



Annual Report 2021-22



Australian Government
Aged Care Quality and Safety Commission

Engage
Empower
Safeguard



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

Aged Care Quality and Safety Commission

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Australian Government
Aged Care Quality and Safety Commission

Engage
Empower
Safeguard

The Hon Mark Butler MP
Minister for Health and Aged Care
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* and section 46 of the *Public Governance, Performance and Accountability Act 2013*.

This report includes information related to the functions of the Commissioner of the Aged Care Quality and Safety Commission, from 1 July 2021 until the end of the reporting period on 30 June 2022.

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
10 October 2022

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agedcarequality.gov.au

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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 2021 to 30 June 2022.

In last year's message I reflected on the impact of the COVID-19 pandemic and the unparalleled challenges it had presented for the aged care sector, particularly consumers, aged care workers and providers. Since then, the optimistic hope shared by many for a better year to come has been tempered by the emergence of a new more transmissible strain of the virus that affected a growing proportion of the population, including many in residential aged care. While improved preventative strategies and treatment options have successfully reduced the overall fatality rate from COVID-19, the Commission continues to have a high level of concern that frail older Australians are more susceptible to severe illness and death.

This situation has confirmed the vital importance of ensuring that everyone in the Commission, and all those who deliver aged care services, whether in people's homes, in community settings or in residential facilities, keep consumers at the centre of everything they do. That has been our unwavering commitment throughout 2021–22, as we have worked to strengthen our capabilities, and find new ways to listen to and understand the needs of consumers and the challenges of the providers we regulate.

As for all regulators, the Commission's effectiveness relies on our ability to efficiently support providers to comply and lift performance through standardised approaches such as educational activities, guidance and targeted calls to action, and alongside this, to direct proportionately more regulatory effort towards those providers that pose the greatest risk to consumers.

This approach starts at the point of market entry, with the Commission assessing the suitability of providers wanting to deliver aged care services (through the provider approval process) and re-assessing providers' ongoing eligibility through the re-accreditation and quality audit programs.

For providers participating in the aged care market, the Commission's aim is to support them to meet their legislated obligations through provision of accessible information and education about the responsibilities and standards they need to meet.

Our monitoring activities across the sector, many of which involve direct engagement with individual providers and services, then serve to incentivise and promote ongoing provider compliance. Findings from those activities help inform the Commission's broader regulatory strategy and priorities, by assisting us to better understand common


barriers to compliance and where best to target interventions that improve performance and/or deal with more acute risks.

The Commission uses a range of data to identify providers at greatest risk of non-compliance. We make use of real time intelligence from sources such as serious incident notifications, other mandatory reporting obligations, complaints, findings from re-accreditation visits, investigations, risk-based quality monitoring including site visits, random spot checks, tip-offs and phone contacts.

Where non-compliance is detected, the Commission takes a risk-based proportionate approach to determine when and how to use formal compliance procedures and enforcement tools. This decision is informed by the nature of the risk and what outcome we are aiming to achieve. For example, where a provider's non-compliance has a low-level potential impact for consumers and appears to be caused by a lack of understanding regarding the requirements of a standard, our intervention will draw on administrative processes and/or compliance procedures geared towards assisting and incentivising the provider to promptly remedy the non-compliance.

However, where we identify an immediate and severe risk to a consumer, we will not hesitate to take action to contain the risk of any harm (or further harm) being caused. For example, where there is clear evidence of persistent disregard by a provider of their obligations, the Commission will draw on all available compliance and enforcement tools, including sanctions, to ensure the safety of consumers. At times, and as a very last resort, this may involve a decision to revoke a residential provider's accreditation or a provider's approval to deliver Commonwealth-subsidised aged care.

To support the Commission's effectiveness working across multiple fronts, we have a number of performance targets. Our operational plan for 2021-22 was ambitious. Despite the disruptive impact of COVID-19, I am pleased that we achieved most of our performance measures. Where that was not the case, it is because we made conscious decisions to use our available resources differently based on our understanding of the risk landscape. Other activities will continue to progress through the 2022-23 reporting period.



**Where we identify
an immediate and
severe risk to a
consumer, we will not
hesitate to take action**

Message from the Commissioner

Throughout 2021–22, in parallel with our regulatory activities, we have continued to plan and implement the reform agenda flowing from the Royal Commission into Aged Care Quality and Safety. I expect that the pace of reform will quicken in the year ahead as some of the substantive measures move from the planning to the execution phase. This is an exciting time, and I am committed to ensuring that as the Commission implements these measures, we do so in a way that builds everyone's confidence and trust in the quality and safety of aged care services.

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 demonstrated a willingness and capability 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 former Minister for Senior Australians and Aged Care Services, Senator the Hon Richard Colbeck, for his support and guidance during this reporting period, and welcome the Minister for Health and Aged Care, the Hon Mark Butler MP and the Minister for Aged Care, the Hon Anika Wells MP to the portfolio. I am also grateful to outgoing chair of the Aged Care Quality and Safety Advisory Council, Ms Andrea Coote, and welcome incoming chair Maree McCabe AM. I thank 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.

A handwritten signature in black ink that reads "J. M. Anderson". The signature is written in a cursive, slightly slanted style.

Janet Anderson PSM

Commissioner

10 October 2022

Overview



About the Commission

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

The responsible minister is the Hon Mark Butler MP, Minister for Health and Aged Care.

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 (Rules).

The Commission is responsible for the following outcome in the 2021–22 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

The Commission was established on 1 January 2019, bringing together the functions of the Australian Aged Care Quality Agency and the Aged Care Complaints Commissioner. Additional aged care regulatory functions were transferred to the Commission from the then Department of Health on 1 January 2020. The scope of our regulatory functions continues to expand.

The Commission is a non-corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). We operate independently and objectively in performing our functions and exercising our powers as set out in the ACQSC Act and Rules. We regulate providers with regard to their responsibilities set out in the *Aged Care Act 1997* and the principles made under that Act (including the Quality of Care Principles, User Rights Principles and Accountability Principles).





Another of our core roles is to manage and, where possible, resolve complaints about aged care services

Our role as the national regulator of aged care services is to uphold the objects of the ACQSC Act:

- to protect and enhance the safety, health, wellbeing and quality of life of aged care consumers
- to promote engagement with consumers about the quality of care and services
- to promote confidence and trust in the provision of aged care.

We regulate to ensure that aged care is high quality, safe and person-centred, and that aged care services are well managed. Increasingly, we also regulate to ensure that providers are financially sound to sustainably deliver services to consumers.

Our functions

The Commission applies the range of functions and powers available under the ACQSC Act, Rules and the Aged Care Act, including:

- informing consumers and their representatives about their right to quality and safe care and services
- approving providers of aged care and assessing the suitability of key personnel
- educating providers on their responsibilities to deliver quality and safe care and services, and providing guidance on best practice
- regulating aged care services by accrediting, conducting quality reviews, and monitoring the quality of care and services
- dealing with complaints made or information given to the Commissioner about an approved provider's responsibilities under the *Aged Care Act 1997* or funding agreement
- responding to reportable incidents under the Serious Incident Response Scheme (SIRS)
- reviewing and investigating the use of refundable deposits and the charging of fees, and assessing whether providers are financially sound to sustainably deliver quality services to consumers
- responding to non-compliance by approved providers with their aged care responsibilities and taking enforcement action as appropriate
- publishing data and insights on sector and provider performance.



Our regulatory approach

Our approach to regulation is underpinned by a central concern to safeguard every aged care consumer's right to quality and safe care and services. We do this by focusing on risk, and by promoting provider accountability, transparency and continuous improvement.

Our regulatory strategy includes preventing, detecting, and responding to risks to the safety and wellbeing of aged care consumers. We have built our intelligence capabilities to help us understand the performance of the market and providers, and to detect risks. We use intelligence to identify risk and ensure that our regulatory approach is well-targeted and effective in protecting consumers. Intelligence is also drawn on to signal to the sector and providers the issues that they are best positioned to address. Our aim is to incentivise providers to build a positive risk culture that addresses risks to quality and safe care. Increasingly, we are also monitoring and pointing to financial viability risks that could result in business failure with potential to harm consumers and their interests.

Through this work, we seek to create an environment focused on lifting performance across the sector while also remaining ready and able to respond promptly to protect consumers where harm may already be occurring.

We use education, information and targeted communication as key preventative tools. Monitoring and assessing higher-risk providers ensures that we can take timely and proportionate compliance action where their care and services fall short of legislated standards.

We have adapted to changing circumstances since our establishment in 2019, matching the pace of aged care reform. We have continued to hold aged care providers to account for providing safe, quality care to their consumers throughout the COVID-19 pandemic, and adjusted our regulatory response to minimise evolving risks.

Major sector-wide reform commenced following the final report of the Royal Commission into Aged Care Quality and Safety (2021) which continues to have significant implications not only for providers and consumers, but also for the Commission. Our commitment to continuous improvement and becoming a world-class regulator puts us in a strong position to contribute as a leader in this reform program, and to support an aged care system in Australia that provides safe, quality care, and a valued experience for every consumer.

Our values

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



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.



Respectful

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



Impartial

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



Accountable

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



Ethical

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

The way we work

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 including through third party services to achieve our goals
- 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. We place consumers at the centre at all times.

Consumers and providers of aged care services and the public are aware of what should be expected of quality care and services.

Consumers are engaged and empowered in their care and can easily make complaints or provide information about their experience. The experience of consumers informs our regulatory activities.

2. We continue to enhance our regulatory approach to strengthen aged care quality and safety.

We respond to Government priorities. Our processes and activities are targeted, efficient, effective, and deliver high-quality outcomes.

Our effective collaboration with the Department of Health and Aged Care (the Department) and other agencies for the delivery of aged care quality reforms ensures desired outcomes are achieved.

3. We advance proportionate, intelligence-led, risk-based regulation.

We apply robust standards, guidance, assessment, investigation, monitoring, compliance, and enforcement practices to strengthen our regulatory effectiveness.

The collection, analysis and publication of information improves transparency and understanding of provider risks and sector trends and in turn, guides our regulatory activities, ensuring the decisions we make are proportionate to risk.

4. We are an effective, capable and accountable regulator.

Our capability and effectiveness are strengthened as an integrated regulator. We build a workforce fit for the future that can manage change and whose wellbeing is a core priority.

We invest in our people and systems to support our operations and prioritise collaboration and engagement.

Organisational structure

Name	Position title	Commencement date	Cessation date
Janet Anderson PSM	Commissioner	1 July 2019	

Table 1: Details of accountable authority during 2021–22



The sector at a glance



2,674

Residential care services



2,221

Home services*

187,977

Residential care consumers

1,042,435

Home services* consumers

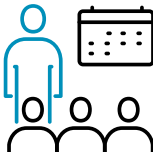
* Includes home care packages and Commonwealth Home Support Programme

Educational activity



13,534

Alis users



87

Workshop sessions



1,266

Workshop participants

Regulatory activity



9,469

Complaints
finalised



34,485

Reportable incidents
received and assessed



8,459

Assessment
contacts



201

Non-Compliance
Notices



19

Incident Management
Compliance Notices



5

Restrictive Practices
Compliance Notices



281

Directions



56

Notices to Agree



25

Sanctions

What we know about consumers

The aged care sector exists to benefit older Australians when they need additional care and support. Aged care services are relational services; they rely on the person delivering care to understand the needs and wants of the person receiving care. The personal nature of aged care means that even short interactions require the carer to relate in a way that builds trust. Delivering care through trusted relationships supports a truly great aged care experience.

A successful aged care system is one focused on empowering older people to live the life they want. The Commission's role is to incentivise aged care providers to create the right environment – to build systems of care and workplace cultures that will achieve this objective while managing risks that have potential to cause harm. The Commission supports this through listening to consumers, providing education, promoting best practice, monitoring provider compliance with the quality and prudential standards and where needed, calling out and responding to poor behaviour and practice.

Older Australians receiving aged care reflect the diversity of our population. For example, 33% of care recipients are born overseas, with two-thirds of that group born in non-English speaking countries. Aboriginal and Torres Strait Islander Australians comprise 2.7% of people receiving aged care. Aged care consumers also have a diverse range of socio-economic and educational backgrounds, accompanied by a wide variety of beliefs, values and preferences.

A sector that understands and values diversity is fundamental to creating an environment where individuals are encouraged to be open about themselves and how they would like to live their lives.

For a number of older people in this country, there is a gap between what they are seeking from aged care and what it delivers. A gap is also apparent between societal expectations and individual experiences of aged care. A widespread acknowledgement of these gaps is providing the impetus for the transformational changes to the aged care sector being pursued by the federal government. The community expects aged care providers to significantly improve the safety, quality and outcomes of their care for consumers. Aged care consumers want services that are tailored to their changing needs. This is reflected in the increased demand for in-home care services and the changing expectations for more personalised residential aged care experiences.



**Older Australians,
as is the case with the
broader community, have
diverse backgrounds,
experiences and interests,
that must be respected**

These changing expectations were strongly echoed through the Royal Commission into Aged Care Quality and Safety, which provided a framework of recommendations to lift performance and build a more innovative, adaptive, sustainable and well-governed sector. These principles have informed the reform agenda under the former and current federal governments.

For some aged care providers, the uplift in performance will require them to invest in building new capabilities and new ways of delivering care. The diversity of the aged care sector means that the scale and pace of investment will not be uniform, and some providers are likely to encounter greater challenges than others, including in managing ongoing issues with workforce supply.

We recognise that over the next few years, there will also be challenges for aged care providers to adapt to the requirements of the new aged care reforms. We remain committed to protecting consumers and holding providers to account to meet their obligation to provide safe, quality care. Our regulatory approach seeks a balance between providing education, guidance and data to support providers to understand and aim for best practice, and respond to issues and risks as they arise. We encourage providers to strengthen the capabilities that will help them to lift performance and deliver the quality services that consumers want.

What we know about providers

Aged care providers, like consumers, are diverse. The most significant differences among providers relate to their underlying business model, size and location. This is explored further in the following sections.

Providers operating in more isolated areas serving remote communities can experience unique challenges relating to the availability of a skilled workforce, as well as supply of goods and services.

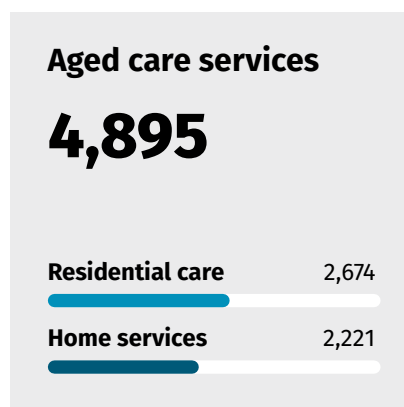


Figure 1: Aged care services in Australia

Residential services by state and remoteness *

	NSW	VIC	QLD	SA	WA	TAS	ACT	NT	AUS
Major cities	546	466	279	155	201	–	27	–	1,674
Proportion major cities	64%	62%	59%	65%	81%	–	100%	–	–
Inner regional	224	214	110	39	17	44	–	–	648
Proportion inner regional	26%	28%	23%	16%	7%	62%	–	–	–
Outer regional	77	74	71	41	22	22	–	5	312
Proportion outer regional	9%	10%	15%	17%	9%	31%	–	42%	–
Remote	5	2	7	2	4	3	–	7	30
Proportion remote	1%	–	1%	1%	2%	4%	–	58%	–
Very remote	–	–	5	–	3	2	–	–	10
Proportion very remote	–	–	1%	–	1%	3%	–	–	–
Total	852	756	472	237	247	71	27	12	2,674

Table 2: Active residential services by state and remoteness at 30 June 2022 †

* As defined by the Australian Statistical Geography Standard Remoteness Structure

† Proportion per state may not equal 100% due to rounding

Overview The sector at a glance

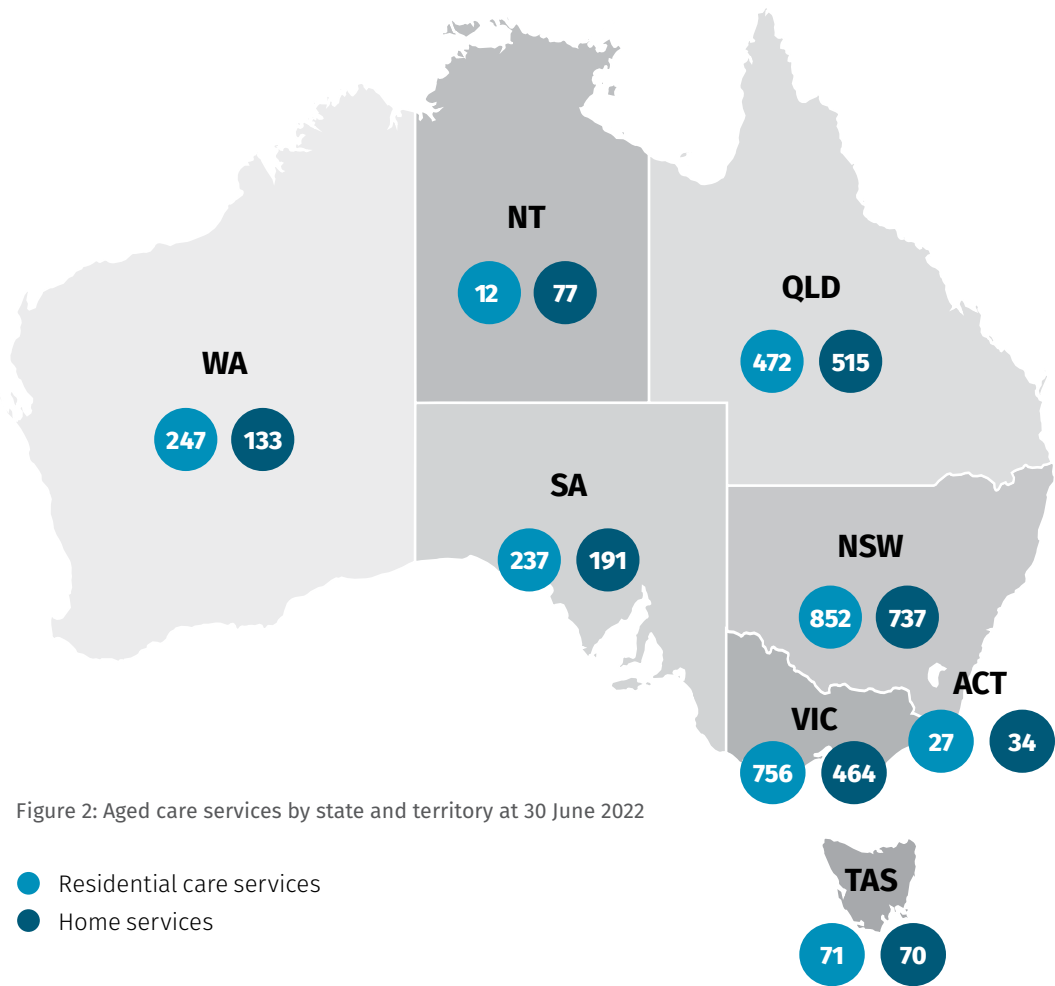


Figure 2: Aged care services by state and territory at 30 June 2022

- Residential care services
- Home services

There are also an increasing number of providers offering specialist services in response to community demand. In addition to those which are faith-based, or which cater for people from particular nationalities, there are now providers that work to meet more specific needs, such as those of LGBTIQ+ and Aboriginal and Torres Strait Islander peoples and veterans, as well as those implementing innovative solutions to improve the experience of people living with dementia.

