department of Finance shorthand method, which discounts employee leave balances by the 10-year government bond rate. The Department of Finance probability factor (based on length of service) is also applied to long service leave balances. Additional costs, informed by historical data, are applied to the estimates for both provisions for superannuation and leave accrued while on leave (based on the percentage of leave taken while in service).

## **New accounting standards**

### **Adoption of new Australian accounting standards requirements**

No new, revised, amending statements and/or interpretations that were issued prior to the sign-off date and are applicable to the current reporting period had a material effect on the Commission's financial statements.

#### *AASB 1059 Service Concession Arrangements: Grantors*

AASB 1059 became effective from 1 July 2020. The new standard addresses the accounting for a service concession arrangement by a grantor that is a public sector entity by prescribing the accounting for the arrangement from a grantor's perspective.

#### *Application of AASB 1059 Service Concession Arrangements: Grantors*

The Commission has reviewed all arrangements (including leasing arrangements) that are controlled and administered by the Commission to assess whether AASB 1059 applies. No arrangements were identified.

## **Taxation**

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

## **Impact of COVID-19**

The Commission has continued to adapt its operations in response to the COVID-19 pandemic. Normal regulatory functions have been adjusted to focus additional effort on the wellbeing and safety of consumers living within a pandemic, including the provision of educational and clinical advice to the sector. The Commission entrenched its remote working capability further by developing its computer infrastructure and facilitating working-from-home arrangements for its staff. This involved investing in portable computer devices and cloud-supported technology. The Commission's workforce was realigned and enhanced where needed to support the response to COVID-19.

Other than this, management has assessed there was no significant impact on the financial statements, including the potential for movement in the fair value of non-financial assets and recoverability of receivables.

# 1: Departmental budget commentary

Comments on significant variances between the Commission's original budget estimates, as published in the 2021–21 Portfolio Budget Statements, and the actual expenditure and the net assets for the year are provided in the table below.

The Commisison considers that major variances are those greater than 10% of the estimate. Variances below this threshold are not included unless considered significant by their nature.

Explanation of major variances	Affected line item
<p><b>Employee benefits</b></p> <p>Recruitment activities were delayed due to COVID-19 and staff were recruited into the Commission later in the year than anticipated.</p> <p>During the year, the Commission’s liability for long-service leave was re-calculated using new Government-mandated methodology (the shorthand model), which resulted in a reduction in the liability for long-service leave.</p> <p>This led to employee benefits expenses being lower than the budget for the year.</p>	<p>Employee benefits</p> <ul style="list-style-type: none"><li>– Statement of Comprehensive Income</li></ul> <p>Employee provisions</p> <ul style="list-style-type: none"><li>– Statement of Financial Position</li></ul> <p>Cash Used for Employees</p> <ul style="list-style-type: none"><li>– Statement of Cash Flows</li></ul>
<p><b>Suppliers</b></p> <p>The delay in recruitment activities resulted in the Commission retaining its contractors for longer than anticipated.</p> <p>Additional contrator resources, together with the associated office and technology costs, were utilised to reinforce the Commission's COVID-19 response.</p> <p>This led to suppliers expenses being higher than the budget for the year.</p>	<p>Supplier costs</p> <ul style="list-style-type: none"><li>– Statement of Comprehensive Income</li></ul> <p>Cash used for suppliers</p> <ul style="list-style-type: none"><li>– Statement of Cash Flows</li></ul> <p>Cash used for investing activities</p> <ul style="list-style-type: none"><li>– Statement of Cash Flows</li></ul>

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**Depreciation and amortisation**

Lower than expected capitalised costs relating to integration of operational software led to a modest saving in depreciation expense relative to the budget.

Depreciation & amortisation  
– Statement of Comprehensive Income  
Non financial assets  
– Statement of Financial Position

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**Own source income**

The Commission's other revenue was increased by contributions from its joint development partners for projects that were completed during the year.

Total own source revenue  
– Statement of Comprehensive Income  
Unearned revenues from external parties  
– Statement of Financial Position  
Cash from sale of goods and rendering of services  
– Statement of Cash Flows

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**Revenue from Government**

The Commission received additional funding during the year to support its operational response to COVID-19, the extended Royal Commission into Aged Care Quality and Safety, and the early implementation of the Serious Incident Response Scheme.

Revenue from Government  
– Statement of Comprehensive Income  
Trade and other receivables  
– Statement of Financial Position  
Cash from appropriations  
– Statement of Cash Flows

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# Financial performance

**This section analyses the financial performance of the Commission for the year ended 30 June 2021**

## 2: Expenses

### 2A: Employee benefits

	2021 \$'000	2020 \$'000
Wages and salaries	51,780	44,725
Superannuation		
Defined contribution plans	5,890	5,095
Defined benefit plans	2,429	2,115
Leave and other entitlements	900	2,659
Separation and redundancies	157	61
<b>Total employee benefits</b>	<b>61,156</b>	<b>54,655</b>

### Accounting Policy

Accounting policies for employee-related expenses are contained in the People and Relationships section.