Many aged care providers understand what consumers expect and want, and focus consistently on delivering a positive experience of aged care. However, some providers encounter greater difficulties in establishing or maintaining this focus.

The year in review

The Commission has an important role in fostering trust and confidence in the quality and safety of aged care services. We do this by using available regulatory tools to incentivise and influence the actions and behaviour of aged care service providers. This report outlines our activities to this end, including working in partnership with others, responding to consumer complaints, monitoring compliance with quality and prudential standards, education, investigation and, where necessary, taking enforcement action. Reference is also made to major external influences including COVID-19 and the reform agenda, as well as the investment we are making towards our goal of becoming a world-class regulator.



COVID-19

Impacts on consumers, providers and our operations

The aged care sector continues to be significantly affected by COVID-19 outbreaks. The impact on older Australians accessing aged care services cannot be overstated. They are more vulnerable to severe illness, and infection prevention measures can leave many people feeling isolated from friends, family and their wider community. Experiencing COVID-19 at home or in a residential care service can be frightening, disruptive and challenging for individuals and their families. We also acknowledge the significant complexities and impacts for providers and particularly aged care workers in delivering safe quality care in an operating environment affected by COVID-19.

Public health policy settings have continued to evolve over the course of the pandemic, giving providers more flexibility to take a risk-based approach to managing their workforce. We now have very clear expectations around continued support for essential visitors in residential aged care including where there is a COVID-19 outbreak.

The sector continues to mature its capability to deliver safe quality care in a 'COVID-19 normal' environment including managing risks in a way that balances the rights of aged care consumers. However, there is more to do.

Where we have seen higher levels of transmission and infection in the broader community, this has been reflected in the numbers of outbreaks in residential aged care. The risks continue to be high and ongoing. Timely vaccination and early access to anti-viral medications is critical to ensure the best possible outcomes for older Australians. Continued improvement in infection prevention and control practices that limit the spread of infection is critical. The sector must remain alert and responsive to evolving public health outbreak management advice. The Commission recognises the challenges for providers in managing the substantial workforce impacts from COVID-19 in the context of broader workforce pressures across the sector.

Our work program over 2021–22 has been heavily focused on our response to COVID-19, identifying, monitoring and responding to the associated risks for aged care consumers and providers. In carrying out our functions, we must necessarily limit our onsite contact for services that are experiencing a COVID-19 outbreak and must also ensure that staff with potential exposure to COVID-19 do not visit aged care services. We have also experienced the workforce impacts common across the broader community with loss of staff time. Our COVID-19 response has been informed by consideration of all these factors.

Our response

We continue to use our full range of regulatory functions and powers to monitor and respond to the pandemic by ensuring that providers are proactively managing risks to their consumers. This has included a rapid shift to both targeted onsite infection control monitoring spot checks, and the use of alternative evidence-gathering processes where site visits to aged care services are not appropriate. For example, we completed over 4,600 phone-based assessments to minimise risk to consumers and still ensure that services were prepared for and managing outbreaks appropriately.

We use our data and intelligence analysis functions to target regulatory activities based on an assessment of COVID-19 risk, to inform education, engagement, monitoring and enforcement activities. We work closely with other government agencies, and provider and consumer groups to provide guidance to the sector, and resources for consumers and their families.

Key actions we take specifically in the context of COVID-19, include:

- undertaking more infection prevention and control monitoring spot checks at individual aged care services with an increased risk of an outbreak
- continuing to assess and investigate serious incident notifications related to COVID-19
- using intelligence from spot checks, complaints, incidents and other sources to understand associated risks and target regulatory activities including guidance and support
- developing and promoting best practice outbreak management resources to the sector
- engaging with state and territory health authorities and the Department of Health and Aged Care to identify and respond to risks in the sector
- participating in outbreak management meetings to support providers experiencing an outbreak
- resolving complaints and engaging more closely with services where concerns have been raised about the impact of COVID-19 on care
- holding providers to account by taking compliance and enforcement action where necessary.

Regulatory activities	Total
Number of targeted infection control-based regulatory activities (includes onsite spot checks and offsite engagements to test preparedness)	5,490
Number of onsite infection control spot checks completed (includes residential and National Aboriginal and Torres Strait Islander Flexible Aged Care Program services)	878
Number of Outbreak Management Team meetings attended	5,216
Total compliance actions taken in relation to COVID-19 risk *	37
Notices to Agree	30
Sanctions	6
Non-Compliance Notices	1
Total complaints relating to COVID-19 (received)	1,280
Total complaint issues relating to COVID-19 (received) †	1,630
Total complaint issues relating to COVID-19 resolved ‡	1,500

Table 3: Regulatory activity 2021–22

* A service may have more than one compliance action

† A complaint can raise multiple issues

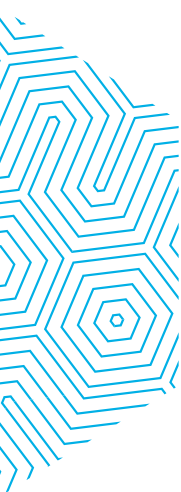
‡ This includes some issues received prior to 2021–22

COVID-19 has contributed to an increase in the overall volume of complaints about services due to visitor restrictions, concerns about preparedness and prevention, and impacts on the quality of care. COVID-19 related complaints account for 6.8% of all complaints received over the year.

We have responded to and resolved 1,500 COVID-19 related issues raised within complaints.

Most frequent COVID-19 complaint issues raised	Rank
Visitor restrictions	1
Concerns about preparedness and prevention	2
Isolation – infection control	3
Lack of communication	4

Table 4: Most frequent COVID-19 complaint issues raised 2021–22



Contribution to the reform agenda

In 2021–22 we have continued to work alongside the Department of Health and Aged Care to deliver the reform agenda that implements the recommendations of the Royal Commission and brings transformational change to aged care. This has included:

- preparing for the introduction of a code of conduct for aged care, the extension of the serious incident response scheme to home and flexible care services, and enhanced provider governance responsibilities
- revising the Aged Care Quality Standards (the Quality Standards) with a focus on the areas of food, dementia care, governance and clinical care, as recommended by the Royal Commission
- contributing to the development of a new Aged Care Regulatory Framework, and Aged Care Act
- collaborating across government on alignment across the aged care, disability support, and veterans' care sectors.

As the regulator for aged care, we have specific responsibilities for education of the aged care sector. To support consumers and their families and providers to prepare for these important reforms, we are developing a broad suite of communications and educational materials. To ensure this material is easy to understand and fit for purpose, we will consult with stakeholders in early 2022–23.

We have also commenced large-scale processes to update and design new internal policies and procedures, improve and develop Information and Communications Technology (ICT) and business systems, and recruit and train staff.

As part of the aged care reforms, a new Financial and Prudential Monitoring, Compliance and Intervention Framework (the Framework) is being implemented which will see stricter reporting and disclosure obligations and strengthened financial oversight and prudential requirements for approved providers of aged care. The Department of Health and Aged Care is leading the implementation of the Framework through a phased approach over 3 years which will involve the Commission taking on an enhanced role in financial and prudential regulation. This will be supported by a Financial and Prudential Regulatory Strategy which we are currently developing.

Strengthening the role of the Commission

Expanded regulatory powers

On 1 April 2021 changes to the *Aged Care Quality and Safety Commission Act 2018*, (ACQSC Act) expanded the Commissioner's powers to administer and enforce the aged care responsibilities of approved providers. The legislative amendments included further enabling standard regulatory powers via the *Regulatory Powers (Standard Provisions) Act 2014*, in addition to introducing bespoke enforcement powers to provide us with a more graduated suite of powers for ensuring compliance and protecting consumers.

Changes included:

- providing the Commission with powers to seek the imposition of civil penalties on providers for breaches of obligations
- allowing the Commission to enter into an Enforceable Undertaking with a provider: a written agreement between an approved provider and the Commissioner, specifying actions that the approved provider will take, or refrain from taking, to address or prevent non-compliance with obligations
- empowering the Commission to apply for an injunction to force a provider to take, or refrain from taking, actions, where there is serious and immediate risk to consumers
- enhancing the Commission's powers to compel providers to provide information where it is relevant to the Commission exercising its regulatory functions.

During 2021–22, we have been progressing work to enable the effective use of the new powers. This has included amendments to, and development of policies, procedures and guidelines as well as staff training to ensure that our powers are lawfully applied and exercised in accordance with best practice, and in a timely, consistent and risk-proportionate manner. We continue to manage non-compliance by taking regulatory and enforcement actions that are proportionate to the assessed risk to the health, safety, wellbeing and quality of life of consumers as we progress towards full implementation of the new powers.

Uplift of Commission capability

The Commission's internal work program

As part of the continued growth and development of the Commission, we undertook an Optimising Capability Project during 2021–22, which assessed the maturity of current and required future organisational capabilities of the Commission as an effective, risk-based regulator. The project developed a capability architecture as the foundation for assessing the current maturity of the Commission's organisational capabilities and for prioritising future capability uplift initiatives.

Our capability maturity was assessed through a number of methods including benchmarking and a survey of leaders across the Commission. Areas for further development were identified and incorporated in a plan designed to drive capability uplift across the Commission. This work will support the external capability review of the Commission anticipated in 2022–23.

Expanding the quality assessment workforce

We further expanded our registered quality assessment workforce to support a growing assessment program funded through a 2020–21 budget measure. In 2021–22, we have trained and registered an additional 146 quality assessors recruited by four external providers under a Deed of Standing Offer to undertake site (re-accreditation) audits at residential care services. A total of 251 audits were delivered under the contractor program, largely in the fourth quarter of the year, representing over 35% of total audits completed.

The external quality assessors are managed through a detailed quality assurance framework to monitor and support quality and consistency in audit activities. All quality assessors are required to operate within the Commission's policies, procedures and assessment methodology. We have supported the onboarding of quality assessors through the establishment of additional guidance, onsite support for Assessment Teams and independent work sampling to ensure consistency in the application of Commission procedures. All audits, regardless of which quality assessors are undertaking the activity, are subject to the Commission's independent feedback survey of providers.

The external quality assessor workforce will continue undertaking audits along with the Commission's staff for a second year into 2022–23.

Strengthening intelligence-led regulation

We apply an intelligence-led, risk-based and proportionate approach to regulation. This means that the focus of our activities is on the areas of greatest risk to the safety, health, wellbeing and quality of life of aged care consumers, and on those providers that are not meeting their aged care responsibilities.

We deliver on our purpose by harnessing a wide range of information and intelligence, which is analysed and used to understand risks to consumers and to the sector.

This analysis informs our actions including our approach to the approval of providers, resolution of complaints, management of Serious Incident Response Scheme (SIRS) notifications, monitoring against the Quality and Prudential Standards, and the way we respond to non-compliance.

Our analysis of information and use of intelligence also informs the actions we take to prevent risks being realised and to drive high performance. Patterns and trends are analysed which inform our targeting of regulatory activities including campaigns encompassing research, engagement, education and further monitoring on specific areas of risk. Analysis of trends supports advice to the Department of Health and Aged Care on policy and to the sector about areas for improvement.

Examples of how intelligence was used to target regulatory activities in 2021–22 include:

- the targeting of residential services at greater risk of non-compliance with infection prevention and control requirements and/or responding poorly to a COVID-19 outbreak, which resulted in extensive and targeted engagement with the Commission
- the targeting of services with greater risks of having food and nutrition issues, which was used to prioritise spot checks and education of services.

Risk and intelligence tools

We use the Risk-Based Targeting and Information Sharing (RBTIS) functionality to access and analyse information and intelligence. RBTIS brings together and analyses aged care data from the Commission and external sources. It provides us with intelligence tools including dashboards, risk screening tools, and risk models to inform the assessment of risk and to target regulatory activities.

Our risk models allow the Commission to target specific issues of concern and/or identify services and providers at risk of failures in the delivery of care to consumers. This is done by building a current and holistic understanding of services and providers, through drawing together data from different sources.

We currently use a risk model for residential aged care service risks and in 2021–22 developed prototype risk models for financial risks and home services risks, which will be tested, refined and operationalised during 2022–23.

The risk models help us to understand the performance of the sector, detect risk, and assess the likelihood and consequence of those risks being realised by a specific service or provider. This supports us to effectively and efficiently target regulatory oversight to providers and services that pose the greatest risk to consumers. The risk models also allow us to target risks at the sector-wide level (for example, financial and prudential risks).

We will continue to enhance existing risk models and develop new models to address specific and emerging risks, including identifying the inappropriate use of restrictive practices in residential services.

Data used in risk and intelligence tools

In 2021–22 we received and analysed large volumes of data about consumers, providers and the delivery of aged care. These included:

- consumer information, including consumer demographics and the services received or assessed as being required (from National Screening and Assessment Forms), and Consumer Experience Interviews from the (then) Department of Health
- provider information, including:
 - provider operating characteristics (for example, organisational information, service types being delivered, service sites, number of consumers)
- provider reports, including:
 - serious incident notifications
 - material change notifications
 - quality indicators (quarterly)
 - quarterly reporting on food and nutrition expenditure
 - Aged Care Financial Reports (annual) including Annual Prudential Compliance Statements
 - vaccination and infection prevention and control leads' details
- regulatory intelligence, gathered through a range of mechanisms, including:
 - the outcomes of performance assessments and other monitoring activities we undertake (such as investigations, provider surveys, requests for information, phone calls, site visits, contacts with consumers)
 - providers' compliance history
 - feedback and complaints.

Our risk and intelligence tools are updated as new data becomes available, with the following data sources to be included in 2022–23:

- the Australian National Aged Care Classification care funding model, which will replace the Aged Care Funding Instrument
- quarterly financial reporting
- home services SIRS notifications
- information about provider key personnel requirements
- new quality indicators.

Consumer engagement

Strategy launch of consumer and families panel

The experience of aged care consumers, their representatives and families, is central to our purpose – they are why we exist. We have developed a plan to strengthen our engagement with older people and ensure that we listen carefully and act on issues that matter to them. Our plan will ensure that:

- consumers and the public are aware of what should be expected of quality care and services
- consumers are engaged and empowered in their care and can easily make complaints or provide information about their experience
- the experience of consumers informs our regulatory activities
- consumer engagement is embedded into Commission activities and staff have the capability to engage effectively.

We have started to implement activities under the plan and this will continue to be an important area of focus during 2022–23.

We want to hear directly from older people and those close to them about issues that are important to them. To this end we have invited older people, carers and family members to join our new Consumers and Families panel. The panel will provide comments and suggestions to help us improve the way we regulate aged care services and make sure that the information we produce is useful and easy to understand. The panel will meet for the first time early in 2022–23 and will be invited to share ideas and opinions as we implement reform and continue to improve our processes and communication channels.

Complaints and contact with Commission

Resolving complaints

The Commission's complaints resolution process aims to improve outcomes for individual consumers and to identify areas for systemic improvement. The volume of complaints received about providers in 2021–22 was 12% higher than in 2020–21 and 21% higher than in 2019–20. Over the same period, we have progressively increased the number of staff working in this area and the number of complaints we have resolved. In 2021–22, we resolved 9,469 complaints, which was 3% more than in 2020–21 and 17% more than in 2019–20. Systemic themes have been reported to the sector through the quarterly sector performance reports. The Commission is also progressing a range of initiatives to improve our performance in this vital area during 2022–23.

New front door

Since 2021 we have been working to provide a more efficient, accessible, consistent and user-friendly experience for our customers (aged care consumers, their families, providers and the general public), to make it easier for them to provide feedback, raise a complaint or make an enquiry. Considerable progress has been made during 2020–21 and a new contact centre technology which integrates our phone, email, webform, SMS and web chat channels into one platform was implemented on 1 July 2022. The integrated platform will make it easier to contact us, and for us to understand who is making contact, what their needs are, how they prefer to contact us and the nature of the feedback, enquiry or complaint. The information we receive enables us to better match our resources and processes to deliver a quality and integrated service. We are continuing to work towards implementing further improvements in relation to our knowledge management systems and identifying opportunities to use our new technology to deliver further efficiencies and improvements to customer services.

Increase in contacts with the Commission

Throughout 2021–22 we have been working hard to manage significantly increasing volumes of contacts made with the Commission. The total number of contacts increased by 35% compared with last financial year, which was largely driven by the increase in enquiries (by 76%). This underlines the important role the Commission plays in providing information to the community about our role as the aged care regulator, and the assistance we can provide to help ensure the safety and protection of aged care consumers.

Approval of entities to provide aged care

Application assessments

The approval of providers is a function that was transferred to the Commission from the (then) Department of Health at the beginning of 2020. In September 2021, we advised providers that cost recovery would be introduced to cover the costs of managing the assessment of applications from November 2021, with application fees ranging from \$8,780 to \$11,710*.

In the six weeks prior to the introduction of the application fee on 15 November 2021, 225 applications were received compared with 214 applications received for the entire 2020–21 financial year. Between 15 November 2021 and 30 June 2022, a further 24 applications were received that were subject to the new fees.

To help manage the late 2021 surge in applications, we procured the services of an external provider with an initial expectation that assessments of applications with recommendations would be finalised for decision by the Commission delegate by June 2022. However, it became apparent that most of the applications received in the surge were incomplete and further information was required in order to assess them. This has taken additional time and based on the current completion rate, it is expected that the backlog of applications will be addressed by the end of September 2022.

* On 1 July 2022, application fees were marginally decreased

Provider governance

Governing for Reform in Aged Care Program

We are implementing the Governing for Reform in Aged Care Program to enhance the quality of care and services delivered to consumers by strengthening the corporate and clinical governance capability of governing bodies and senior leaders of approved providers of residential and home care aged care services. The program was launched in December 2021 with the commencement of a consultation phase with the sector and a literature review to build on existing understanding of the current state of corporate and clinical governance in the aged care sector, contemporary best practice, and best practice approaches to uplift the capability of the sector.

The program opened for enrolments on 16 March 2022. The program is underpinned by a capability and evaluation framework designed to measure shifts in capability for participants through a range of diverse learning activities.

Key learning activities include:

- online learning modules including 4 core and 12 discretionary modules on key topic areas
- a toolkit of topic guides and tools to support learning modules and activities
- action learning groups to support engagement by participants in key areas of interest
- face to face and virtual workshops on key issues impacting on the aged care sector
- monthly webinars with panels of guests and experts from within and outside the sector
- a series of podcasts from experts and leaders within the sector to hear their stories
- coaching for small, rural/remote providers to support their engagement in the program
- leadership sprints for larger providers to focus governing bodies and executives on challenges facing their organisations.

Ongoing participant feedback is being used to enhance course content.

Work is also ongoing on communication and engagement strategies, so that the sector is well informed about the program. The program on track to meet its target of 3,700 participants by June 2023.

Sector capability strategy – Enriching Life Through Care

The findings and recommendations of the Royal Commission prompted widespread acknowledgement that transformational change is required across the aged care sector to deliver improved care experiences for senior Australians. Recognising our important role in helping to drive the required changes, the previous government provided funding for the Commission to establish a position of Assistant Commissioner with responsibility for leading a program aimed at building sector capability. Ms Lisa Peterson PSM commenced in this role in February 2022.

Our approach to building sector capability sits within the risk prevention/mitigation domain. It reflects a regulatory posture that is suitably responsive in enforcing the standards from the bottom-up, while simultaneously taking a top-down approach focused on engaging with and galvanising organisation leaders to join in lifting their own, and sector-wide, performance.

Any regulatory system is supported and reinforced not just by formal rules, but also by norms, industry practice and community expectations. The sector-wide aged care reform program now underway is changing the rules through progressive legislative amendments leading to a new Aged Care Act with a new regulatory framework incorporating redesigned quality standards. Norms, industry practice and community expectations are also changing. The Commission's sector capability strategy seeks to modify provider behaviour in relation to rules, norms and industry practice. It will include:

- mechanisms that build in incentivising excellence and lifting performance over time, rather than merely requiring compliance with legal obligations
- collaboration with stakeholders across the sector to foster innovation, continuous improvement and clear lines of responsibility and accountability.

The purpose of the sector capability strategy is to influence sector performance by incentivising providers to invest in capabilities that deliver high quality services that consumers want. The sector capability strategy will deliver on its purpose by:

- building high-trust and robust relationships between senior leaders across the sector and the regulator
- championing sector investment in capabilities needed to support market transformation and achievement of the required reforms
- delivering new education and information products that enable capability uplift.

The Enriching Life Through Care program explores the sector's pathway to transformation through the lens of consumer experience. The roundtable forums provide a valuable opportunity for the Commission to connect with senior sector leaders and hear directly about how providers are responding to consumer expectations for a different and better experience of aged care.

Over 2021–22 we held forums in Queensland, Tasmania, Victoria, South Australia and Western Australia. We heard a range of views and experiences from sector leaders representing the diversity of leaders in residential and in-home and community care. Roundtables are planned for New South Wales, the Australian Capital Territory and the Northern Territory in early 2022–23.

From these conversations, we are gathering insights and examples of how providers are changing the experience of aged care. We have also captured provider ideas on how the Commission can better frame and target information and education resources to support sector capability uplift and opportunities to improve our engagement with the sector across our regulatory functions. We will be reflecting our learnings in a sector report including examples of some of the great initiatives that providers have shared with us. This program is the first stage in a broader program of engagement with sector leaders.

Residential aged care

New quality indicators

We continue to support the National Mandatory Quality Indicator Program to improve quality and transparency in residential services. We use quality indicators as part of our risk assessment processes, to support our identification of higher risk services in areas such as food and nutrition. We have assisted providers with queries on how to report data, particularly for the new quality indicators introduced this year: falls and medication management.

Data from the Quality Indicator Program as well as the Commission's Service Compliance Ratings will contribute to the Department of Health and Aged Care's development of star ratings, and other measures, to help consumers choose providers.

During the year, we supported transparency of sector performance through our work with the Australian Institute of Health and Welfare to release quarterly and annual reports about quality indicators. We are also supporting the Department with the development of new quality indicators for both residential and home services through representation on the Department's Technical Expert Group.



Serious Incident Response Scheme

The introduction of the Serious Incident Response Scheme (SIRS) in April 2021 expanded the range of regulatory powers available to us to support regulatory effectiveness and improved consumer outcomes.

We consider the risk of harm to consumers (consequence of harm) and the trust in the provider (likelihood of managing harm) in determining the appropriate regulatory response.

The regulatory powers specific to responding to a SIRS notification may include requiring a provider to:

- give information and/or documents
- take specified remedial action
- give a final report about a reportable incident
- carry out an investigation into a reportable incident
- engage a qualified and independent expert to carry out an investigation into a reportable incident.

We may also refer information regarding a reportable incident to police or another body with responsibility in relation to the incident.

During 2021–22, we have been embedding and improving the use of these new regulatory response powers to ensure they are used effectively and appropriately to promote improvements in providers' incident management. This has included amendments to, and development of policies, procedures and guidelines as well as staff training to ensure that our powers are lawfully applied and exercised in accordance with best practice, and in a timely, consistent and risk-proportionate manner.

Restrictive practices

The Commission established a Restrictive Practices Unit (RPU) in December 2021 and appointed a Senior Practitioner, Restrictive Practices in January 2022 to strengthen our expertise in and focus on ensuring that consumers are treated with dignity and respect, and the risks to their safety, health and wellbeing through the use of restrictive practices are minimised. The need for additional regulatory attention to be given to this area of practice was highlighted by the Royal Commission and also in the final report of the independent review of legislative provisions governing the use of restraint in residential aged care (December 2020).

Restrictive practices potentially affect a person's human rights, their quality of life and their health. The harms of restrictive practices are generally under-recognised, and in many cases the proposed and perceived benefits have little evidence to support them. On 1 July 2021, amendments to the *Aged Care Act 1997* and the *Quality of Care Principles 2014* (the Principles) came into effect which clarified and strengthened restrictive practices requirements; further protections relating to requirements for behaviour support planning commenced on 1 September 2021.

A principal role of the RPU is to provide clinical expertise and advice to Commission staff on behaviour support and other aspects of restrictive practices. This is to support the regulatory functions of the Commission in: the resolution of complaints; response to notifiable incidents; accreditation, quality assessment and monitoring; and taking compliance action about restrictive practices, including breaches of the *Quality of Care Principles*.

Key internal activities of the RPU to date have included:

- responding to inquiries related to behaviour support and restrictive practices
- holding community-of-practice sessions for clinicians and regulatory staff to enhance capability in undertaking their roles
- delivering targeted group training sessions in relation to behaviour support and restrictive practice
- providing a mandatory professional development session for quality assessors to build their understanding of common health conditions which can contribute to behaviour changes, person-centred care, behaviour support and restrictive practices
- undertaking an audit of all the Commission's resources that refer to aspects of restrictive practices to update as necessary.

The RPU's role in sector education is being developed alongside the above work, and will be pursued in 2022–23.

Pharmacy Outreach Project

The Pharmacy Outreach Project targets residential services in remote and regional locations. Accredited pharmacists travel with a Commission staff member to deliver medication-related training and support to these services. Pharmacists working in the Pharmacy Outreach Project delivered training to staff at 61 services during 42 visits to mainly remote locations across all jurisdictions excluding the Australian Capital Territory. The Reducing the Use of Sedatives (RedUSE) program and antimicrobial stewardship remained the cornerstone of the training delivered to aged care staff in 2021–22.

We also developed a quality improvement activity to improve the diagnosis and management of urinary tract infections (UTI) in older people living in aged care services. To Dip or Not to Dip incorporates an evidence-based clinical pathway which guides care staff through identifying signs and symptoms of UTI, rather than completing a urine dipstick in the first instance.

Other activities

Medication. It's your Choice, a resource that the Commission developed with the Older Person's Advocacy Network (OPAN), has been translated into 15 community languages. We also collaborated with the Pharmaceutical Society of Australia (PSA) to deliver a series of webinars directed at pharmacists with an interest in working in aged care. The 4 webinars were well received and are still accessible for interested pharmacists on the PSA website*.

* <https://www.psa.org.au/>

Food and nutrition campaign

During 2021–22, we established a campaign to improve resident food, dining and nutrition in residential aged care and to increase awareness of the importance of food and nutrition to health and wellbeing.

As part of the campaign, we established an Expert Advisory Group on Nutrition and the Dining Experience. Members were appointed through a targeted expression of interest process and include experts in nutrition, oral health, speech pathology and dementia, as well as consumers, carers and advocates.

In 2021–22 the expert advisory group assisted us to develop provider and consumer resources on 4 priority areas:

- improving the overall dining experience
- supporting consumer choice
- addressing the impacts of swallowing difficulties
- improving oral health.

Input on these draft resources was sought from consumers and providers through a series of focus groups convened in late 2021 and early 2022. A total of 30 resources have been developed.

In 2021 we engaged Health Outcomes International to analyse consumer complaints lodged with the Commission (and its predecessor, the Aged Care Complaints Commissioner) about food and dining in residential aged care during 2018, 2019 and 2020. The final report* of this analysis groups complaints into eleven categories, with the top three complaints related to the meal or food quality, the quantity, frequency or accessibility of food, and food service.

In 2021 we also engaged OPAN to use its network of advocates to interview residential aged care consumers on their food and dining experience. Interviews with over 350 consumers across all states and territories were completed and are being collated and analysed by the Commission. OPAN will also use this work to produce a video on the consumer perspective.

The campaign will continue throughout 2022–23 to analyse and share the findings from the consumer food and dining surveys and to publish and implement resources across the sector.

* <https://www.agedcarequality.gov.au/media/92484>

Home services

We have continued to enhance regulation of home services using revised regulatory practices, risk-based frameworks and operational processes.

As part of our commitment to ensuring our engagement with providers is targeted, efficient and effective, we have enhanced the way we undertake quality audits and some assessment contact activities in the home services setting. This enhanced approach has transitioned into business as usual since November 2021.

Through our analysis of complaints, performance assessments, compliance outcomes and other data sources, we have identified the most common risks that impact a home services provider's ability to deliver high-quality care. These risks were published in our Quality and Safety in Home Services – 5 Key Areas of Risk guidance* in June 2022. The guidance, which includes a new risk checklist tool, helps governing bodies of home services providers to review their organisation's performance and consumer outcomes against 5 key risk areas. This resource also supports providers to deliver quality, best-practice care and services to consumers in a way that suits consumers and assists them to remain safely in their home for as long as possible.



**We have enhanced the way
we undertake quality audits and
some assessment contact activities
in the home services setting**

* <https://www.agedcarequality.gov.au/resources/quality-and-safety-home-services-5-key-areas-risk>

Worker code

Implementation role and preparatory work

We are working to prepare for the anticipated implementation of a code of conduct in the aged care sector. The code of conduct will set expected standards of behaviour that apply to approved aged care providers, aged care workers and governing persons employed by aged care providers. It is designed to enhance protections for consumers and boost consumer and public trust in services. We will be responsible for enforcing the code of conduct in the aged care sector once it is implemented. Implementation of the code of conduct is dependent on the passage of supporting legislation.



Monitoring and compliance

Incident Management Compliance Notice and Restrictive Practices Compliance Notice

As noted in the Commissioner's Message, we seek to support providers to meet their legislated requirements, and when non-compliance is detected, we take a risk-based and proportionate approach in how we use formal compliance procedures and enforcement tools.

Incident Management Compliance Notices (IMCNs) and Restrictive Practices Compliance Notices (RPCNs) are examples of this approach. We can issue these compliance notices where a provider is not, or may not be, complying with its responsibilities in relation to the use of incident management and/or restrictive practices respectively. The compliance notice compels the provider to address the actual or possible non-compliance and sets out any action that the provider must take, or refrain from taking, within a reasonable time.

Unlike other enforceable regulatory actions, a compliance notice can be issued by the Commission without the need for us to reach the same level of satisfaction that non-compliance has occurred or is occurring. These types of compliance notices may be used where there is a risk of harm to consumers and the provider's response is insufficient at the time of the notice. Such a notice is designed to elicit an immediate and proactive response outside the Non-Compliance Notice and sanctions pathway; however, provider compliance with either an IMCN or a RPCN will be considered in deciding whether to impose sanctions.

In 2021–22, we issued 19 IMCNs and 5 joint IMCN/RCPNs. No standalone RCPNs were issued.

New financial and prudential monitoring, compliance and intervention framework

During 2021–22 we continued to build our monitoring capability around provider compliance with prudential obligations. We recognise that many aged care consumers deposit large amounts of money with residential aged care providers, as their contribution towards the accommodation component of care. Approximately \$33.5 billion is currently held in deposits by providers. The refundable nature of these deposits means that providers must maintain adequate liquidity, supported by strong governance and recordkeeping practices to ensure that these deposits can be and are refunded when due.

Although the current prudential obligations exist to safeguard refundable accommodation deposits, they have broader utility. They focus attention on planning, as well as the management of operational risks, which are fundamental to sound financial management. Through this, providers are better able to make expenditure decisions that help build financial resilience, address service-related risks and lift performance. For that reason, prudential regulation is increasingly seen as a way that we can work with providers to implement appropriate planning and governance controls that help prevent consumer harm.

Over the course of 2021–22 we engaged with over 400 providers to promote compliance with prudential standards. Key themes covered through these engagements included providers' financial and prudential reporting responsibilities, requirements for repaying refundable accommodation deposits, liquidity management, and overall governance. The primary focus of this work was to educate providers to assist them in addressing areas of non-compliance. This not only built provider capability but also enabled us to gain a more detailed understanding of barriers to compliance, which in turn informs our development of more effective educational tools and information products. In addition, we completed 90 desktop assessments based on relative risk profiles, where we decided no further action was required.

Investment in development of data analytics tools

Due to the relationship between sound financial governance and sustainable quality care, we have focused on broadening our capability to detect provider compliance and financial viability risks. Early detection of risks enables interventions to be focused on remediation activities rather than management of the impact of issues that have already arisen. During 2021–22 we invested in data analytics tools to help us identify areas of greatest financial viability and compliance risk across the sector. Early testing indicates that our approach will assist us to better target our regulatory efforts. We expect to complete testing during the first half of 2022–23. This will ensure we are well positioned to take over responsibility for financial viability monitoring from the Department of Health and Aged Care, which is planned to occur from the beginning of 2023–24.

Lifting our effectiveness in building financial resilience and compliant behaviour among providers starts with recognising the differences among providers. The aged care sector is large and made up of diverse providers that have grown to meet the needs of the communities they serve. In recognition of this, during 2021–22, we have started to develop a method to group residential aged care providers with similar characteristics into market segments. This provides a more precise way of understanding risk by comparing providers with similar attributes, and will enable us to better target regulatory activities and tailor them to the specific needs of each segment. During 2022–23 we expect to refine the residential aged care segmentation model based on feedback from the sector. We will also commence work on developing a similar model for home care providers.

	For-profit	Not-for-profit	Government
Small (1 or 2 services)	Small for-profit providers: 214 services: 252 consumers: ~21,000	Small not-for-profit providers: 348 services: 406 consumers: ~27,000	Small government providers: 62 services: 85 consumers: ~3,000
Medium (3-10 services)	Medium for-profit providers: 37 services: 177 consumers: ~13,000	Medium not-for-profit providers: 66 services: 307 consumers: ~21,000	Medium government providers: 27 services: 126 consumers: ~3,000
Large (11+ services)	Large for-profit providers: 14 services: 504 consumers: ~43,000	Large not-for-profit providers: 38 services: 798 consumers: ~56,000	Large government providers: 1 services: 16 consumers: ~1,000

Table 5: Proposed residential aged care market segmentation model

Note: consumer numbers are approximate as they fluctuate through the year. Does not include two (2) recently commencing services included in Table 2 (on page 28)

Another area of focus for the Commission during 2021–22 has been further developing our capability and capacity to undertake targeted reviews. These are a form of themed audit, focused on an element of financial and prudential compliance amongst different provider groups. The purpose of these reviews is threefold. First, they provide an opportunity for us to work closely with similar providers to build their understanding of specific obligations. Second, they assist us to better understand the unique barriers to compliance. Third, they provide a means of identifying and promoting good practice through our reporting. During 2021–22 we were able to undertake one targeted review program focusing on compliance with investment strategy obligations among smaller providers. We expect to publish the report of that review during the first quarter of 2022–23.

As additional resources become available, we are planning to complete up to 3 targeted reviews over the course of 2022–23. These reviews will be focused on areas of emerging risk within the sector. The focus areas will be publicly promoted to ensure providers are aware of what we will be specifically monitoring, noting that the extent of our monitoring activities will not be limited to those topics. We will align the release of information and educational products to support providers in completing self-assurance activities, both in relation to areas covered by targeted reviews and other areas of financial and prudential compliance.

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 and education 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 2021–22 the website had:

- 4,530,853 page views
- 834,166 users.

Page views increased by 6% compared with the previous year, with 5% fewer users visiting the website.

On average, users visited 2.84 pages per session, spending 3 minutes and 47 seconds on the website (longer than the previous year's average of 3 minutes, 13 seconds). The most searched term on the website was 'SIRS', while the most popular searched term in the resource library was 'standards'. There were 106,132 report searches on the website (via the 'Find a report' page)

Top 3 most visited pages:

- Quality Standards (302,483 page views, 211,284 unique)
- Homepage (266,585 page views, 214,437 unique)
- Serious Incident Response Scheme (125,552 page views, 100,342 unique).



4,530,853

Website views

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 2021–22 and, at 30 June 2022, the newsletter had approximately 17,750 subscribers.

Social media

At 30 June 2022, the Commission had social media pages on:

- LinkedIn (24,834 followers)
- Facebook (3,451 followers)
- YouTube (2,034 subscribers)
- Twitter (1,738 followers).

Across Facebook, LinkedIn and Twitter during 2021–22, we posted content 459 times, which represented a 60% increase compared with the previous year.

Quality Standards app

The Quality Standards mobile app 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). At 30 June 2022, the app had been downloaded a total of 20,330 times.