## 2B: Suppliers

	2021 \$'000	2020 \$'000
<b>Goods and services provided</b>		
Communications	2,531	2,034
Consultants	–	119
Contractors	34,634	17,644
IT Services	2,277	1,353
Legal	1,034	1,654
Low-value equipment	411	162
Property expenses	373	262
Recruitment and training	597	274
Serviced facilities	8,330	4,170
Shared services fees	1,685	1,173
Travel	2,015	2,375
Other	1,869	1,543
<b>Total goods and services provided</b>	<b>55,756</b>	<b>32,763</b>
<b>Other suppliers</b>		
Short-term leases	227	267
Low-value leases	7	9
Workers compensation expenses	644	254
<b>Total other suppliers</b>	<b>878</b>	<b>530</b>
<b>Total suppliers</b>	<b>56,634</b>	<b>33,293</b>

The above lease disclosures should be read in conjunction with the accompanying notes 2C, 5 and 7.  
The Commission does not have any short-term lease commitments as at 30 June 2021.

Accounting Policy

Short-term leases and low-value leases

The Commission has elected not to recognise right-of-use assets and lease liabilities for short-term leases of assets that have a lease term of 12 months or less and leases of low-value assets (less than \$10,000). The Commission recognises the lease payments associated with these leases as an expense on a straight-line basis over the lease term.

2C: Finance costs

	2021 \$'000	2020 \$'000
Finance leases	28	41

The above lease disclosures should be read in conjunction with the accompanying notes 2B, 5 and 7.

Accounting Policy

All borrowing costs are expensed as incurred.

2D: Gain/(loss) from asset sales

	2021 \$'000	2020 \$'000
Property, plant and equipment		
Proceeds from sale	6	40
Carrying value of assets sold	(6)	(40)
Net gain/(loss) from sale of assets	–	–

Accounting Policy

Gains or losses from disposal of assets are recognised when control of the asset has passed to the buyer.



### 3: Own-source income

#### 3A: Revenue from contracts with customers

	2021 \$'000	2020 \$'000
Accreditation fees	7,345	6,914
Educational services	124	171
Licence fees	27	6
Joint development projects	908	292
	8,404	7,383

#### Accounting Policy

Revenue from the sale of goods and services is recognised when control has been transferred to the buyer. A contract is within the scope of AASB 15 when a contract gives rise to specific performance obligations that are sufficiently specific to enable the Commission to determine when they have been satisfied.

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

- Accreditation fees are paid on application and held in unearned revenue in the Statement of Financial Position and brought to revenue, when the performance obligations are met, on completion of the accreditation audit.
- Fees for educational services are paid in advance, at the time the customer reserves their place, and are held in unearned revenue in the Statement of Financial Position until the activity has been conducted.
- Annual licence fees for the Commission's online learning platform are taken directly to revenue at the time of payment, as customers are given immediate access at the time of payment.
- Revenue from joint development projects is recognised as revenue over time depending on the stage of completion of the services provided. Generally these agreements have specific timelines and deliverables for completion, which informs the timing of the revenue recognition.

The transaction price is the total amount of consideration to which the Commission expects to be entitled in exchange for transferring promised goods and services to a customer. The consideration promised in a contract with a contractor is a fixed amount.

3B: Other revenue

	2021 \$'000	2020 \$'000
Assessor registration fees	86	66
Resources received free of charge:		
Remuneration of auditors	54	54
	140	120

Accounting Policy

Assessor registration fees are recognised as revenue on receipt of the registration fees.

Resources received free of charge are recognised as gains when, and only when, a fair value can be reliably determine and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense. Resources received free of charge are recorded as either revenue or gains depending on their nature.

3C: Revenue from Government

	2021 \$'000	2020 \$'000
Departmental appropriations	114,564	85,607

Accounting Policy

Amounts appropriated for departmental appropriations for the year (adjusted for any formal additions and reductions) are recognised as Revenue from Government when the entity gains control of the appropriation, except for certain amounts that relate to activities that are reciprocal in nature, in which case revenue is recognised only when it has been earned. Appropriations receivable are recognised at their nominal amounts.

3D: Unsatisfied obligations

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

	2021 \$'000	2020 \$'000
Contracts with customers		
1 year	12,762	6,140

The liability for unsatisfied obligations is represented on the Statement of Financial Position as unearned income and is disclosed in Note 6A.

# Financial position

The section analyses the Commission's assets used to conduct its operations and the operating liabilities incurred as a result. Employee related information is disclosed in the People and Relationships section.

## 4: Financial assets

### 4A: Cash and cash equivalents

	2021 \$'000	2020 \$'000
Cash at bank	1,575	11,005
Cash on hand	–	1
<b>Total cash and cash equivalents</b>	<b>1,575</b>	<b>11,006</b>

#### Accounting Policy

Cash is recognised at its nominal amount.

**Note 4B: Trade and other receivables**

	2021 \$'000	2020 \$'000
Receivables for goods and services	2	2
Receivables other	14	–
Receivable employee entitlements	1,027	130
Departmental appropriations receivable	37,476	20,676
Equity injection receivable	14,092	14,000
Departmental capital budget	703	–
GST receivable from the Australian Taxation Office	2,481	1,062
<b>Total trade and other receivables (gross)</b>	<b>55,795</b>	<b>35,870</b>

There are no trade or other receivables expected to be recovered in more than 12 months.