Media relations

We receive requests for information and comment from media outlets including television, radio, newspaper and online. In 2021–22, we responded to more than 200 media enquiries.

Annual performance statements



Introductory statement

I, Janet Anderson, as the accountable authority of the Aged Care Quality and Safety Commission, present the 2021–22 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.



Janet Anderson PSM
Commissioner
28 September 2022

Outline

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 2021–22 against the measures in the Commission's corporate plan and the targets identified in its portfolio budget statements (PBS) 2021–22 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 3.

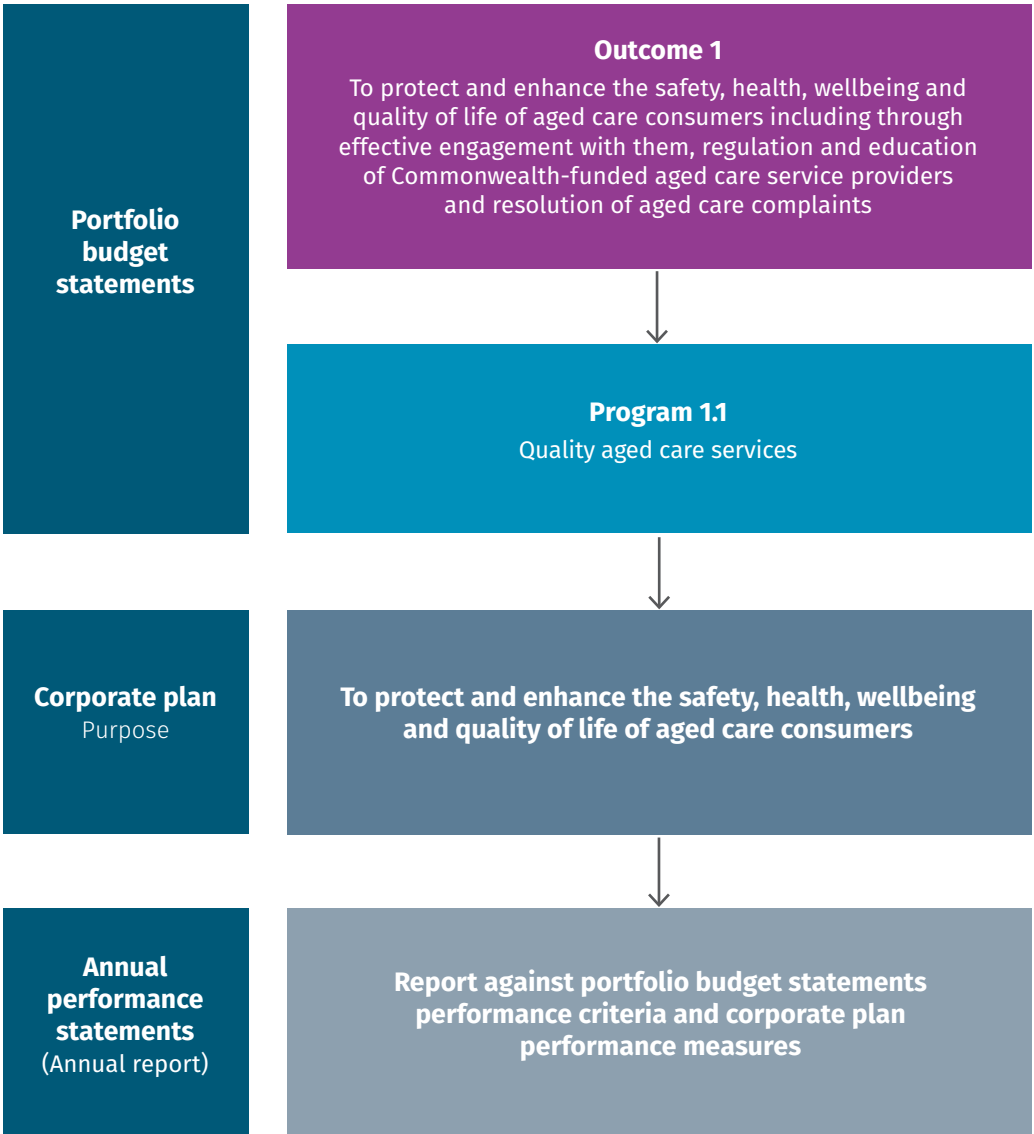


Figure 3: Relationship between portfolio budget statements, corporate plan and annual performance statements

Changes to key activities and performance measures

As outlined in the corporate plan, the Commission identified 5 Key Activities to deliver on its purpose in 2021–22:

- 1.** Deliver on the Government's commitment to generational reform of quality and safety, workforce and governance in aged care.
- 2.** Contribute to enhancing confidence and trust in the aged care system, empowering consumers to make informed choices, and promoting best practice service provision.
- 3.** Provide information and education about quality care and services that are responsive, fit-for-purpose and targeted to providers, consumers and the public.
- 4.** Protect the safety, wellbeing, and interests of aged care consumers through our regulatory activities and decisions.
- 5.** Continue to build our capability, ensuring a high impact Commission now and into the future.

The Commission made changes to its performance measures for 2021–22, reducing them in number from 24 to 16. The Commission continually reviews its performance measures to ensure they remain relevant and reliable, and contribute to measuring how the Commission achieves its purpose.

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



Protect the safety, wellbeing, and interests of aged care consumers through our regulatory activities and decisions

Overview of performance

In 2021–22, the Commission pursued its purpose and key activities by implementing appropriate budget programs to deliver its outcome on behalf of the Australian Government.

Over the year the Commission has performed well against most performance measures for 2021–22. The Commission met 10 of the 16 performance measures with another five measures partially met. Only one measure has been identified as not met.

The Commission's overall performance was impacted by several organisation-wide events including:

- significant uplift in new policies and procedures throughout the organisation
- significant investment in ICT services and systems
- integrating additional functions into the Commission.



The Commission also continued to feel the pressure of COVID-19, as well as several major natural disasters, on our monitoring, regulatory and corporate functions. This particularly affected the ability to conduct site audits, which require a physical presence onsite. However, the number of onsite activities is expected to increase again in 2022–23. We continue to implement a range of strategies to remain agile and responsive to the changing environment.

Multiple performance measures in 2021–22 were affected by the timing of Parliament's enactment of enabling aged care legislation including provisions to extend the Serious Incident Response Scheme to all home services and the introduction of a new Code of Conduct for approved aged care providers, their workers and governing persons. As this legislation has since passed, work related to these measures will continue to progress in 2022–23.

Several measures were also affected by the need for the Commission to fill new roles and functions to address the increasing scope of work. This was particularly the case for measures involving provider education, consumer engagement as well as financial and prudential responsibilities.

With respect to the resolution of complaints about aged care service providers, the increasing volume and complexity of complaints received has presented ongoing challenges for the Commission, despite productivity improvements. Additional pressures has arisen from large increases in the volume of enquiries. While it is expected that the implementation of the new Customer Contact Centre will help streamline both complaints and enquiry handling, work has also commenced on developing a more disaggregated complaints performance measure to better reflect the changing environment.

Summary of performance

For 2021–22, the Commission's stated purpose in the corporate plan is:

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

Table 6 provides a snapshot of the Commission's overall performance. Based on the results achieved during the 2021–22 reporting period, the Commission has assessed that it has substantially achieved 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 a target beyond the current financial year
- not met – if the target was not achieved.

Where a measure has multiple targets, each target is weighted equally for the purposes of assessing performance.

Performance measure	Status
1. Expand the Serious Incident Response Scheme and quality indicator program into home care.	Partially met
2. Build organisational and clinical governance capability of leaders and governing bodies of residential and home care services by delivering targeted training to boards and senior leadership.	Met
3. Deliver a campaign on behaviour support including minimising inappropriate restrictive practices.	Partially met
4. Implement the new National Care and Support Worker Regulation Reform.	Met
5. Consumer feedback and engagement is used to inform the design and focus of our regulatory activities and provider performance information.	Met

Performance measure	Status
6. Promote best practice and support quality use of medicines by extending pharmacy outreach activities to more aged care services.	Met
7. Deliver information and education programs to providers and consumers.	Partially met
8. Underpin the Commission's regulatory campaigns with focused information and education to support behavioural change in the sector.	Met
9. Resolve complaints about aged care service providers within 60 days.	Not met
10. Monitor aged care provider quality and safety performance (including with the Aged Care Quality Standards).	Met
11. Undertake additional residential aged care site audits.	Partially met
12. Undertake home services quality audits and assessment contacts.	Partially met
13. Monitor and take appropriate action in response to providers with potential or actual non-compliance with financial and prudential responsibilities including the Prudential Standards.	Met
14. Improve the use of tactical intelligence and enhance our risk profiling tools to effectively target our regulatory activities.	Met
15. Staff engagement and wellbeing improves.	Met
16. A skilled, flexible, diverse, systems and technology-enabled workforce will deliver the activities of the Commission.	Met

Table 6: Summary of the Commission's overall performance



Key activity 1.

Deliver on the Government's commitment to generational reform of quality and safety, workforce and governance in aged care.



PM1: Expand the Serious Incident Response Scheme and quality indicator program into home care.

Source: 2021–22 Corporate Plan, page 26.

Partially met

Rationale: Expanding the Serious Incident Response Scheme (SIRS) and quality indicator program into home care will allow the Commission to protect and enhance the wellbeing of aged care consumers.

Anticipated result: Plan and develop with the Department of Health and Aged Care.

Result: In the absence of parliamentary approval of the primary and subordinate legislation, as at 30 June 2022 we had delivered to operational readiness across all streams, except for policy and communications/sector readiness. Within these streams we have drafted provider resources and are ready to complete and communicate these to the sector once the dates for commencement have been confirmed. The technical solution and associated risks with ‘go live’ and its commencement have been resolved, the resourcing and operating models have been delivered, and we have implemented a comprehensive sector engagement-strategy. Future governance arrangements are still to be finalised.

Expansion of the quality indicator program into Home Care was deferred until after 2021–22 by the Department of Health and Aged Care to focus on the Support at Home reforms. The Department has continued work on developing quality indicators for Home Care, and the Commission has supported this work through representation on the Department’s Technical Advisory Group.

Method: Evaluation of information and data collected throughout the programs will be assessed formally through an externally facilitated review as well as internal analysis of milestone completion, stakeholder feedback, surveys, issue logs and risk mitigation.

Data source: A project plan based on best practice project methodology was developed to measure and monitor operational readiness, which allows for tracking milestone deliverables and implementation of effective risk management processes. Information and data are captured and recorded on a weekly basis in the format of both output tracking within the project software platform and meeting minutes.



Analysis: Achieving this performance measure has been subject to multiple challenges due to the absence of parliamentary approval of the primary and subordinate legislation and delivery of the technical solution.

The technical solution was informed by lessons learned through the implementation of the SIRS residential program, as well as early insights obtained from the development of the SIRS in-home program. Anticipating that issues arising in the SIRS residential program would also be experienced in the SIRS in-home program, changes to system requirements were necessary. However, long lead and lag times in relation to system changes, particularly through the project change request process meant we had to select a minimum viable product. This may impact the efficiency of the system initially and therefore the SIRS resourcing model.

Close collaboration and risk management between the Commission and the Department of Health and Aged Care has resulted in effective critique, management and resolution of issues. Specifically, the project board and working groups have enabled joint work to be pursued on mitigating risk and contingency planning for multiple scenarios.





PM 2: Build organisational and clinical governance capability of leaders and governing bodies of residential and home care services through targeted training.

Source: 2021–22 Corporate Plan, page 26. **Met**

Rationale: Strengthening the capabilities of leaders and governing bodies of providers through targeted governance training will contribute to improved safety and wellbeing of aged care consumers.

Anticipated result: Develop plan and commence implementation 1 December 2021.
Assistant Commissioner, Sector Capability appointed.

Result: The requirements for the Governing for Reform in Aged Care Program under the Memorandum of Understanding with the Department of Health and Aged Care for 2021–22 were to:

- develop a project plan detailing timeframes
- procure an external training organisation to develop and deliver training
- make the training program available to 1,243 leaders in 2021–22.

All 3 requirements have been met. KPMG was selected as the partner for the development and delivery of the program after the conduct of an open market tender process. A detailed project initiation document with delivery plan was initially received from KPMG on 29 November 2021 and the Minister announced the program on 20 December 2021. On 16 March 2022 enrolments were open to all governing body members and executives of approved providers of residential and home care services. As at 30 June 2022 the program had 1,541 enrolled participants. Training will continue to be delivered in 2022–23.

The Assistant Commissioner, Sector Capability was appointed to the Commission in February 2022.



Method: The supplier will undertake sector engagement, research and consultations to ascertain current maturity of sector governance practices and the range and type of corporate and clinical governance needs related to provider types and market segments. An independent review will be undertaken in 2023–24.

Data source: The Learning Management System captures registrations, completions and other performance analytics related to uptake, outputs and outcomes of the program. The supplier provides reports on an agreed basis.

Analysis: A robust governance structure was established with the delivery partner to support the delivery of the program and ensure that the Commission had oversight of the development of all products and delivery.



PM 3: Deliver a campaign on behaviour support including minimising inappropriate restrictive practices.

Source: 2021–22 Corporate Plan, page 26.

Partially met

Rationale: Delivering a campaign on behaviour support including minimising inappropriate restrictive practices which protects and enhances the safety and wellbeing of aged care consumers.

Anticipated result: Establish program and baseline.
Appoint Senior Practitioner, Restrictive Practices.

Result: We established the Restrictive Practices Unit (RPU) with interim staffing in December 2021 and began to operationalise this program. The Senior Practitioner, Restrictive Practices was appointed through competitive recruitment and commenced on 10 January 2022.

Key activities undertaken include:

- responded to over 150 inquiries related to behaviour support and restrictive practices
- convened regular restrictive practices community of practice sessions for clinicians and regulatory staff to enhance understanding and capability in undertaking their roles
- provided 10 targeted group training sessions in relation to behaviour support and restrictive practices which included over 280 Commission staff
- developed a mandatory professional development session for quality assessors to support and build their confidence and understanding regarding common health conditions which can contribute to behaviour changes, person-centred care, behaviour support and restrictive practices
- audited all our resources that refer to aspects of restrictive practices. Of the 105 resources audited, 61 (58%) require updating and this work has commenced
- established an interim RPU information system for data collection and reporting
- delivered evidence-based sessions on minimising inappropriate restrictive practices and behaviour support to external stakeholders (such as the Tasmanian Office of the Public Guardian).

The unplanned absence of the Senior Practitioner from April 2022 has affected the anticipated timeframes for some program activities, including baselining.

Method: A Steering Committee was established with responsibility for planning a campaign-like approach and overseeing implementation. The Commission's Sector Performance and Improvement section assists with analysis and may formulate recommendations for consideration by the Steering Committee and for decision by the Chief Clinical Advisor.

Data source: Campaign documents for the Restrictive Practices Campaign, including a project brief, outline the parameters of the campaign, including its main objectives, outputs, stakeholders and evaluation methods. These documents have been created in accordance with the Commission's Campaign Framework. The campaign documents indicate candidates for evaluation. Data sources can include benchmarking the use of physical and/or chemical restraint as defined in the Quality of Principles. Suitable proxies can also be used, such as using administrative datasets like Pharmaceutical Benefits Scheme analysis.

Analysis: The RPU continues to contribute to performance, strategic engagement and consultation, with oversight from the Senior Clinical Advisor and Chief Clinical Advisor. It is expected that this will enable us to deliver a campaign on behaviour support including minimising inappropriate restrictive practices, that protects and enhances the safety and wellbeing of aged care consumers. Work underway includes:

- the provision of a subject matter expert group and process for resource/material development to ensure campaign materials are fit for purpose for end users.
 - engagement and collaboration with key stakeholders in relation to restrictive practices and behaviour support including best practice regulation. Communication mechanisms and collaboration activities are being established to build knowledge of stakeholders and their needs.
 - provision of responsive and rapid clinical advice and support to the Commission's operational functions and response to external inquiries.
 - the opportunity to work with sections across the Commission to understand their perspectives, harnessing their unique expertise in a collaborative fashion for a common purpose.
 - targeted group training sessions responding to issues, needs and interests in relation to behaviour support and restrictive practices.
-

PM 4: Implement the new National Care and Support Worker Regulation Reform.

Source: 2021–22 Corporate Plan, page 26.

Met

Rationale: Implementation of the new National Care and Support Worker Regulation Reform enables the safety of aged care consumers by establishing a single worker Code of Conduct, a nationally consistent pre-employment screening process and a single register of workers across aged care, the disability sector and eventually veterans' affairs.

Anticipated result: Plan and develop a framework for operational readiness.

Result: We have developed a plan and framework for operational readiness in relation to implementation of the Code of Conduct. An operating model and learning strategy to support implementation of the Code have been settled and a communications plan developed. ICT systems to support the Code function are in development. A runway plan is in place identifying activities required in each project stream to achieve operational readiness. It is noted that the absence of legislation in 2021–22 (since passed on 4 August 2022) and the removal of worker screening from legislative provisions meant that the new regulatory arrangements would not be implemented from 1 July 2022 as had been originally anticipated.

Method: Information was analysed by the project delivery team (sponsor, business owner and workstream leads). The project manager assigned for this budget measure conducted regular check-ins with all workstream leads to ensure that the plan on a page, risk register and workstream schedule were aligned with key timeframes. As this project is an inter-agency measure, the information was also analysed in different forums, including the Project Board meeting and legislative work group.

Data source: This project is in its feasibility stage. The enactment of primary legislation and drafting of the subordinate legislation will largely define our operational framework. Following the development of the detailed business process maps, a draft communication strategy and confirmation of our ICT Minimum Viable Product requirements will be actioned.



Analysis: Planning and implementation of this measure have been affected by uncertainty surrounding the passage of primary and subordinate legislation (primary legislation enacted on 4 August), as well as advice received that the Code of Conduct would operate, at least initially, in the absence of national worker screening and registration. Removal of the national worker screening and registration components has given rise to additional complexity around information sharing to promote consumer protection. This also presents challenges in ensuring that systems can provide trend data on the individual worker, providers and services in relation to the Code of Conduct. Interdependencies with the Department of Health and Aged Care and other agencies that are integral to the development of operational arrangements have also contributed to the complexity of the project. Internal governance arrangements, including the internal steering committee, and broader governance through the Project Board have supported the effective management of these complexities.