**Accounting Policy**

**Financial assets**

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

## 5: Non-financial assets

### 5A: Reconciliation of opening and closing balances of property, plant and equipment and Intangibles

	Buildings \$'000	Plant and equipment \$'000	Computer software \$'000	Total \$'000
As at 1 July 2020				
Gross book value	4,388	3,250	3,413	11,051
Accumulated depreciation and amortisation	(1,476)	(1,054)	(1,920)	(4,450)
Total as at 1 July 2020	2,912	2,196	1,493	6,601
Additions				
Purchase	–	1,102	1	1,103
Right-of-use assets	265	–	–	265
Disposals	–	(6)	–	(6)
Depreciation and amortisation	–	(989)	(938)	(1,927)
Depreciation on right-of-use assets	(1,238)	(180)	–	(1,418)
<b>Total as at 30 June 2021</b>	<b>1,939</b>	<b>2,123</b>	<b>556</b>	<b>4,618</b>
Total as at 30 June 2021 represented by:				
Gross book value	4,120	4,264	3,413	11,797
Accumulated depreciation and amortisation	(2,181)	(2,141)	(2,857)	(7,179)
<b>Total as at 30 June 2021</b>	<b>1,939</b>	<b>2,123</b>	<b>556</b>	<b>4,618</b>
<b>Carrying amount of right-of-use assets</b>	<b>1,939</b>	<b>232</b>	<b>–</b>	<b>2,171</b>

The carrying amount of computer software includes \$254,491 purchased software and \$301,585 internally generated software.

All assets were checked for indicators of impairment at 30 June 2021. No indicators of impairment were identified.

### **Revaluations of non-financial assets**

The Commission performs an internal management review of the fair value of its property, plant and equipment at least once every 12 months. If a particular asset class experiences significant and volatile changes in fair value (i.e. where indicators suggest that the value of the class has changed materially since the previous reporting period), that class is subject to specific valuation in the reporting period, where practicable, regardless of the timing of the last review. The Commission's plant and equipment assets consist mainly of low-value assets. The Commission's assets are currently carried at their initial cost, which is considered to be representative of their fair values.

### **Contractual commitments for the acquisition of property, plant, equipment and intangible assets**

The Commission has entered into a contract worth \$1,487,810 over five years for the licensing and implementation of computer software.

## **Accounting Policy**

### **Acquisition of assets**

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.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and income at their fair value at the date of acquisition unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor's accounts immediately prior to restructuring.

### **Asset recognition threshold**

Purchases of property, plant and equipment are initially recognised at cost in the statement of financial position, except for purchases costing less than \$1,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total). The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located.

### **Lease right-of-use assets**

Leased right-of-use assets are capitalised at the commencement date of the lease and comprise the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for 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.

On initial adoption of AASB 16 the Commission has adjusted the right-of-use 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 right-of-use assets continue to be measured at cost after initial recognition.

### **Revaluations**

Following initial recognition at cost, property, plant and equipment (excluding right-of-use assets) is carried at fair value (or an amount not materially different from fair value) less subsequent accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency 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 depends 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 the asset revaluation reserve in equity except to the extent that it reverses a previous revaluation decrement of the same asset class that was previously recognised in the surplus/deficit except to the extent that they reverse a previous revaluation increment for that class.

Revaluation decrements for a class of assets are recognised directly in the surplus/deficit except to the extent that they reverse a previous revaluation increment for that class of asset. 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.

Property, plant and equipment is depreciated on a straight-line basis over its anticipated useful life. The useful lives of the Commission's property, plant and equipment are 3 to 5 years (2020: 3 to 5 years). The depreciation rates for right-of-use assets are based on the commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term.

## **Impairment**

All assets were assessed for impairment at 30 June 2021. Where indicators of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment is made if the asset's recoverable amount is less than its carrying amount.

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 cost.

## **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 Commission's intangibles comprise purchased and internally developed software for internal 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 Commission's software assets are 3 to 5 years (2020: 3 to 5 years).

All software assets were assessed for indicators of impairment as at 30 June 2021.

## 6: Payables

### 6A: Unearned income

	2021 \$'000	2020 \$'000
Unearned revenue from customers	12,762	6,140
Unearned revenue from joint venture projects	64	923
	12,826	7,063

#### Accounting Policy

Unearned revenue from customers represent a liability for cash receipts for accreditation and education services that have been paid in advance. Revenue is recognised from the liability when the accreditation activities or education services have been provided.

Unearned revenue from joint development projects represents funds received in advance from project sponsors to undertake specified activities under the project. Funds will be recognised as income once the specified activities have been completed.

6B: Other payables

	2021 \$'000	2020 \$'000
Accrued salaries and wages	1,251	866
Employee deductions	8	8
Superannuation	–	1
Other accrued expense	149	80
<b>Total other payables</b>	<b>1,408</b>	<b>955</b>

7: Interest bearing liabilities

	2021 \$'000	2020 \$'000
Lease liabilities		
Buildings	2,055	2,977
Plant and equipment	232	413
	2,287	3,390

The total cash outflow for leases for the year ended 30 June 2021 was \$1,631,618 (2020: \$1,854,288).

	2021 \$'000	2020 \$'000
Maturity analysis – contractual undiscounted cash flows		
Within 1 year	1,384	1,395
Between 1 to 5 years	931	2,315
<b>Total leases</b>	<b>2,315</b>	<b>3,710</b>

**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.

## 8: Provisions

Other provisions	Provision for entitlements \$'000	Provision for restoration \$'000	Total \$'000
As at 1 July 2020	1,045	282	1,327
Amounts used	(485)	(101)	(586)
<b>Total as at 30 June 2021</b>	<b>560</b>	<b>181</b>	<b>741</b>

### Provision for entitlements

The provision for entitlements covers additional entitlements that may accrue to certain contractors and employees under arrangements made by the Commission's predecessor, the Australian Aged Care Quality Agency. The provision reflects claims for those entitlements expected to be paid in future periods by the Commission.

### Provision for restoration

The Commission currently has 3 (2020: 4) agreements for the leasing of premises that have provisions requiring the Commission to restore the premises to their original condition at the conclusion of the lease. The Commission has made a provision to reflect the present value of this obligation.

# Funding

This section identifies the Commission's funding structure.

## 9: Annual appropriations

(recoverable GST exclusive)

Annual Appropriations for 2021	Annual Appropriation \$'000	Adjustments to appropriation <sup>1</sup> \$'000	Total appropriation \$'000	Appropriation applied in 2021 (current and prior years) \$'000	Variance <sup>2</sup> \$'000
<b>Departmental</b>					
Ordinary annual services	114,564	15,113	129,677	(122,308)	7,369
Capital budget <sup>3</sup>	1,689	–	1,689	(989)	703
Equity injections	92	–	92	–	92
<b>Total departmental</b>	<b>116,345</b>	<b>15,113</b>	<b>131,458</b>	<b>(123,294)</b>	<b>8,164</b>

1 Reflects the Section 74 of PGPA Act own-source income receipts.

2 The variance for departmental ordinary annual services primarily represents the timing difference between payment to suppliers and employees, and receipts in advance of services having been provided. The variance in the capital budget represents projects delayed due to the effects of COVID-19.

3 Departmental Capital Budgets are appropriated through Appropriation Acts (No.1,3,5). They form part of ordinary annual services, and are not separately identified in the Appropriation Acts.

<b>Annual Appropriations for 2021</b>	<b>Annual Appropriation \$'000</b>	<b>Adjustments to appropriation<sup>1</sup> \$'000</b>	<b>Total appropriation \$'000</b>	<b>Appropriation applied in 2020 (current and prior years) \$'000</b>	<b>Variance<sup>2</sup> \$'000</b>
<b>Departmental</b>					
Ordinary annual services	83,431	14,534	97,965	(81,525)	16,440
Capital budget <sup>3</sup>	1,692	–	1,692	(1,692)	–
Equity injections	17,738	–	17,738	(3,738)	14,000
<b>Total departmental</b>	<b>102,861</b>	<b>14,534</b>	<b>117,395</b>	<b>(86,955)</b>	<b>30,440</b>

- 1 Reflects the Section 75 of PGPA Act transfer from the Department of Health for annual appropriations, employee entitlements and departmental capital budget as well as Section 74 of PGPA Act own-source income receipts.
- 2 The variance for departmental ordinary annual services primarily represents the timing difference between payments to suppliers and employees, and receipts in advance of services having been provided. The variance in the equity injection relates to undrawn funding for liabilities transferred from the former Australian Aged Care Quality Agency, which will fall due in future periods.
- 3 Departmental Capital Budgets are appropriated through Appropriation Acts (No.1, 3, 5). They form part of ordinary annual services, and are not separately identified in the Appropriation Acts.



**10: Unspent appropriations**  
**(recoverable GST exclusive)**

	2021 \$'000	2020 \$'000
<b>Departmental</b>		
<i>Appropriation Act (No.1) 2019-20</i>	–	20,676
<i>Appropriation Act (No.4) 2019-20</i>	14,000	14,000
<i>Appropriation Act (No.1) 2020-21</i>	34,522	–
<i>Appropriation Act (No.3) 2020-21</i>	3,657	–
<i>Appropriation Act (No.4) 2020-21</i>	92	–
Cash at bank <sup>1</sup>	1,575	11,006
<b>Total unspent departmental annual appropriation</b>	<b>53,846</b>	<b>45,682</b>

1 Cash at bank relates to the Appropriation Acts (No.1) for the relevant year.

## 11: Net cash appropriation arrangements

	2021 \$'000	2020 \$'000
Total comprehensive surplus/(deficit) per the Statement of Comprehensive Income	1,945	1,442
Plus: depreciation/amortisation of assets funded through appropriations (departmental capital budget funding and/or equity injections)	1,927	2,075
Plus: depreciation of right-of-use assets	1,418	1,604
Less: lease principal repayments	(1,368)	(1,538)
<b>Net cash operating surplus/(deficit)</b>	<b>3,922</b>	<b>3,583</b>

From 2010-11, the Government introduced net cash appropriation arrangements where revenue appropriations for depreciation/amortisation expenses of non-corporate Commonwealth entities and selected corporate Commonwealth entities were replaced with a separate capital budget provided through equity injections. Capital budgets are to be appropriated in the period when cash payment for capital expenditure is required.

The inclusion of depreciation/amortisation expenses related to right-of-use leased assets and lease liability principal repayment amounts reflects the impact of AASB 16 Leases, which does not directly reflect a change in appropriation arrangements.

# People and relationships

This section describes a range of employment and post employment benefits provided to our people and our relationships with other key people.

## 12: Employee provisions

	2021 \$'000	2020 \$'000
Leave	17,962	17,277
Separations and redundancies	–	170
<b>Total employee provisions</b>	<b>17,962</b>	<b>17,447</b>

### Accounting Policy

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

Other long-term employee benefits are measured as the net total of the present value of the defined benefit obligation at the end of the reporting period minus the fair value at the end of the reporting period of plan assets (if any) out of which the obligations are to be settled directly.