In accordance with its established plan and framework, the Commission has progressed as much preparatory work as possible towards achieving operational readiness for implementation of the Code of Conduct.



Key activity 2.

Contribute to enhancing confidence and trust in the aged care system, empowering consumers to make informed choices, and promoting best practice service provision.

PM 5: Consumer feedback and engagement is used to inform the design and focus of our regulatory activities and provider performance information.

Source: 2021–22 Corporate Plan, page 27. **Met**

Rationale: Consumer feedback and engagement provides information that allows us to understand the needs of the sector. Regulatory activities that are informed by consumer feedback and engagement drive behavioural change in providers. Seeking consumer feedback helps identify risks, and provider performance information helps to inform consumer choice. Our regulatory activities are designed to protect aged care consumers.

Anticipated result: Develop and establish approach and methodology.

Result: In February 2022, a Consumer Engagement Team was established to focus on improving our engagement with consumers. Following consultation internally and with external stakeholders through the Advisory Council and Consultative Forum, a Consumer Engagement Plan was developed. The plan outlines a whole-of-Commission response to enhance engagement with consumers across all our functions, based on *Strategic Priority One – we place the consumer at the centre at all times*. The plan includes activities that will improve our external communications with consumers and the public, empower consumers to raise concerns and provide feedback about their care, and seek input from consumers to inform our activities. The plan was endorsed in May 2022 and progress had been made in all areas at the end of June 2022.

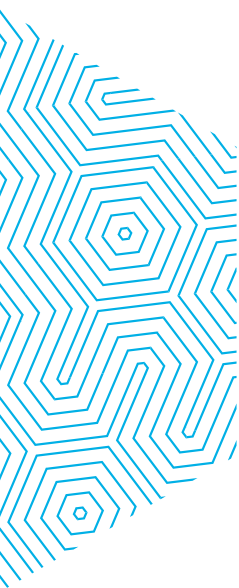
A key activity in the plan is development of a new Consumers and Families panel to provide us with direct access to the voices of consumers and those close to them. The panel will provide advice to us on consumer views, expectations and preferences to inform our regulatory approaches and communication. Panel arrangements were developed in consultation with consumers and consumer peaks and the expression of interest for panel members was advertised on 4 July 2022.



Method: A range of methods are used, based on the advice of consumer representative bodies. These can include focus groups, surveys, guided conversations, or requests for feedback on draft documents.

Data source: A framework document outlines how we seek the views of consumers and any persons responsible for implementing key parts of the framework, to inform our activities. Internal and external stakeholders (including individual consumers, carers, and organisations that represent them) are consulted to ensure the framework meets community expectations. A range of consumer representative bodies are approached for feedback as well as requests to directly seek the views of their members.

Analysis: Establishing a new team with a focus on consumer engagement has provided the impetus to ensure that all areas of the Commission place the consumer at the centre when they are planning, implementing and evaluating initiatives, projects, resources and processes. Development of an over-arching Consumer Engagement Plan provides direction over 2022–23 and ensures that all areas of the Commission are accountable for how they engage consumers in their activities.



PM 6: Promote best practice and support quality use of medicines by extending pharmacy outreach activities to more aged care services.

Source: 2021–22 Corporate Plan, page 27. **Met**

Rationale: Extending pharmacy outreach activities into more aged care services will enhance the health and wellbeing of aged care consumers. Training in quality use of medicines will better equip staff to deliver quality care to consumers.

Anticipated result: Review program and approach.

Result: As part of ongoing pharmacy outreach activities, the pharmacy outreach program was reviewed, and the approach adapted to better meet the needs of pharmacists, aged care service providers, consumers and their families.

Accredited pharmacists and Commission staff (referred to as pharmacy associates) delivered training to almost 900 nurses and personal care workers from 61 services in mainly regional locations. This training focused on reducing sedative use and more appropriate use of antimicrobial treatments.

The pharmacists remain available to assist services in addressing any subsequent issues or concerns relating to medication management that may arise.

An information session on these topics was also offered to residents and families. The material being delivered is adapted from the staff presentations, but the messages being delivered to each group are consistent.

Method: We completed visits to services in remote and very remote locations, services that have requested visits, and services funded through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. In addition, we initiated visits to services co-located (in the same town or region) with an already scheduled visit for other services.

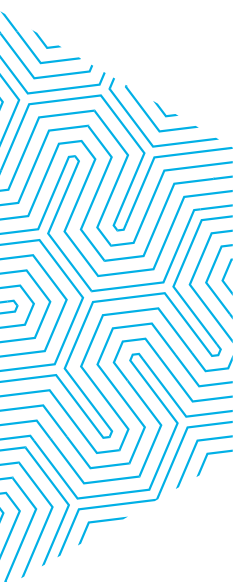
Internal and external evaluation, with visits to services will become more targeted from 2022 drawing on complaints and compliance data.



Data source: Statistics on content and number of sessions delivered and attendees are maintained internally. Attendee evaluations and psychotropic use for each site is recorded. Additional data is recorded from the data capture template and written reports from the visits.

Analysis: Approximately 10 visits were cancelled and rescheduled due to COVID-19 outbreaks and flooding in Queensland. However, rescheduling these visits has been made easier by the availability of additional associates across all jurisdictions.

The assistance of subject matter experts in the Commission has resulted in the development of more useful feedback forms and more relevant and engaging material for consumers and families.



Key activity 3.

Provide information and education about quality care and services that is responsive, fit-for-purpose and targeted to providers, consumers and the public.

PM 7: Deliver information and education programs to providers and consumers.

Source: 2021–22 Corporate Plan, page 28. Partially met

Rationale: Information and education programs delivered to providers and consumers support quality care to protect the safety and wellbeing of aged care consumers.

Anticipated result: 85% of participants are satisfied.

Result: 965 out of 1,266 workshop participants responded to the workshop feedback survey during 2021–22. More than 96% of these participants indicated that they were either satisfied or very satisfied with the information and education provided, exceeding the target of 85%.

Consumer satisfaction survey results were not sought during 2021–22, affecting the overall result.*

Method: The information obtained through the workshop feedback survey and the feedback form within the Aged Care Learning Information Solution (Alis) is analysed by the Sector Education team. The satisfaction rate of 85% is determined by reference to one of the survey questions – ‘Overall, I am satisfied with the information and education provided through the workshop’. Respondents to the survey can indicate they are either Very satisfied, Satisfied, Neutral, Dissatisfied or Very dissatisfied. The responses to Very satisfied and Satisfied are aggregated in calculating the satisfaction rate for these activities.

Data source: Information and feedback are collected from participants in sector workshops immediately following the conclusion of each session. Feedback in the form of a star rating and free text comments is also collected following completion of the online learning modules within the Alis.

* At inception this performance measure anticipated two sets of participant feedback, provider and consumer. However, consumer satisfaction surveys were not conducted in 2021–22. Instead consumer satisfaction will be addressed by performance measure 5 in 2022–23 and forward years



Analysis: We maintain a continuous improvement approach to ensure the educative program remains responsive to the needs of the sector. For example, at 30 June 2022, the average rating for the Alis learning modules relating to the Quality Standards was 4 out of 5 stars. This approach contributes to the performance against this measure by supporting regular updates to workshop materials and activities based on feedback from participants.

To ensure the educative program remains relevant for the sector, additional workshop topics are also developed to respond to priorities or strategic issues. For example, during the 2021–22 financial year, a new workshop was developed and delivered for residential aged care providers relating to the Serious Incident Response Scheme.

The lack of availability of feedback from consumers affected performance against this measure during the 2021–22 financial year. The establishment of the Consumers and Families panel will assist with improving performance against this measure in the future.



PM 8: Underpin the Commission’s regulatory campaigns with focused communications and information to support behavioural change in the sector.

Source: 2021–22 Corporate Plan, page 28. **Met**

Rationale: Focused communications and information support positive behavioural change among providers and others to protect and enhance the safety and wellbeing of aged care consumers.

Anticipated result: Establish program.

Result: The successful and timely delivery of communications and education resources to the sector during this period ensured that we delivered clear and engaging information that is responsive and targeted to providers, consumers and the public.

We delivered a range of communications and education programs focused on educating and informing providers and consumers on:

- introduction of Priority 2 (30 days) reporting for the residential Serious Incident Response Scheme (SIRS)
 - SIRS My Aged Care form changes for providers and Priority 2 (30 days) bulk uploads
 - behaviour support plans
 - introduction of fees for approved provider applications
 - the Governing for Reform Program
 - person-centred care
 - medication use in aged care
 - COVID-19 and emergency events.
-

Method: At the completion of each project or campaign, data is collected on the communications, stakeholder engagement and education activities as part of an evaluation plan. This information is considered by all teams involved in each project or campaign with the analysis being used to inform our continuous improvement processes and the approach taken as part of future projects or campaigns. The focus is on ensuring that communications, education and engagement activities are both timely and tailored to support behavioural change.

Data source: This measure will consider the range of focused communications and information distributed and provided to the sector via key channels including, but not limited to, Alis, stakeholder forums, the Commission website, social media and the Quality Bulletin. Feedback received from stakeholder engagement forums will be collected to inform whether the information and education resources are fit-for-purpose and appropriately targeted.

Analysis: Website data shows that 834,166 people visited our website during 2021–22, resulting in 3,198,899 unique page views.

Users spent, on average per session, 3 minutes and 47 seconds on the website – this is an increase of over 17% from the previous year.

The most visited pages were:

1. Quality Standards (302,483 page views, 211,284 unique)
2. Homepage (266,585 page views, 214,437 unique)
3. Serious Incident Response Scheme (125,552 page views, 100,342 unique).

The most downloaded resources were:

1. Aged Care Quality Standards fact sheet (27,845 downloads)
 2. Resources and guidance for providers to support the Aged Care Quality Standards (11,439 downloads)
 3. Serious Incident Response Scheme: Guidelines for residential aged care providers (6,919 downloads).
-



Key activity 4.

Protect the safety, wellbeing, and interests of aged care consumers through our regulatory activities and decisions.



PM 9: Resolve complaints about aged care service providers within 60 days.

Source: 2021–22 ACQSC Portfolio Budget Statements, p140; 2021–22 Corporate Plan, page 29. **Not met**

Rationale: 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, provide intelligence to inform understanding of provider and service level risk, and inform our other regulatory functions, such as consumer and provider education.

Anticipated result: 80%.

Result: Between 1 July 2021 and 30 June 2022, 67.3% of finalised complaints were resolved within 60 days. This result was similar to 2020–21, where 67.6% of finalised complaints were resolved within 60 days, although down from 74.9% in 2019–20.

The volume of complaints received in 2021–22 (10,326) was 12% higher than in 2020–21 (9,218) and 21% higher than in 2019–20 (8,537). Over the same period, we have progressively increased the number of complaints we have resolved. In 2021–22, we resolved 9,469 complaints, which was 3% more than in 2020–21 (9,196) and 17% more than in 2019–20 (8,081).

Method: To find the proportion of complaints resolved in 60 days, the total number of complaints recorded as finalised within 60 days is divided by the total number of complaints finalised, over the reported quarter.

Data source: Data for complaint resolution timeframes is drawn from the Commission’s National Complaints and Compliance Information Management System (NCCIMS). Contacts that meet the definition of a complaint set out in the Complaints Guidelines and associated fact sheets are recorded on the NCCIMS system by an intake officer in the Intake and Complaints Resolution Group. Complaints can be received via a range of intake channels, including phone, email, web forms, post and in person.

Analysis: Our aim is to resolve 80% of complaints 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 engagements with the process.

We 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 2020–21 and sustained volumes throughout 2021–22. This meant that although we resolved more complaints in 2021–22, a similar share of them were finalised after 60 days as was the case in 2020–21, which impacted our ability to meet the performance target.

Figure 4 below shows the number of complaints resolved within and outside the threshold of 60 days for the 2019–20, 2020–21 and 2021–22 financial years. While we did not meet the target of 80%, we resolved both a greater number of complaints overall and a greater number of complaints in 60 days or less each subsequent financial year.

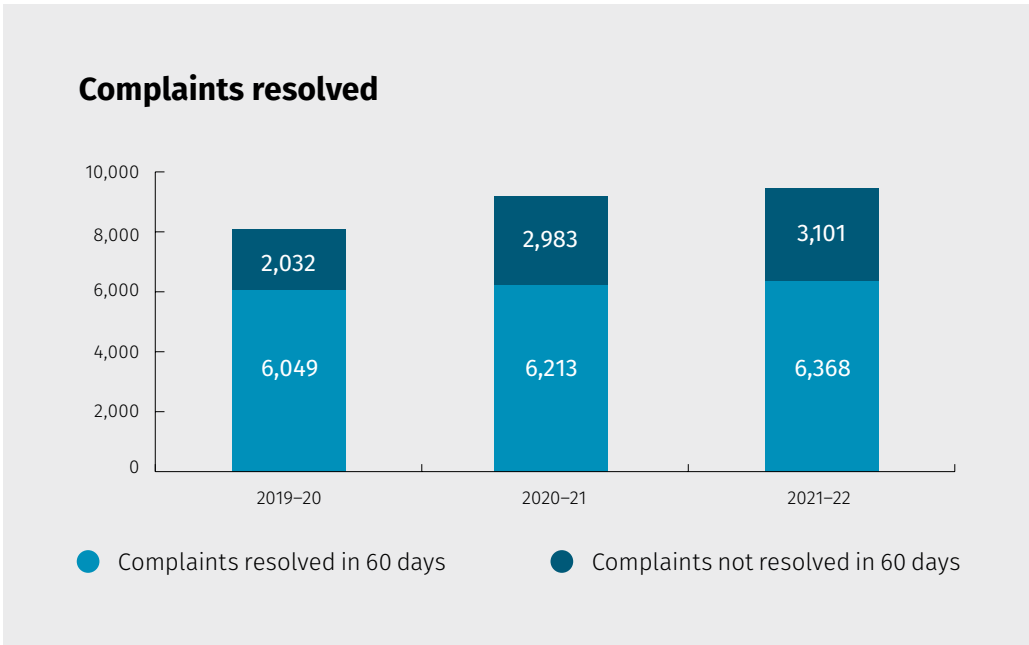
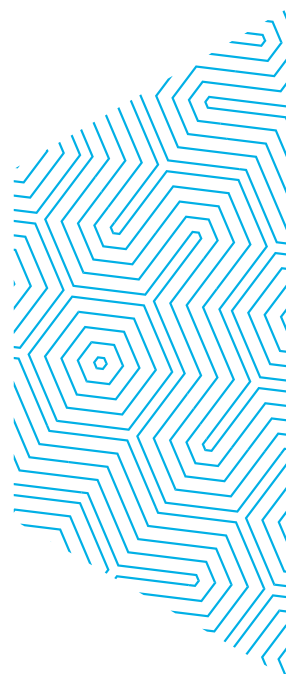


Figure 4: Number of complaints resolved within and outside 60 days for 2019–20, 2020–21 and 2021–22



Another primary factor impacting the result was the competing demand for finite resources presented by the significant increase in enquiries coming into the Commission which are managed by the same area. Between 1 July 2021 and 30 June 2022, we received 12,805 enquiries. This is a 76% increase compared with 2020–21 (7,272). We continue to explore strategies to improve complaint handling performance. This includes increasing our staffing numbers, changing our processes through implementation of a new Customer Contact Centre which will enable more efficient handling of both enquiries and complaints, utilising resources to address the highest areas of need/risk, progressing recruitment activities to ensure a full staffing complement, and use of overtime focused on closing of complaints.



PM 10: Monitor aged care provider quality and safety performance (against the Aged Care Quality Standards).

Source: 2021–22 ACQSC Portfolio Budget Statements, p140; 2021–22 Corporate Plan, page 29. **Met**

Rationale: Assessment contacts allow us to monitor and assess an approved provider’s compliance with the Aged Care Quality Standards and enable us to support the health and safety of aged care consumers.

Anticipated result: 2,257 assessment contacts conducted (all providers).

Result: 8,459 assessment contacts were completed in the 2021–22 financial year – three and a half times the target of 2,257. The high number of assessment contacts was due in part to restrictions on onsite visits arising from the pandemic and several natural disasters.

In continuing to be agile and responsive to consumer care needs and monitoring compliance with the Aged Care Quality Standards, several specifically targeted assessment contact programs were delivered across the sector in 2021–22.

For example, in response to flooding events, we conducted over 500 phone-based assessment contacts to services in flood risk areas. The purpose of the calls was to monitor care and services being delivered to consumers and ensure that emergency management plans were in place and activated where required.

Method: Assessment contacts are conducted routinely throughout the year with operational reporting on volumes and outcomes each month via the Quality Assessment and Monitoring Group (QAMG) Monthly Performance Report. Ad-hoc analysis and reporting is conducted as required.

Assessment contact data and information is used internally by QAMG and the wider Commission to support risk profiling and decision-making, and to assist forward planning and the development of regulatory activities and programs.

Reporting and data analysis is conducted independently via our Intelligence and Analysis Team.



Data source: Assessment contacts are conducted for a variety of purposes and may result from: local information/intelligence received; complaints from consumers, relatives and/or advocates; a planned program of work (such as COVID-19 preparedness); or return to compliance/end of non-compliance monitoring.

Assessment contacts form part of the Commission’s standard regulatory program each year. Information is collated and recorded in the Commission’s internal ICT system (Better Business Program – BBP). Reports are readily available from BBP to facilitate monitoring, trend analysis and regular reporting.

Analysis: While we continued to conduct onsite activities across all months of the year, these activities were modified and sometimes curtailed by flooding events, COVID-19 outbreaks and border restrictions.

This initially resulted in a higher number of offsite assessment contacts as quality assessors were sometimes unable to conduct onsite activities, in line with state/territory health orders (particularly in the first half of the financial year). Use of offsite assessment contacts enabled the Commission to continue to monitor the safety and wellbeing of consumers and assess areas of potential risk and non-compliance.



PM 11: Increase the number of residential aged care re-accreditation site audits conducted against 2020–21 baseline of 543.

Source: 2021–22 Corporate Plan, page 29. **Partially met**

Rationale: Conducting site audits against the Aged Care Quality Standards enables us to assess the performance and compliance of providers, implement strategies where services are non-compliant, and award longer service accreditation periods for residential aged care services with strong compliance.

Anticipated result: 2,151 re-accreditation site audits conducted.

Result: For the 2021–22 financial year, we conducted 710 re-accreditation site audits. This represented a 33% increase in the number of site audits conducted compared with the 2020–21 baseline of 543 but was less than the anticipated result of 2,151 re-accreditation site audits. This is due in large part to the ongoing COVID-19 pandemic, influenza related illness and several extreme weather events, which significantly impacted the ability to conduct onsite audits.