## **Leave**

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

No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by employees of the agency is estimated to be less than the annual entitlement for sick 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 reference to the estimated future cash flows to be made in respect to all employees as at 30 June 2021. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

## **Separation and redundancy**

Provision is made for separation and redundancy benefit payments. The Commission recognises a provision for termination when it has developed a detailed formal plan for the terminations or where the circumstances indicate that separations and redundancies are more likely to occur than not.

## **Superannuation**

The Commission's staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS) or 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 in 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.

### 13: Key management personnel remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling 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 Commissioner and the senior executive service staff as follows:

	2021 \$'000	2020 \$'000
Short-term employee benefits	1,856	1,890
Post-employment benefits	290	301
Other long-term employee benefits	43	44
Termination benefits	135	–
<b>Total key management remuneration expenses</b>	<b>2,324</b>	<b>2,235</b>

The total number of key management personnel that are included in the above table is 9 (2020: 8). The 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.

## 14: 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 other Australian Government entities.

### **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.

Significant transactions with related parties can include:

- the payments of grants or loans;
- purchases of goods and services;
- asset purchases, sales transfers or leases;
- debts forgiven; and
- guarantees.

Giving consideration to relationships with related entities, and transactions entered into during the reporting period by the Commission, it has been determined that there are no related party transactions to be separately disclosed.

# Managing uncertainties

**This section analyses how the Commission manages financial risks within its operating environment.**

## 15: Contingent assets and liabilities

### **Quantifiable contingent liabilities**

The Commission has two (2020: two) bank guarantees in respect of office lease guarantees with a total of \$175,876 (2020: \$175,876).

### **Unquantifiable contingent liabilities**

At 30 June 2021, the Commission has an unquantifiable contingency in relation to potential additional contractor entitlements arising from historical services provided by contractors to prior entities. An unquantifiable contingency has been disclosed because an obligation has not yet been determined and is not yet possible to estimate the amounts of any eventual payments that may be required in relation to these entitlement. Refer note 8.

### **Accounting policy**

Contingent liabilities and contingent assets are not recognised in the Statement of Financial Position but are reported in the relevant schedules and notes. They may arise from uncertainty as to the existence of a liability or asset or represent an asset or liability in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain and contingent liabilities are disclosed when settlement is greater than remote.

## 16: Financial instruments

	2021 \$'000	2020 \$'000
<b>Categories of financial instruments</b>		
<b>Financial assets</b>		
Financial assets at amortised cost		
Cash and cash equivalents	1,575	11,006
Trade and other receivables	16	2
Receivables for employee entitlements	1,027	130
<b>Total financial assets at amortised cost</b>	<b>2,618</b>	<b>11,138</b>
<b>Financial liabilities</b>		
Financial liabilities measured at amortised cost		
Supplier payables	6,152	5,916
Unearned revenue	12,826	7,063
Other payables	1,408	955
<b>Total financial liabilities measured at amortised cost</b>	<b>20,386</b>	<b>13,934</b>



## **Accounting Policy**

### **Financial assets**

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

In accordance with AASB 9 Financial Instruments, the Commission classifies its financial assets in the following categories:

- (a) financial assets at fair value through profit or loss;
- (b) financial assets at fair value through other comprehensive income; and
- (c) financial assets measured at amortised cost.

The classification depends on both the Commission's business model for managing the financial assets and contractual cash flow characteristics at the time of initial recognition. Financial assets are recognised when the Commission becomes a party to the contract and, as a consequence, has a legal right to receive or a legal obligation to pay cash, and derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date.

### **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 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 that are recognised at amortised cost.

### **Impairment of financial assets**

Financial assets are assessed for impairment at the end of each reporting period based on expected credit losses, using the general approach, which measures the loss allowance based on an amount equal to lifetime expected credit losses where risk has significantly increased, or an amount equal to 12-month expected credit losses if risk has not increased.

A write-off constitutes a derecognition event where the write-off directly reduces the gross carrying amount of the financial asset.

### **Financial liabilities**

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities. Financial liabilities are recognised and derecognised upon 'trade date'. The Commission categorises its financial liabilities at amortised cost.

#### **Financial liabilities at amortised cost**

Financial liabilities, including borrowings, are initially measured at fair value, net of transaction costs. These liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective interest basis.

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).

# Other information

## 17: Current/non-current distinction for assets and liabilities

	2021 \$'000	2020 \$'000
<b>Assets expected to be recovered in:</b>		
No more than 12 months		
Cash and cash equivalents	1,575	11,006
Trade and other receivables	55,795	35,870
Prepayments	591	98
<b>Total no more than 12 months</b>	<b>57,961</b>	<b>46,974</b>
More than 12 months		
Buildings	1,939	2,912
Property plant and equipment	2,123	2,196
Intangibles	556	1,493
<b>Total more than 12 months</b>	<b>4,618</b>	<b>6,601</b>
<b>Total assets</b>	<b>62,579</b>	<b>53,575</b>

	2021 \$'000	2020 \$'000
<b>Liabilities expected to be settled in:</b>		
No more than 12 months		
Suppliers	6,152	5,916
Unearned revenue	12,826	7,063
Other payables	1,408	955
Lease liabilities	1,361	1,075
Employee provisions	16,674	14,987
Other provisions	560	1,146
<b>Total no more than 12 months</b>	<b>38,981</b>	<b>31,142</b>
More than 12 months		
Lease liabilities	926	2,315
Employee provisions	1,288	2,460
Other provisions	181	181
<b>Total more than 12 months</b>	<b>2,395</b>	<b>4,956</b>
<b>Total liabilities</b>	<b>41,376</b>	<b>36,098</b>



# References and appendices

# Glossary

Abbreviation	Term
<b>AASB</b>	Australian Accounting Standards Board
<b>AAT</b>	Administrative Appeals Tribunal
<b>ACCMIS</b>	Aged Care Case Management Information System
<b>ACIG</b>	Approvals, Compliance and Investigations Group
<b>ACQSC</b>	Aged Care Quality and Safety Commission
<b>ACQSC Act</b>	<i>Aged Care Quality and Safety Commission Act 2018</i>
<b>Advisory Council</b>	Aged Care Quality and Safety Advisory Council
<b>Aged Care Act</b>	<i>Aged Care Act 1997</i>
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>Alis</b>	Aged Care Learning Information Solution
<b>AMS</b>	Antimicrobial Stewardship
<b>ANAO</b>	Australian National Audit Office
<b>APS</b>	Australian Public Service
<b>AusTender</b>	The Australian Government procurement information system
<b>BBP</b>	Better Business Program
<b>CEP</b>	Compliance and Enforcement Policy
<b>CEO</b>	Chief Executive Officer
<b>CHSP</b>	Commonwealth Home Support Programme
<b>Commission</b>	Aged Care Quality and Safety Commission
<b>Commissioner</b>	Aged Care Quality and Safety Commissioner
<b>Consultative Forum</b>	Aged Care Quality and Safety Commission Consultative Forum
<b>CPD</b>	Continuing Professional Development
<b>CSS</b>	Commonwealth Superannuation Scheme
<b>DCB</b>	Departmental Capital Budgets
<b>Direction Notice</b>	Direction to Revise a PCI Notice
<b>EAP</b>	Employee Assistance Program

Abbreviation	Term
EL	Executive Level
ELG	Executive Leadership Group
FBT	Fringe Benefits Tax
FOI	Freedom of Information
FOI Act	<i>Freedom of Information Act 1982</i>
FRR	Financial Reporting Rule
FTE	Fulltime Equivalent
GST	Goods and Services Tax
HSRP	Home Services Regulation Project
IAGDP	Indigenous Australian Government Development Program
ICM	Infection Control Management
ICT	Information and Communication Technology
IFA	Individual Flexibility Arrangement
IMS	Incident Management System
IPC	Infection Prevention and Control
IPS	Information Publication Scheme
ISQua	International Society for Quality in Health Care
NCCIMS	National Complaints and Compliance Information Management System
NCN	Non-Compliance Notices
NDIS	National Disability Insurance Scheme
NTA	Notices to Agree
OPAN	Older Persons Advocacy Network
PBS	Portfolio Budget Statements
PCI	Plan for Continuous Improvement
PDS	Performance Development Scheme
PGPA Act	<i>Public Governance, Performance and Accountability Act 2013</i>

Abbreviation	Term
<b>PGPA Rule</b>	Public Governance, Performance and Accountability Rule 2014
<b>PSM</b>	Public Service Medal
<b>PSSap</b>	Public Sector Superannuation accumulation plan
<b>QAM</b>	Quality Assessment and Monitoring
<b>QATP</b>	Quality Assessor Training Program
<b>Quality Standards</b>	Aged Care Quality Standards
<b>RADs</b>	Refundable Accommodation Deposits
<b>RARP</b>	Risk Assessment and Response Plan
<b>RBITS</b>	Risk Based Targeting and Information Sharing
<b>RedUSe</b>	Reducing the Use of Sedatives
<b>Royal Commission</b>	Royal Commission into Aged Care Quality and Safety
<b>RPF</b>	Regulator Performance Framework
<b>Rules</b>	Aged Care Quality and Safety Commission Rules 2018
<b>SES</b>	Senior Executive Service
<b>SIRS</b>	Serious Incident Response Scheme
<b>SME</b>	Small and Medium Enterprises
<b>SRC Act</b>	<i>Safety, Rehabilitation and Compensation Act 1988</i>
<b>WHS</b>	Work Health and Safety
<b>WHS ACT</b>	<i>Work Health and Safety Act 2011</i>
<b>WHS Regulations</b>	Work Health and Safety Regulations 2011



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# List of requirements

## – non-corporate Commonwealth entities

PGPA Rule Reference	Part of Report	Description	Requirement
<b>17AD(g)</b>	<b>Letter of transmittal</b>		
<b>17AI</b>	Page 3	A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report.	Mandatory
<b>17AD(h)</b>	<b>Aids to access</b>		
<b>17AJ(a)</b>	Pages 4 – 7	Table of contents.	Mandatory
<b>17AJ(b)</b>	Pages 241 – 250	Alphabetical index.	Mandatory
<b>17AJ(c)</b>	Pages 238 – 240	Glossary of abbreviations and acronyms.	Mandatory
<b>17AJ(d)</b>	Pages 251 – 261	List of requirements.	Mandatory
<b>17AJ(e)</b>	Page 2	Details of contact officer.	Mandatory
<b>17AJ(f)</b>	Page 2	Entity's website address.	Mandatory
<b>17AJ(g)</b>	Page 2	Electronic address of report.	Mandatory
<b>17AD(a)</b>	<b>Review by accountable authority</b>		
<b>17AD(a)</b>	Pages 8 – 10	A review by the accountable authority of the entity.	Mandatory
<b>17AD(b)</b>	<b>Overview of the entity</b>		
<b>17AE(1)(a)(i)</b>	Pages 12 – 15	A description of the role and functions of the entity.	Mandatory
<b>17AE(1)(a)(ii)</b>	Page 17	A description of the organisational structure of the entity.	Mandatory
<b>17AE(1)(a)(iii)</b>	Page 80	A description of the outcomes and programmes administered by the entity.	Mandatory
<b>17AE(1)(a)(iv)</b>	Page 80	A description of the purposes of the entity as included in corporate plan.	Mandatory
<b>17AE(1)(aa)(i)</b>	Page 17	Name of the accountable authority or each member of the accountable authority.	Mandatory