While we did not achieve the anticipated result of 2,151 site audits, we were able to conduct a site audit at 27% of all residential aged care services across the year.

In response to the challenges experienced in achieving this measure and the continuing impact of COVID-19 on all stakeholders in the aged care sector, we introduced a national scheduling arrangement to direct effort and ensure that the re-accreditation site audit program was focused on targeting onsite activities according to critical risks including length of time since the last visit.

As state border restrictions were lifted, we were also able to deploy field staff nationally, rather than just within their local state/territory.

With these strategies, we were able to significantly increase onsite activities across quarter four and better monitor the health and safety of consumers.

Method: Residential services are audited based on their specific accreditation expiry date. Where there is a high volume of site audits due in a short period, risk prioritisation is applied to the scheduling. A site audit is conducted approximately 90 days prior to the expiry of accreditation to provide sufficient time for the audit to be conducted, assessment report completed, provider review, and delegate decision to be made as to whether and for what period to reaccredit the residential service.

Data source: Site audits form part of the Commission's regulatory program. Information on the planning and conduct of audits is contained in the Commission's Better Business Program (BBP) information and records management system. To assist with transparency for consumers and the public, performance reports detailing outcomes from each site audit are published on the Commission website.

Analysis: The past 12 months, with the ongoing pandemic and several extreme weather events, have continued to be a challenging time for everyone. While we did not achieve the anticipated result for 2021–22, every effort was made to engage with services, providers and consumers through risk-based scheduling of site audits and other forms of regulatory activities, including monitoring through assessment contacts.

The Third-Party Provider (TPP) Program was established to support the delivery of the Commission's residential site audit program, due to the significant backlog of re-accreditation site audits resulting from the COVID-19 pandemic, extreme weather events and increased rates of non-compliance observed since the introduction of the new Quality Standards (from 1 July 2019), resulting in shorter periods of re-accreditation.

The introduction of the TPP program gradually increased the number of registered quality assessors and therefore the number of site audits able to be conducted in the latter half of 2021–22. This has established a strong basis for continued improvement and growth and the achievement of the 2022–23 targets. The TPP program will continue for the 2022–23 financial year, noting the ongoing impacts of COVID-19 outbreaks being experienced across the community and aged care sector.

PM 12: Undertake home services quality audits and assessment contacts.

Source: 2021–22 Corporate Plan, page 29.

Partially met

Rationale: Undertaking home services quality audits and assessments helps to protect the safety and enhance the wellbeing of aged care consumers. Conducting quality audits and assessment contacts against the Aged Care Quality Standards enables us to assess the performance and compliance of home services providers and implement remedial strategies where services are non-compliant.

Anticipated result: 987 quality audits and assessment contacts conducted.

Result: During 2021–22 we established a national Home Services function and completed a total of 888 quality audits and assessment contacts (90% of the anticipated result). 188 home services quality audits were conducted in 2021–22, more than tripling the 50 completed in 2020–21. We also undertook 700 assessment contacts as part of our regulation of the home services sector. This fell short of the target of 987.

Method: Audit targets are generated from various sources of regulatory intelligence, including local information and complaints from consumers. Sophistication of home services audit targeting will continue to develop as the function evolves.

Home services quality audits and assessment contacts are conducted throughout the year, based on risk profiles and regulatory intelligence. Operational reporting on volumes and outcomes each month occurs via the Quality Assessment and Monitoring Group (QAMG) Monthly Performance Report.

Ad-hoc analysis and reporting is conducted as required.

Data source: There are 2,221 active home services nationally. Home services audits form part of the Commission’s regulatory program. Information on planned and conducted audits is contained in the Better Business Program.



Analysis: Our home services regulatory function continues to be strengthened. In the month of June 2022, we achieved the highest number of quality audits illustrating solid progress in developing our capability in this area. This achievement was against the backdrop of significant operational challenges in scheduling audits during a period of high COVID-19 transmission (affecting Commission staff and the sector) and flooding in northern New South Wales and south-eastern Queensland, limiting our field capability for defined periods.



PM 13: Monitor and take appropriate action in response to providers with potential or actual non-compliance with financial and prudential responsibilities including the Prudential Standards.

Source: 2021–22 Corporate Plan, page 29.

Met

Rationale: Monitoring providers against prudential responsibilities and taking appropriate actions, will enable us to identify underperforming providers and implement strategies or take compliance action to protect the financial interests of aged care consumers.

Anticipated result: Establish enhanced regulatory framework and design additional regulatory measures.

Result: Over the course of 2021–22, we established an enhanced regulatory framework and designed additional regulatory measures. This included the development of the Financial and Prudential Regulatory Strategy, our Operational Strategy and forward work plan.

We engaged with over 400 providers in different ways to promote compliance with prudential standards. Key themes covered through these engagements include providers’ financial and prudential reporting responsibilities, requirements for repaying refundable accommodation deposits, liquidity management, and overall governance. Compliance action was taken against a small number of providers during that period. However, our primary focus was on education and remediation to assist providers to move back into compliance. By working with providers in this way we can build provider capability, while gaining a much more detailed understanding of barriers to compliance. This assists us to develop more effective educational tools and information products.

Another area of focus during 2021–22 has been building the capability and capacity of the Commission to undertake targeted reviews, a form of themed audit focused on an element of financial and prudential compliance among different provider groups. For example, this year we conducted a targeted review with a selected cohort of 30 providers, focusing on compliance with investment strategy obligations among smaller providers, and published educational materials to go alongside this.

Method: We undertook the following :

- implementing and further developing an annual program of prudential reviews to engage with providers in an educative manner, and targeted campaigns to engage with providers in relation to specific areas of concern
- considering feedback/evaluation surveys in relation to targeted campaigns and prudential reviews
- developing of financial and prudential risk modelling to allow for earlier identification of at-risk providers
- producing greater communication and educative resources for providers to access, about the prudential standards and the outcomes of our work
- developing additional operational guidelines for internal use
- developing guidance and a framework for criminal investigations.

Data source: Information received from the Department of Health and Aged Care is collected in two main ways – through the provision of data from the Aged Care Financial Report and through formal engagement in relation to providers at risk. Other information is collected through the Commission’s engagement with providers through compliance case work, prudential reviews or targeted campaigns.

Analysis: Factors that have contributed to the performance against this measure include:

- close working relationships with the Department of Health and Aged Care in preparation for implementing various parts of the prudential reforms
 - increased engagement with the Communications and Sector Education teams in the development of educational materials published on the Commission’s website
 - onboarding of additional staff over the course of the year to enable more frequent engagement with providers
 - COVID-19 disruptions which impacted the delivery of planned prudential reviews.
-

PM 14: Improve the use of tactical intelligence and enhance our risk profiling tools to effectively target our regulatory activities.

Source: 2021–22 Corporate Plan, page 30. **Met**

Rationale: Effective targeting and risk profiling of our regulatory activities will enable us to identify providers at risk of not meeting quality aged care responsibilities such as standard obligations, financial prudential obligation and to implement strategies to improve the safety of aged care consumers.

Anticipated result: Risk profile information is used to drive regulatory response for all residential aged care providers who are subject to a case co-ordination approach.

Result: During 2021–22, we improved the use of tactical intelligence and enhanced our risk profiling tools to effectively target regulatory activities.

We used risk profiling and targeting in regulatory responses associated with:

- the targeting of residential services at greater risk of non-compliance with infection prevention and control requirements and/or responding poorly to a COVID-19 outbreak, which resulted in extensive and targeted engagement by the Commission
- the targeting of services with greater risks of food and nutrition issues, which was used to prioritise spot checks and education of services.

This risk profile information has been operationalised to inform scheduling and prioritisation of quality assessment and monitoring activities, particularly assessment contacts.

Risk-profile information has also been embedded in regulatory decision-making, including complaints, serious incidents and compliance decisions.

The scope of reporting, intelligence and risk tools (including the Risk Based Targeting and Information Sharing (RBTIS) tool) to cover home services, prudential and financial risks was also expanded.

Method: The outputs from the risk engine are curated by intelligence officers and contribute to scheduling and scoping decisions of the Quality Assessment and Monitoring Group (typically on a monthly cycle but also on an ad hoc basis as required by circumstances such as periods of COVID-19 outbreaks).

Risk profile information is provided to Commission staff for other regulatory decision-making via the information sharing dashboard component of RBTIS on an on-demand self-service basis.

Data source: Risk profiles are an output of risk models applied to relevant data. The models are developed by combining subject matter advice and data science activities. For the core Commission risk model (propensity for a service to meet quality standards) from which risk profiles are derived, data describing performance, characteristics and operating circumstances of Aged Care providers are sourced from Commission and Department of Health and Aged Care operational systems and processes.

Analysis: Factors that have contributed to improvements in the use of tactical intelligence and enhancement to risk profiling tools include:

- close engagement within the Commission to understand our needs and how risk-based targeting could assist us to undertake our functions
 - maturation in the use of risk-based targeting across our regulatory functions, including in business practices and prioritisation of activities.
 - working closely with the Department of Health and Aged Care in the development of RBTIS functionality and tools and incorporating additional datasets.
-

Key activity 5.

Continue to build our capability, ensuring a high impact Commission now and into the future.

PM 15: Staff engagement and wellbeing improves.

Source: 2021–22 Corporate Plan, page 31. Met

Rationale: Improving staff engagement and wellbeing will help create a thriving and capable workforce that supports us to achieve our purpose through our people.

Anticipated result: Baseline 2021 APS Employee Census wellbeing and engagement scores.

Result: The 2021 APS Employee Census scores of 74% for engagement and 59% for wellbeing are the baseline against which future increases will be measured.

Activities identified as contributing to improved staff engagement and wellbeing are a Staff Recognition Program and Wellbeing Plan.

We have developed and implemented our Staff Recognition Program and an annual Staff Acknowledgement Awards ceremony is held in December. Australian Public Service (APS) length of service awards are celebrated biannually.

Our Wellbeing Plan was launched in April 2022 with a number of initiatives commenced or delivered within this reporting period. Proactive manager wellbeing check-ins have been rolled out for our Executive and Senior Executive level staff, with the program to be expanded to other managers in the coming year. In consultation with Executive Directors, 23 targeted wellbeing learning sessions were conducted in 2021–22 with a further 45 booked for delivery in the first quarter of 2022–23. Three Feel Good Friday sessions have been delivered on personal effectiveness and time management, diversity and inclusion, and constructive conversations. Sessions will continue monthly. A Wellbeing Corner on our intranet was launched in May 2022 with a wide range of resources for all staff.

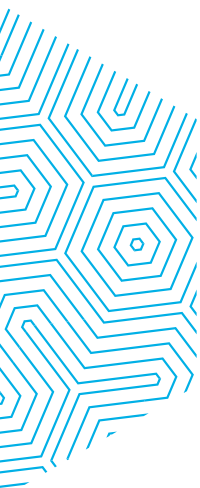
Method: Wellbeing and engagement scores are reported via the APS Employee Census. These results are supplemented by more regular Commission pulse surveys. A series of questions posed in the APS survey are designed to measure the emotional connection and commitment that employees have to working in the Commission, and the elements that allow for a sustainable and healthy working environment. The wellbeing and engagement scores are determined from the percentage of positive responses to the questions.



Data source: Information is captured in a data management system, by an external service provider. The de-identified dataset is provided to the Australian Public Sector Commission for analysis. Questions are designed to elicit information to measure parameters such as staff engagement and wellbeing by the percentage of positive responses.

Analysis: The activities associated with delivering the performance measure have largely been met in line with their implementation plan. An in-depth evaluation of the effectiveness of the initiatives and sustained level of staff participation is yet to be undertaken. Our Wellbeing Plan was launched on 12 April 2022, one month before the 2022 APS census opened on 9 May 2022. While further evaluation of the effectiveness of initiatives within the plan is required, feedback from staff to date has been positive.

The Wellbeing Plan has been promoted with ongoing communications via various channels. There has been a pleasing uptake of initiatives offered, with 43% of all EL1 and EL2 staff offered the wellbeing check-ins taking up the option and providing positive feedback. Analysis on the usage of the Wellbeing Corner on the intranet will guide future expanded content and resources, and a tracker will monitor the progress of the initiatives within the Wellbeing Plan.



PM 16: A skilled, flexible, diverse, systems and technology enabled workforce will deliver the activities of the Commission.

Source: 2021–22 Corporate Plan, page 31. **Met**

Rationale: Developing a highly capable and skilled workforce will help us to achieve our purpose. Our people are supported through initiatives to support their wellbeing and to uplift capability, through access to improved business systems, and opportunities for professional development. Our People Strategy sets out the goals, initiatives and activities to provide an inclusive and rewarding workplace environment that fosters the wellbeing and high performance of our staff. The Optimising Capability project identifies our current organisational capabilities, and how future capability challenges can be met, including required skills of staff.

Anticipated result: Undertake internal Optimising Capability project.
Develop People Strategy.
Recruit and retain an increased number and proportion of APS staff to the Commission.

Result: Throughout 2021–22, we concentrated on lifting our enabling and corporate functions, focusing and aligning our objectives to ensure we can meet our objectives, and providing an integrated service offering to the Commission.

We completed the Optimising Capability project in December 2021. Through this project we have assessed the maturity of current and future organisational capabilities that would position the Commission as an effective, risk-based regulator. As part of the project, we developed a capability architecture as the foundation for assessing the current maturity of the Commission’s organisational capabilities and for prioritising future capability uplift initiatives.

We launched our People Strategy in October 2021. Initiatives scheduled for completion within the reporting period have been completed, including the launch of the Learning and Development Strategy, Wellbeing Plan and a revitalised performance and development framework, with other initiatives well underway. We continue to deliver on our ICT roadmap and digital strategy.

Our enhanced Learning and Development Strategy was released in June 2022, and outlines how we will develop our workforce capabilities, skills and competencies to support the achievement of our organisational goals. Throughout the year, all staff can access 'focus on learning' seminars and resources, and attend regular information sessions with the Commissioner and senior executive staff about our priorities, issues and direction.

We initiated an IT program of work to help identify the right technology to support our digital transformation and created an executable roadmap to achieve the business intent. This project will ensure we align IT design to the business, assist in future budgeting and prioritisation, and enable a disciplined and structured way of assessing potential solutions.

A bulk recruitment exercise was completed in March 2022 with lessons learned incorporated into future processes, along with the implementation of affirmative measures to increase diversity.

Our APS Full Time Equivalent (FTE) increased from 552 at 1 July 2021 to 753 at 30 June 2022, representing an increase in the proportion of APS staff from 70% to 77%. In addition, our Aboriginal and Torres Strait Islander peoples employment increased 100% during 2021–22 (from 5 FTE to 10 FTE).

Method: Workforce data analysis is undertaken internally and reported monthly to the Executive Leadership Group. Progress on initiatives under the People Strategy is gathered by project leads and consolidated by the People Strategy project team. Optimising Capability project data and information will be managed and analysed by the Strategic Capability Group.

Data source: Information about the issues to be addressed in the People Strategy and Optimising Capability project comes through staff consultation including surveys and focus groups, consultation with managers and executives, and review of best practice. Information is also collected about the needs of staff through the APS Employee Census, internal pulse surveys, feedback about staff training programs (such as the Quality Assessor Training Program), other ongoing feedback mechanisms (such as the Innovation Corner), and consultation processes associated with specific projects. Information about staffing needs is derived from an analysis of budget measure projects and other expectations of the Commission to be delivered. Workforce data is captured and reported in our Human Resources ICT system.

Analysis: We are looking at ways to create a more flexible, accessible and healthy workplace. We continued to provide staff with flexibility of working arrangements through the reporting period. This enabled us to successfully pivot in response to rolling COVID-19 spikes across the country, ensuring business continuity and productivity during these lockdowns and reduced access to offices. We have facilitated the safe return of staff to the office and provided continual support to staff working in dispersed teams.

We focused on adaptability, improving collaboration and performance within and across teams, whether people were working remotely or in the office. The nature of our work means that teams are dispersed across the country. We look for opportunities to bring people together virtually, provide opportunity for them to meet with the Commission's leadership team, to share experiences and to actively participate in planning and training opportunities. We developed several initiatives in partnership with our staff, focussing on engagement and wellbeing.

We continued to improve our physical working environment, trialling agile working arrangements through major refurbishment and fit-out of premises in our Hobart, Perth, Parramatta and Surry Hills offices. This accommodation provides space for collaboration as well as quiet areas to support a range of working styles.

Over this reporting period we were able to increase the number and proportion of APS staff in the Commission. The bulk recruitment process supported the recruitment of large numbers of staff, and we identified further measures to support future recruitment, including:

- incorporating lessons learned from the 2021 bulk recruitment process in future recruitment planning
- using more streamlined and flexible processes for recruitment activity for 2022 to ensure the most suitable candidates are selected and engaged within target timeframes
- undertaking targeted recruitment processes where specific expertise (such as education and training) is needed
- using additional methods to identify potential candidates (such as merit pools from other agencies and APS professional streams).



The Commission’s IT environment is a pivotal factor in ensuring that the Commission has access to a skilled, flexible, diverse, systems and technology-enabled workforce to deliver the activities of the Commission. Having completed implementation of our financial system (Technology One) and our administrative records management system (Records 365), our focus turned to a planned uplift of our National Complaints and Compliance Information Management System (NCCIMS) from the Department of Health and Aged Care's infrastructure to the Commission. We expect to see improved system performance and efficiencies with less down-time for NCCIMS users once this complex migration is complete. In addition, as of June 2022, we were halfway through migrating Commission staff from the Health IT platform onto the Commission’s platform.



Portfolio Budget Statement outcomes and measures

The Commission is responsible for a single government outcome as described below, with its related program performance indicators and targets used to assess the Commission’s performance in achieving the outcome. Deliverables are under Outcome 1, Program 1.1: Quality Aged Care Services.

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.

Program objective: Protect and enhance the safety, health, wellbeing and quality of life of aged care consumers, and build confidence and trust in the provision of aged care services. Empower consumers and promote best practice service provision.