<b>PGPA Rule Reference</b>	<b>Part of Report</b>	<b>Description</b>	<b>Requirement</b>
<b>17AE(1)(aa)(ii)</b>	Page 17	Position of the accountable authority or each member of the accountable authority.	Mandatory
<b>17AE(1)(aa)(iii)</b>	Page 17	Period as the accountable authority or member of the accountable authority within the reporting period.	Mandatory
<b>17AE(1)(b)</b>	n/a	An outline of the structure of the portfolio of the entity.	Portfolio departments – mandatory
<b>17AE(2)</b>	n/a	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.	If applicable, Mandatory
<b>17AD(c)</b>	<b>Report on the Performance of the entity</b>		
	<b><i>Annual performance Statements</i></b>		
<b>17AD(c)(i); 16F</b>	Pages 78 – 132	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory
<b>17AD(c)(ii)</b>	<b><i>Report on Financial Performance</i></b>		
<b>17AF(1)(a)</b>	Page 133	A discussion and analysis of the entity's financial performance.	Mandatory
<b>17AF(1)(b)</b>	Page 134	A table summarising the total resources and total payments of the entity.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AF(2)	n/a	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results.	If applicable, Mandatory.
17AD(d)	<b>Management and Accountability</b>		
	<b>Corporate Governance</b>		
17AG(2)(a)	Page 3	Information on compliance with section 10 (fraud systems).	Mandatory
17AG(2)(b)(i)	Page 3	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory
17AG(2)(b)(ii)	Page 3	A certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud that meet the specific needs of the entity are in place.	Mandatory
17AG(2)(b)(iii)	Page 3	A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.	Mandatory
17AG(2)(c)	Page 3	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory

<b>PGPA Rule Reference</b>	<b>Part of Report</b>	<b>Description</b>	<b>Requirement</b>
<b>17AG(2)(d) – (e)</b>	n/a	A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with Finance law and action taken to remedy non-compliance.	If applicable, Mandatory
<b>Audit Committee</b>			
<b>17AG(2A)(a)</b>	Page 138	A direct electronic address of the charter determining the functions of the entity's audit committee.	Mandatory
<b>17AG(2A)(b)</b>	Page 139	The name of each member of the entity's audit committee.	Mandatory
<b>17AG(2A)(c)</b>	Page 139	The qualifications, knowledge, skills or experience of each member of the entity's audit committee.	Mandatory
<b>17AG(2A)(d)</b>	Page 139	Information about the attendance of each member of the entity's audit committee at committee meetings.	Mandatory
<b>17AG(2A)(e)</b>	Page 139	The remuneration of each member of the entity's audit committee.	Mandatory
<b>External Scrutiny</b>			
<b>17AG(3)</b>	Page 181	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory
<b>17AG(3)(a)</b>	Page 181	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity.	If applicable, Mandatory
<b>17AG(3)(b)</b>	Page 181	Information on any reports on operations of the entity by the Auditor-General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman.	If applicable, Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(3)(c)	n/a	Information on any capability reviews on the entity that were released during the period.	If applicable, Mandatory
<b>Management of Human Resources</b>			
17AG(4)(a)	Page 174	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory
17AG(4)(aa)	Pages 155 – 158	Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following:  (a) statistics on full-time employees; (b) statistics on part-time employees; (c) statistics on gender; (d) statistics on staff location.	Mandatory
17AG(4)(b)	Pages 159 – 167	Statistics on the entity's APS employees on an ongoing and non-ongoing basis, including the following: • Statistics on staffing classification level; • Statistics on full-time employees; • Statistics on part-time employees; • Statistics on gender; • Statistics on staff location; • Statistics on employees who identify as Indigenous.	Mandatory
17AG(4)(c)	Pages 170, 174	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> .	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(4)(c)(i)	Page 168	Information on the number of SES and non-SES employees covered by agreements etc identified in paragraph 17AG(4)(c).	Mandatory
17AG(4)(c)(ii)	Page 169	The salary ranges available for APS employees by classification level.	Mandatory
17AG(4)(c)(iii)	Pages 174 – 175	A description of non-salary benefits provided to employees.	Mandatory
17AG(4)(d)(i)	n/a	Information on the number of employees at each classification level who received performance pay.	If applicable, Mandatory
17AG(4)(d)(ii)	n/a	Information on aggregate amounts of performance pay at each classification level.	If applicable, Mandatory
17AG(4)(d)(iii)	n/a	Information on the average amount of performance payment, and range of such payments, at each classification level.	If applicable, Mandatory
17AG(4)(d)(iv)	n/a	Information on aggregate amount of performance payments.	If applicable, Mandatory
<b>Assets Management</b>			
17AG(5)	Page 183	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities.	If applicable, Mandatory
<b>Purchasing</b>			
17AG(6)	Page 183	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i>	Mandatory