Measure: Monitor aged care service provider’s compliance with the aged care standards

2021–22 Target	Outcome	Status
Assess services against the aged care standards in accordance with legislative timeframes, and target compliance monitoring to areas of identified risk.	710 site audits with residential aged care services completed in 2021–22. 188 quality audits with home services completed in 2021–22.	Met

Annual performance statements

Measure: Complaints about aged care service providers are resolved in 60 days

2021–22 Target	Outcome	Status
80%	67%	Not met

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

2021–22 Target	Outcome	Status
Take appropriate action to address non-compliance with approved provider responsibilities under the <i>Aged Care Act 1997</i> .	The Commission has issued: <ul style="list-style-type: none">• 281 direction notices• 201 non-compliance notices• 25 sanctions• 56 notices to agree.	Met

Table 7: Summary of the Commission's portfolio budget statement performance
Data at 8 August 2022

Financial activities

Operating results

The Commission returned a net surplus of \$27,683,629 against a budget net deficit of \$941,000 for the year. The net cash surplus, after adjusting for depreciation of assets and payments for right-of-use-assets, was \$29,274,342 against a budgeted surplus of \$880,000.

Operating revenue

The total operating income was \$200,744,252 and consisted of the following:

- government appropriations of \$185,762,000
- rendering of services of \$14,807,330
- other revenue of \$174,922.

Operating expenses

Total operating expenses were \$173,060,623 and consisted of:

- employee benefits of \$81,905,152
- supplier expenses of \$87,100,308
- finance costs on right-of-use assets of \$42,486
- depreciation and amortisation expenses of \$1,606,473
- depreciation of right-of-use assets of \$2,406,204.

Balance sheet

Net asset position

The net assets of the Commission at 30 June 2022 were \$52,494,290.

Total assets

Total assets at 30 June 2022 were \$115,111,019, which is represented by:

- cash at bank \$3,955,467
- trade and other receivables (including undrawn appropriations) of \$100,657,296
- non-financial assets of \$10,498,256.

Total liabilities

Total liabilities at 30 June 2022 were \$62,616,729, which is represented by:

- supplier payables of \$13,999,806
- unearned income of \$15,256,484
- other payables of \$2,244,902
- lease liabilities on right-of-use assets of \$9,097,026
- provisions for employee entitlements \$21,277,411
- other provisions of \$741,100.

Certain figures reported here have been rounded in the Commission's 2021–22 financial statements

	Actual available appropriation 2021-22 \$'000 (A)	Payments made 2021-22 \$'000 (B)	Balance remaining 2021-22 \$'000 (A)-(B)
Departmental			
Prior year appropriation available	52,271	(17,306)	34,965
Annual appropriations			
<i>Ordinary annual services</i>			
Departmental appropriation	185,762	(130,200)	55,562
S74 retained revenue receipts	18,550	(18,550)	0
Departmental capital budget	1,833	(800)	1,033
<i>Other services</i>			
Equity injection	1,775	0	1,775
Total departmental annual appropriations	207,920	(149,550)	58,370
Total resourcing for the Commission	260,191	(166,856)	93,335

Table 8: Entity resource statement for the year ended 30 June 2022



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 *Aged Care Quality and Safety Commission Act 2018* (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 the 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 at 30 June 2022, comprised:

- Janet Anderson PSM, Aged Care Quality and Safety Commissioner
- Dr Melanie Wroth, Chief Clinical Advisor
- Lisa Peterson PSM, Assistant Commissioner Sector Capability
- Ann Wunsch, Executive Director Approvals Compliance and Investigations
- Tara Pamula, Executive Director Engagement, Education and Communication
- Shelley Castree-Croad, Executive Director Enterprise Governance and Corporate Operations
- Peter Edwards, Executive Director Financial and Prudential Regulation
- Michelle Bampton, Executive Director Intake and Complaints Resolution
- Anthony Speed, Executive Director Quality Assessment and Monitoring
- Emma Jobson, Executive Director Regulatory Policy and Intelligence
- Pam Christie, Executive Director Strategic Projects.

The biographies of the Commissioner and Executive Directors can be found in the section 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 to 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 Commissioner.

A copy of the Risk and Audit Committee charter* is available on the Commission's website.

* <https://www.agedcarequality.gov.au/about-us/corporate-documents#risk-and-audit-committee-charter>

Member name	Qualifications, knowledge, skills or experience	Number of meetings attended/ total number of meetings*	Total annual remuneration (Including GST) \$	Additional information
Geoffrey Applebee	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	25,322	Chair
Carol Lilley	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	22,110	Deputy Chair
Chris Champ	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	18,900	N/A
Peter Rayner	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	14,005	N/A

Table 9: Membership of the Risk and Audit Committee

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

Fraud control

Our Fraud and Corruption Control Plan 2021–23 is designed to prevent, detect, deter and deal with fraud in accordance with the requirements of section 10 of the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule).

The plan 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.



Internal audit

We conduct internal audits to provide independent assurance that our systems of internal control and risk management are operating in an efficient, effective, economical and ethical manner. These audits strengthen accountability and promote a culture of performance, risk management and continuous improvement. Each year we develop an internal audit plan in consultation with the Commissioner, the Executive Leadership Group, and the Risk and Audit Committee so that it reflects strategic priorities and our risk profile.



Executive organisational structure




Janet Anderson PSM
Aged Care Quality and Safety Commissioner

Figure 5: The Aged Care Quality and Safety Commission Executive organisational structure at 30 June 2022

This Figure includes members of the leadership team and their position titles at 30 June 2022

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

- Nicola Dunbar, Executive Director Organisational and Workforce Development (1 July 2021 to 20 May 2022)
- Sally Ross, Acting Executive Director Intake and Complaints Resolution (1 July 2021 to 23 January 2022)



Dr Melanie Wroth
Chief Clinical Advisor



Lisa Peterson PSM
Assistant Commissioner
Sector Capability




Ann Wunsch
Executive Director Approvals,
Compliance and Investigations



Tara Pamula
Executive Director Engagement,
Education and Communication




Shelley Castree-Croad
Executive Director
Enterprise Governance and
Corporate Operations



Peter Edwards
Executive Director Financial
and Prudential Regulation



Michelle Bampton
Executive Director Intake
and Complaints Resolution



Anthony Speed
Executive Director Quality
Assessment and Monitoring



Emma Jobson
Executive Director Regulatory
Policy and Intelligence



Pam Christie
Executive Director
Strategic Projects

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* (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 *Public Governance, Performance and Accountability Act 2013* (PGPA Act).





Our leadership team

Aged Care Quality and Safety Commissioner

Janet Anderson PSM

Janet was appointed as inaugural Commissioner of the Aged Care Quality and Safety Commission in January 2019, bringing to this role the knowledge, skills and experience she has accumulated over many years working in the areas of aged care and health policy, strategy and planning.

Immediately prior to becoming Commissioner, Janet was the Deputy Chief Executive Officer (CEO) and then acting CEO of the Department of Health in the Northern Territory. Over the last 20 or so years, she has also held executive positions in the NSW Department of Health, the Commonwealth Department of Veterans' Affairs and the Commonwealth Department of Health.

In 2009, Janet was awarded a Public Service Medal for her significant contributions to health policy development and reform – contributions she is seeking to build on through the Commission's work with the aged care sector, in pursuing improvements in every older person's experience of aged care.

The Commissioner is supported by an experienced Executive Leadership Group and a diverse, highly skilled and experienced staff.

Role

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

The Commissioner reports to the Minister for Health and Aged Care and the Minister for Aged Care, 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 to 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 Wroth graduated in medicine 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).

Assistant Commissioner Sector Capability



Lisa Peterson PSM

Lisa joined the Commission in February 2022 and brings significant expertise in driving transformational change, and partnering with senior stakeholders to develop and deliver capability building programs across a broad range of industry sectors.

Lisa has more than 25 years of public sector experience leading innovative program design and implementation across diverse areas including aged care, regional development, natural disaster emergency response, technology-based innovation, advanced manufacturing, energy and environment.

Prior to joining the Commission, Lisa worked as Assistant Secretary in the Department of Health where she played a key leadership role in the Commonwealth's response to COVID-19 including leading the COVID-19 vaccine rollout for aged care residents and workers. This outstanding public service was recognised in the 2022 Queen's Birthday Honours list with Lisa being awarded a Public Service Medal.

Lisa previously led the establishment of the Business Grants Hub, a whole-of-government centre of excellence in program design and administration under a shared services model. Lisa holds a Bachelor of Arts with a double major in Political Economy and Psychology and postgraduate qualifications in Public Policy and Finance.

Role

The Commission's approach to building sector capability sits within the risk prevention/mitigation domain and reflects a regulatory posture that is suitably responsive in enforcing the standards from the bottom-up, while simultaneously taking a top-down approach focused on engaging with and galvanising organisation leaders to join in lifting their own, and sector-wide, performance.

The Assistant Commissioner is responsible for the development and implementation of the Commission's sector capability strategy. Its purpose is to influence sector performance by incentivising providers to invest in capabilities that deliver high quality services that consumers want.

The sector capability strategy will deliver on its purpose through:

- building high-trust, robust relationships between senior leaders and the regulator across the sector
- championing sector investment in capabilities needed to support market transformation and achievement of the required reforms
- delivering new education and information products that enable capability uplift.

Executive Director Approvals, Compliance and Investigations



Ann Wunsch

Ann has been with the Aged Care Quality and Safety Commission since its inception in 2019, and prior to her current role she held the position of Executive Director, Quality Assessment and Monitoring Operations.

Ann has significant experience in the aged care sector having held a number of senior roles at the former Australian Aged Care Quality Agency and its predecessor, the Accreditation Agency, including General Manager of the Education Division, and General Manager of the Operations Division.

Prior to joining the Accreditation Agency in 2005, Ann worked in the disability services sector in New South Wales for over 20 years in a range of roles from management of services in non-government agencies, serving on non-government boards of management, providing policy advice to the NSW Government, and working within the regulatory environment. From 2004 to 2014, Ann served as a part-time member of the NSW Administrative Decisions Tribunal, in the Guardianship and Protected Estates division.

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

Role

The Approvals, Compliance and Investigations Group (ACIG) undertakes compliance and enforcement activities. The ACIG assesses information received about aged care services and providers from performance assessments and audits against the Quality Standards, and notifications of serious incidents and complaints, to determine the Commission's response based on the identified risks to care recipients.

The Group is also responsible for co-ordinating agency-wide decision-making and action on complex cases involving multiple teams across the Commission.

The ACIG also reviews the prudential compliance of residential aged care providers to ensure they are appropriately managing refundable accommodation deposits. Further, the ACIG assesses and determines the suitability of incorporated organisations that apply to become an approved provider of home, flexible and residential care.

Executive Director Engagement, Education and Communication



Tara Pamula

Tara joined the Commission in June 2022, bringing over 20 years of experience in the public sector in regulatory compliance, service delivery and transformational projects.

Tara comes to the Commission from Services Australia where she was most recently the National Manager Debt and Integrity Projects. Her work in a regulatory compliance environment has given her a keen appreciation of effective relationships with key stakeholders. She has a strong track record of achievement in developing and implementing successful stakeholder engagement strategies and preparing and communicating fit-for-purpose information for diverse audiences.

Tara has extensive leadership experience developing and leading transformational projects to deliver improved customer outcomes including using data-driven techniques to inform compliance action. Tara holds a Bachelor of Behavioural Science and a postgraduate degree in Public Administration.

Role

The Engagement, Education and Communication Executive Director role is responsible for the delivery of a range of functions including:

- Consumer engagement: Developing the Commission's Consumer Engagement Strategy helps to ensure the work of the Commission does meet the needs and expectations of consumers.
- Stakeholder engagement: Managing relationships with key stakeholders in the aged care system supports us to learn, share expertise and information, influence behaviour and inform our regulatory strategy.
- Communications: Our communications functions underpin our regulatory strategy and support our internal operations. We are focused on providing clear, targeted and timely content to all stakeholders including consumers and their families, providers and other interested parties.
- Sector education: This is key to changing provider behaviour by supporting a better understanding of regulatory obligations and good practice. We provide education content for consumers and providers and deliver training services through our online learning platform Alis, and online and face to face workshops.
- Parliamentary and media: The Commission provides support to our portfolio Ministers through briefings, responses to questions on notice, draft correspondence, and information in response to issues raised by consumers and their families directly with the Minister.

Executive Director Enterprise Governance and Corporate Operations



Shelley Castree-Crood

Shelley 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 2020, Shelley was the Chief Operating Officer at Austin Health from January 2018 and previously held the role of Chief Executive Officer at Calvary Health Care Kogarah from June 2015. 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 Corporate Operations Group (COG) comprises key sections including: Finance; Business Systems; Information, Communication and Technology (ICT); Organisational Development and Capability – Strategic Capability Projects, HR, Learning and Development, and the Reform and Transformation Program Office; Governance and Risk; Legal Services; Property and Facility Management and Audit. The COG supports the Commission and enables staff to deliver the Commission's purpose by:

- developing, integrating, enhancing and optimising corporate systems
- providing the frameworks, guidance, performance measures oversight, risk management and support to enable the Commission to operate as a single strategy-led organisation
- providing strategic corporate advice to: enable timely, effective and efficient decision making; make the best use of resources, as well as optimise governance and risk management; and continuously working to improve safety and performance.

Executive Director Financial and Prudential Regulation



Peter Edwards

Peter has a strong interest in the relationship between organisational governance, operational design and delivery of quality services.

Prior to joining the Commission in February 2022, Peter was acting Deputy Chief Executive and Deputy Registrar Personal Property Securities at the Australian Financial Security Authority where he played a lead role in modernising the regulation of the personal-property securities and personal-insolvency systems.

Peter has worked in a variety of senior regulatory, service delivery and oversight roles across the public sector. This includes the Office of the Commonwealth Ombudsman where he led work significantly improving investigatory functions through the implementation of an effective national delivery model.

Peter holds a Bachelor of Law and Legal Practice and Bachelor of Health Science (Nursing). He is a graduate member of the Australian Institute of Company Directors.

Role

The Financial and Prudential Compliance Group oversees compliance of approved providers with financial and prudential standards, with a key focus being on providers holding refundable accommodation deposits. Key areas of interest for the section are provider compliance with liquidity obligations, financial governance, reporting and disclosure standards. The section works to identify providers at higher risk of non-compliance or emerging financial viability issues and uses a range of regulatory tools to support compliant behaviour and promote best practice.

Executive Director Intake and Complaints Resolution



Michelle Bampton

Michelle has more than 20 years of experience working in a range of government and leadership roles across the ageing and disability sectors.

Prior to joining the Aged Care Quality and Safety Commission in early 2022, Michelle worked with the National Disability Insurance Scheme in a number of senior leadership positions with a focus on the development of operational guidance and leadership of transformational change. She has extensive leadership experience in the areas of complaints and quality standards and brings both a passion for, and expertise in, person-centred policy and practice.

Michelle previously led the Home and community care services program, and has extensive experience working with service providers and in frontline service delivery.

Michelle holds a Bachelor of Arts in Psychology and has postgraduate qualifications in Public Sector Management from the Royal Melbourne Institute of Technology.

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 Quality Assessment and Monitoring



Anthony Speed

Anthony has nearly 30 years of experience in public sector health and social services policy design, program delivery and regulatory roles. Prior to joining the Commission, Anthony worked in senior executive roles in the Department of Health, where he led the aged care compliance functions before transitioning to the Commission in 2020.

He previously worked across the Australian Government health portfolio in national health reforms, and as state manager with a primary focus on stakeholder engagement and policy delivery in several states. Prior to joining 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 has an interest in inclusive care and consumer experience in the regulation of health services, particularly in relation to responsive regulatory practice.

Anthony holds a Bachelor of Arts (Hons), from the University of Tasmania and a Master of Public Administration from the Australian and New Zealand School of Government (ANZSOG), Monash.

Role

The Quality Assessment and Monitoring Group holds providers accountable for fulfilling their legal obligations in line with the Quality Standards. It does this through assessment and monitoring of the quality and safety of care and services delivered by aged care providers which receive Commonwealth funding, and accreditation of residential aged care services.

The Group is also responsible for investigating provider notifications of serious incidents where the Commission is concerned about risks of, or actual harm, to consumers.

Executive Director Regulatory Policy and Intelligence



Emma Jobson

In her work in the Commission, Emma draws on significant experience working across health and social services in policy design, program implementation and service delivery.

She has over 10 years of experience in senior roles in the APS, including as State Manager of the NSW/ACT Office of the Department of Health where she led the implementation of aged care regulation, and health care programs across aged and primary health care.

Immediately prior to joining the Commission in mid-2019, Emma held a national role in the department 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 New South Wales.

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, and using data analytics, 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
- forming strategic and research partnerships to develop, inform and enhance sector performance and regulatory practice.

Executive Director Strategic Projects



Pam Christie

Pam has worked for the Commission in a number of senior executive roles since its establishment, including leading communications, education, corporate affairs and engagement functions as well as supporting the Commission's engagement with the Royal Commission into Aged Care Quality and Safety.

Prior to joining the Commission, Pam worked across a range of government, statutory and senior executive roles in the areas of regulation and education for the Australian and NSW Governments. This included working at the Australian Skills Quality Authority leading reforms to the national regulatory model and being appointed as Managing Director of TAFE NSW, with responsibility for forging partnerships and driving transformational change.

Pam holds a BA, Dip Ed and Grad Dip Ed Studies and is a member of the Australian Institute of Company Directors, an Honorary Senior Fellow, LH Martin Institute, University of Melbourne and a graduate of the ANZSOG Executive Fellows Program.

Role

Pam is currently leading a strategic project for the Commission as sponsor of the Governing for Reform in Aged Care Program. The program was initiated following the Royal Commission and is designed to lift the capability of governing body members and executives of residential and home care providers in key areas of organisational and clinical governance. The role is responsible for:

- leading the governance of the program including establishing a Memorandum of Understanding with the Department of Health and Aged Care (the Department), procurement of a partner organisation to design and deliver the program and establishing an implementation plan with key milestones and deliverables
- working in partnership with KPMG (as successful tenderer) to develop relevant and innovative education content and activities by June 2023, to meet the needs of 3,700 leaders across the sector
- approving content for learning activities including workshops, online modules and resources, webinars, podcasts, leadership sprints and coaching
- engaging with key stakeholders, including consumer and provider peak bodies, to ensure the success of the program
- participating in the Governance Project Board and having oversight of the evaluation of the program against key deliverables.

Aged Care Quality and Safety Advisory Council

The Aged Care Quality and Safety Advisory Council (the 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 2021–22.

Several new appointments and re-appointments were made in the reporting period:

- Ms Maree McCabe AM was appointed as Chair.
- Ms Andrea Coote was appointed as a member having served as inaugural Chair up to 9 April 2022.
- Ms Julie Dundon was appointed as a new member.
- Mr Barry Sandison was appointed as a new member.
- Ms Sally Evans was re-appointed as a member.
- Ms Carolanne Barkla was re-appointed as a member.
- Professor Susan Kurrle was re-appointed as a member.