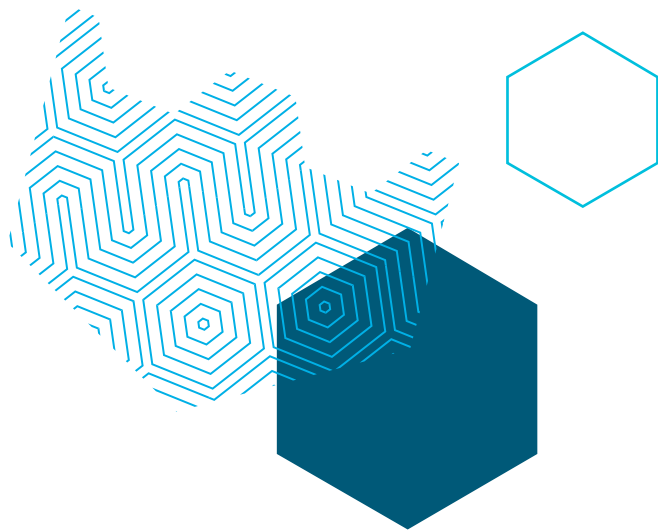
PGPA Rule Reference	Part of Report	Description	Requirement
<b>Reportable consultancy contracts</b>			
<b>17AG(7)(a)</b>	Page 184	A summary statement detailing the number of new contracts engaging consultants entered into during the period; the total actual expenditure on all new consultancy contracts entered into during the period (inclusive of GST); the number of ongoing consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting year on the ongoing consultancy contracts (inclusive of GST).	Mandatory
<b>17AG(7)(b)</b>	Page 184	A statement that <i>"During [reporting period], [specified number] new consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]"</i> .	Mandatory
<b>17AG(7)(c)</b>	Page 184	A summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged.	Mandatory
<b>17AG(7)(d)</b>	Page 184	A statement that <i>"Annual reports contain information about actual expenditure on contracts for consultancies. Information on the value of contracts and consultancies is available on the AusTender website."</i>	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
<b>Reportable non-consultancy contracts</b>			
<b>17AG(7A)(a)</b>	Page 185	A summary statement detailing the number of new reportable non-consultancy contracts entered into during the period; the total actual expenditure on such contracts (inclusive of GST); the number of ongoing reportable non-consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST).	Mandatory
<b>17AG(7A)(b)</b>	Page 184	A statement that “ <i>Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website.</i> ”	Mandatory
<b>17AD(daa)</b>	<b>Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts</b>		
<b>17AGA</b>	Pages 184 – 185	Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts.	Mandatory
<b>Australian National Audit Office Access Clauses</b>			Mandatory
<b>17AG(8)</b>	Page 186	If an entity entered into a contract with a value of more than \$100 000 (inclusive of GST) and the contract did not provide the Auditor-General with access to the contractor’s premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.	If applicable, Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
<b>Exempt contracts</b>			
<b>17AG(9)</b>	n/a	If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters.	If applicable, Mandatory
<b>Small business</b>			
<b>17AG(10)(a)</b>	Page 186	A statement that “[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance’s website.”	Mandatory
<b>17AG(10)(b)</b>	Page 186	An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory
<b>17AG(10)(c)</b>	n/a	If the entity is considered by the Department administered by the Finance Minister as material in nature – a statement that “[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury’s website.”	If applicable, Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
<b>Financial Statements</b>			
<b>17AD(e)</b>	Pages 192 – 236	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory
<b>Executive Remuneration</b>			
<b>17AD(da)</b>	Pages 171 – 172	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2-3 of the Rule.	Mandatory
<b>17AD(f)</b>	<b>Other Mandatory Information</b>		
<b>17AH(1)(a)(i)</b>	n/a	If the entity conducted advertising campaigns, a statement that “ <i>During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity’s website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance’s website.</i> ”	If applicable, Mandatory
<b>17AH(1)(a)(ii)</b>	Page 190	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory
<b>17AH(1)(b)</b>	n/a	A statement that “ <i>Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity’s website].</i> ”	If applicable, Mandatory
<b>17AH(1)(c)</b>	Page 180	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AH(1)(d)	Page 189	Website reference to where the entity's Information Publication Scheme statement pursuant to Part II of FOI Act can be found.	Mandatory
17AH(1)(e)	Page 190	Correction of material errors in previous annual report.	If applicable, mandatory
17AH(2)	Pages 176 – 177	Information required by other legislation.	Mandatory



# Act requirements index

## Index of annual reporting requirements of the *Aged Care Quality and Safety Commission Act 2018*

Reference S52	Part of Report	Description	Requirement
(a)	Pages 78 – 134	An assessment of the extent to which the Commission’s operations during the period have contributed to the priorities set out in the annual operational plan for the period.	Mandatory
(b)	Pages 78 – 134	Particulars of any variations of the annual operational plan during the period.	Mandatory
(c)	Pages 78 – 134	An evaluation of the Commission’s overall performance during the period against the performance indicators set out in the annual operational plan for the period.	Mandatory
(d)	Pages 57, 99	Information about sanctions imposed under Part 7B for noncompliance with aged care responsibilities, including the nature of the noncompliance and the sanctions imposed.	Mandatory





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