Existing Advisory Council members for this period were:

- Dr Matthew Cullen
- 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 discussed and provided advice to the Commissioner on a range of strategic issues in 2021–22 including:

- the Commission’s response to the COVID-19 pandemic including targeted site audits, infection control spot checks, and the development of a number of support materials for the sector and consumers
- minimising the use of restrictive practices in aged care
- the Serious Incident Response Scheme – an initiative that helps prevent and reduce incidents of abuse and neglect in residential aged care services
- the Governing for Reform in Aged Care Program – to support governing bodies and executives of approved providers to build organisation and clinical governance skills and get ahead of reforms
- proportionate and risk-based approaches to dealing with non-compliance and supporting providers through continuous improvement
- prudential and financial regulation and reform
- the development of a Consumer Engagement Strategy ensuring the consumer voice is central and drives everything the Commission does
- preparation of the Commission’s 2022–23 Corporate Plan.

Commission Consultative Forum

The Aged Care Quality and Safety Commission Consultative Forum (the Consultative Forum) was established in 2019 to seek feedback on our 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 and Aged Care. 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 two-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 2022, our headcount of Australian Public Service (APS) employees was 818.

Our workforce also included 220 contracted staff, being 21% of the total workforce.

Of our 818 APS headcount:

- 91% are full-time employees.
- 93% are ongoing employees.
- 73% are female.
- Leadership roles range from Executive Level (EL) 1 to Senior Executive Service (SES) Band 2, and are held by 231 employees, of which 69% are female and 31% male.
- 19% are quality assessors.
- 16% are complaints officers.

There was a total of 104 staff separations during the reporting period, of which:

- 15 were non-ongoing employees, 89 were ongoing.
- 21 were EL employees, 51 were APS levels 3-6.
- 32 were quality assessors.
- 18 were complaints officers.

Workforce statistics

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
NSW	49	3	52	125	15	140	–	–	–	192
QLD	36	1	37	98	15	113	–	–	–	150
SA	22	–	22	66	8	74	–	–	–	96
TAS	15	–	15	35	2	37	–	–	–	52
VIC	39	1	40	82	9	91	–	–	–	131
WA	11	–	11	29	3	32	–	–	–	43
ACT	28	1	29	53	8	61	–	–	–	90
NT	1	–	1	2	1	3	–	–	–	4
External territories	–	–	–	–	–	–	–	–	–	–
Overseas	–	–	–	–	–	–	–	–	–	–
Total	201	6	207	490	61	551	–	–	–	758

Table 10: All ongoing employees, current report period (2021–22)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
NSW	3	–	3	16	2	18	–	–	–	21
QLD	4	–	4	11	2	13	–	–	–	17
SA	–	–	–	2	1	3	–	–	–	3
TAS	1	–	1	3	–	3	–	–	–	4
VIC	3	–	3	2	–	2	–	–	–	5
WA	1	–	1	2	–	2	–	–	–	3
ACT	2	–	2	3	2	5	–	–	–	7
NT	–	–	–	–	–	–	–	–	–	–
External territories	–	–	–	–	–	–	–	–	–	–
Overseas	–	–	–	–	–	–	–	–	–	–
Total	14	–	14	39	7	46	–	–	–	60

Table 11: All non-ongoing employees, current report period (2021–22)

	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	–	–	–	–	–	–	–	–	–	–
Overseas	–	–	–	–	–	–	–	–	–	–
Total	138	6	144	360	64	424	–	–	–	568

Table 12: All ongoing employees, previous 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	–	–	–	–	–	–	–	–	–	–
Overseas	–	–	–	–	–	–	–	–	–	–
Total	5	–	5	14	3	17	–	–	–	22

Table 13: All non-ongoing employees, previous report period (2020–21)

Australian Public Sector (APS) classification and gender

	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	–	–	–	1	–	1	–	–	–	1
SES 1	2	–	2	7	–	7	–	–	–	9
EL 2	20	–	20	29	1	30	–	–	–	50
EL 1	48	–	48	108	15	123	–	–	–	171
APS 6	64	4	68	137	32	169	–	–	–	237
APS 5	15	–	15	54	6	60	–	–	–	75
APS 4	11	1	12	26	3	29	–	–	–	41
APS 3	2	1	3	11	1	12	–	–	–	15
APS 2	–	–	–	–	–	–	–	–	–	–
APS 1	–	–	–	–	–	–	–	–	–	–
Other*	39	–	39	117	3	120	–	–	–	159
Total	201	6	207	490	61	551	–	–	–	758

Table 14: Australian Public Service Act ongoing employees, current report period (2021–22)

* Other (Quality Surveyor, Senior Quality Surveyor, Legal, Medical Officer)

	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	–	–	–	–	1	1	–	–	–	1
SES 1	–	–	–	–	–	–	–	–	–	–
EL 2	–	–	–	1	–	1	–	–	–	1
EL 1	4	–	4	3	1	4	–	–	–	8
APS 6	3	–	3	15	3	18	–	–	–	21
APS 5	6	–	6	7	–	7	–	–	–	13
APS 4	–	–	–	3	1	4	–	–	–	4
APS 3	–	–	–	–	–	–	–	–	–	–
APS 2	–	–	–	–	–	–	–	–	–	–
APS 1	–	–	–	–	–	–	–	–	–	–
Other*	1	–	1	10	1	11	–	–	–	12
Total	14	–	14	39	7	46	–	–	–	60

Table 15: Australian Public Service Act non-ongoing employees, current report period (2021–22)

* Other (Quality Surveyor, Senior Quality Surveyor, Legal, Medical Officer)

	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
Total	138	6	144	360	64	424	–	–	–	568

Table 16: Australian Public Service Act ongoing employees, previous report period (2020–21)

* Other (Quality Surveyor, Senior Quality Surveyor, Legal, Medical Officer)

	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	–	–	–	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
Total	5	–	5	14	3	17	–	–	–	22

Table 17: Australian Public Service Act non-ongoing employees, previous report period (2020–21)

* Other (Quality Surveyor, Senior Quality Surveyor, Legal, Medical Officer)

Employment type by full-time and part-time status

	Ongoing			Non-ongoing			Total
	Full-time	Part-time	Total ongoing	Full-time	Part-time	Total non-ongoing	
SES 3	–	–	–	–	–	–	–
SES 2	1	–	1	–	1	1	2
SES 1	9	–	9	–	–	–	9
EL 2	49	1	50	1	–	1	51
EL 1	156	15	171	7	1	8	179
APS 6	201	36	237	18	3	21	258
APS 5	69	6	75	13	–	13	88
APS 4	37	4	41	3	1	4	45
APS 3	13	2	15	–	–	–	15
APS 2	–	–	–	–	–	–	–
APS 1	–	–	–	–	–	–	–
Other*	156	3	159	11	1	12	171
Total	691	67	758	53	7	60	818

Table 18: Australian Public Service Act employees by full-time and part-time status, current report period (2021–22)

* Other (Quality Surveyor, Senior Quality Surveyor, Legal, Medical Officer)

	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
Total	498	70	568	19	3	22	590

Table 19: Australian Public Service Act employees by full-time and part-time status, previous report period (2020–21)

* Other (Quality Surveyor, Senior Quality Surveyor, Legal, Medical Officer)

The 2020–21 annual report incorrectly reported in Table 16 page 163 the total ongoing as 569 rather than the correct number of 568

Employment by location

	Ongoing	Non-ongoing	Total
NSW	192	21	213
QLD	150	17	167
SA	96	3	99
TAS	52	4	56
VIC	131	5	136
WA	43	3	46
ACT	90	7	97
NT	4	–	4
External Territories	–	–	–
Overseas	–	–	–
Total	758	60	818

Table 20: Australian Public Service Act employment type by location, current reporting period (2021–22)

	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	–	–	–
Total	568	22	590

Table 21: Australian Public Service Act employment type by location, previous report period (2020–21)

Aboriginal and Torres Strait Islander peoples' employment

	Total
Ongoing	10
Non-ongoing	–
Total	10

Table 22: Australian Public Service Act Aboriginal and Torres Strait Islander peoples' employment, current report period (2021–22)

	Total
Ongoing	5
Non-ongoing	–
Total	5

Table 23: Australian Public Service Act Aboriginal and Torres Strait Islander peoples' employment, previous report period (2020–21)

Employment arrangements of SES and non-SES employees

	SES	Non-SES	Total
Individual Flexibility Agreement	–	6	6
Determination	11	–	11
Enterprise Agreement	–	801	801
Total	11	807	818

Table 24: Australian Public Service Act employment arrangements, current report period (2021–22)

Salary ranges by classification level

	Minimum salary \$	Maximum salary \$
SES 3	–	–
SES 2	–	–
SES 1	–	–
EL 2	124,752	150,654
EL 1	104,562	121,639
APS 6	85,088	97,912
APS 5	76,088	83,844
APS 4	70,913	76,427
APS 3	62,951	70,765
APS 2	54,162	60,287
APS 1	46,343	53,088
Other	73,832	155,929
All employees	46,343	155,929

Table 25: Australian Public Service Act employment salary ranges by classification level, current report period (2021–22)

Executive remuneration

The categories of officials covered by the disclosure are:

- key management personnel
- senior executives
- other highly paid staff, whose total remuneration exceeds the threshold remuneration amount for the reporting period.

Policies and practices

Under section 24 of the ACQSC Act, the Minister appoints the Commissioner. 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 1999* (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.

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 do 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 in place for all SES employees. Salary progression is not automatic.

The following tables provide disaggregated information related to Commission executive remuneration for the reporting period (2021–22).

Key management personnel

The key management personnel for the Commission include the Commissioner and the Executive Leadership Group, comprising the Assistant Commissioner, Chief Clinical Advisor and a team of Executive Directors.

Key management personnel

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 \$	\$	\$
Janet Anderson Commissioner	425,305	–	64,453	8,436	–	498,194
Dr Melanie Wroth Chief Clinical Advisor	186,728	31,736	37,450	5,332	–	261,246
Lisa Peterson Assistant Commissioner	102,112	2,880	18,853	2,201	–	126,046
Ann Wunsch Executive Director	241,166	4,915	34,627	5,551	–	286,259
Anthony Speed Executive Director	192,423	29,283	35,194	5,267	–	262,167
Emma Jobson Executive Director	193,420	29,794	32,685	4,644	–	260,543
Michelle Bampton Executive Director	83,858	13,443	13,673	1,835	–	112,809
Pam Christie Executive Director	163,443	4,756	24,461	3,852	–	196,512
Peter Edwards Executive Director	85,777	2,434	12,717	1,876	–	102,804
Shelley Castree-Croad Executive Director	245,943	5,245	36,036	5,778	–	293,002
Tara Pamula Executive Director	16,158	445	3,751	323	–	20,677
Totals	1,936,333	124,931	313,900	45,095	–	2,420,259

Table 26: Information about remuneration for key management personnel, current report period (2021–22)

Remuneration for Senior Executive staff

Remuneration band \$	Number of SES staff	Short-term benefits		Post-employment benefits	Other long-term benefits	Termination benefits	Total remuneration
		Base salary \$*	Other benefits and allowances \$*	Superannuation \$*	Long service leave \$*	\$*	\$*
\$0 to \$220,000	6	91,549	4,690	14,724	2,030	–	112,993
\$220,001 to \$245,000	–	–	–	–	–	–	–
\$245,001 to \$270,000	3	190,857	30,271	35,110	5,081	–	261,319
\$270,001 and above	2	243,555	5,080	35,332	5,665	–	289,631

Table 27: Information about remuneration for Senior Executive service staff, current report period (2021–22)
This table includes senior executive staff that also comprise key management personnel

* Average



Remuneration for other highly paid staff

Remuneration band \$	Number of other highly paid staff	Short-term benefits		Post-employment benefits	Other long-term benefits	Termination benefits	Total remuneration
		Base salary \$*	Other benefits and allowances \$*	Superannuation \$*	Long service leave \$*	\$*	\$*
235,001 to 245,000	1	206,847	–	31,875	5,332	–	244,054

Table 28: Information about remuneration for other highly paid staff, current report period (2021–22)

* Average

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 2 complaints officer recruitment rounds in 2021–22. As a result, we have engaged 70 quality assessors and 55 complaints officers nationally as APS employees. We also engaged 14 compliance officers.

	Senior/Quality assessor	Complaints officer	Compliance officer
NSW	19	12	4
QLD	19	21	5
SA	9	7	–
TAS	3	2	–
VIC	12	8	2
WA	6	5	2
ACT	2	–	1
NT	–	–	–
Total	70	55	14

Table 29: Recruitment per state (2021–22)

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 2021.

The Commission does not pay performance pay.

National Leadership Group

The National Leadership Group consists of the Executive Leadership Group as well as Executive Level 2 officers. The group met monthly, via video conference, to discuss strategic issues impacting the Commission, and to share information, insights and innovations.

Our approach to learning and development

Our Learning and Development Strategy 2022–2023 was finalised in June 2022 and outlines how we will develop our workforce capabilities, skills and competencies to support the achievement of our organisational goals. It also ensures our learning activities contribute to the goals of the broader Australian Public Service (APS).

Our philosophy for learning is underpinned by the APS Continuous Learning Model, where learning is not confined to one method but occurs through all the elements of 'Work – People – Resources – Courses'. We provide a wide range of learning and development opportunities to staff, including our Lifting Leadership training program, peer learning groups, learning cafés, communities of practice, corporate training e-learning modules, study assistance, participation in external learning events including workshops, courses and conferences, and new starter orientation. We also ensure learning and development is included in all aged care reform projects, so that staff are effectively supported through critical changes.

Developing the capability of regulatory officers is a priority for the Commission. In 2021–22 we participated in the Australian Public Service Commission's pilot of the Regulatory Practice Essentials program, improved role inductions for our contact centre staff, reviewed development pathways for quality assessors, and expanded the Quality Assessor Training Program (QATP) to include Third-Party Provider (TTP) learners. We also began developing a capability framework to capture the skills, knowledge and experience that regulatory officers need to meet the Commission's needs.

Employee pursuit of professional qualifications continues to be supported. In 2021–22, 9 staff accessed study assistance and/or study leave, and 33 days of study leave was approved.

Staff engagement

Engagement with staff continued to be an important focus for us with new ways of informing, consulting and engaging teams, throughout the year.

In 2021–22 we continued our approach of conducting short, regular pulse surveys that focus on topics that are particularly relevant to our staff. These surveys provide a valuable opportunity for staff to give feedback about their experience of working in the Commission, and their suggestions about how we can continue to improve the way in which we operate.

The first survey in November 2021 included questions about COVID, hybrid work arrangements and staff wellbeing. Another survey in February 2022 sought feedback on the measures that are useful in supporting staff to do a good job, performance management and recruitment. Another in May 2022 sought feedback on internal communications at the Commission, including how staff would prefer to receive information and the kinds of information they are interested in.

We established a virtual 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. Suggestions have covered a wide range of topics including technology, wellbeing, culture and resources, to name a few. Some suggestions have been incorporated as initiatives in the Commission's Wellbeing Plan.

The Commissioner met in person with staff at most sites across the country during May and June 2022 to discuss current priorities for the Commission, and some of the future issues we will be working on.

Monthly webinars

Monthly all-staff webinars continued in 2021–22. 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 two-way dialogue about happenings, experiences and ideas. The sessions are held every three weeks and generally involve 200 to 300 participants.

Staff Participation Forum

Our Staff Participation Forum is the Commission's 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.

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 the *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 159 incidents (including 118 COVID-19 notifications), 109 early intervention cases lodged during 2021–22 and 4 workers' compensation claims submitted with liability accepted and one claim in which the rehabilitation authority transferred to the Commission from another APS agency.

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. For 2021–22, 16% of our staff made use of the EAP. Our Wellbeing Plan was launched in April 2022 comprising of practical initiatives and supports to reduce psychological and physical risks within the workplace and maintain the health and wellbeing of our staff. We conducted 23 targeted learning (wellbeing) sessions through the year including the programs: on Staying Healthy through Lockdown, R U Ok? Day, Managing Challenging Behaviours, Accidental Counsellor, Constructive Conversations, Effective Workplace Communication, Personal Effectiveness, Self-Care to Prevent Burnout and Diversity and Inclusion. Wellness check-ins for 95 EL2 and EL1 staff were conducted. Feel Good Friday health and wellbeing information sessions commenced in April 2022 and are held monthly; our Wellbeing Corner on the intranet homepage was launched in May 2022.

Vaccination update

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 and up to date COVID-19 vaccinations unless they provide evidence of a medical contraindication. We strongly recommend that all staff are vaccinated against influenza and COVID-19. We provide all staff including ongoing, non-ongoing and contractor staff with a free annual influenza vaccination. In 2021–22, 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 and COVID-19 vaccinations. The influenza vaccination rate for Commission field staff at 30 June 2022 was 88% and the COVID-19 three dose vaccination rate was 83%.

Diversity

We value the diversity of our staff. Our Respectful Workplace Framework was established to embrace and value differences in our workplace, such as in age, gender and race. The framework is a 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: Diversity and Discrimination and Cultural Awareness, which are part of the orientation for new starters.

One of the goals of our 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.

Events were organised to celebrate diversity including Reconciliation Week and NAIDOC Week.

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 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 2021–22, 271 staff (33% of the Commission's employees), of whom 82 (30%) were males, accessed carers leave. There was a total of 1,038 days taken as carers leave, and 269 (26%) of those days were taken by males. We will continue to foster an organisational culture in which carers are encouraged and supported.

Aboriginal and Torres Strait Islander staff

The government has set a target of 3% Aboriginal and Torres Strait Islander peoples' representation in the Commonwealth public sector. To monitor progress against the target, Aboriginal and Torres Strait Islander peoples' representation is to be reported.

Our staff can nominate as being either of Aboriginal or Torres Strait Islander origin and 10 staff members (1.2% of all employees) have done so in the reporting period.

We aim to reach 3% Aboriginal and Torres Strait Islander participation in our workforce by promoting targeted entry pathways into the Commission and investing in capability and career development to increase retention rates of these employees.

In 2021–2022 we participated in the Indigenous Australian Government Development Program (IAGDP) as an entry pathway for Indigenous Australians to gain employment in the Commission. The IAGDP provides 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 skills and support their continued growth.

We have 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, providing advice on building our cultural competence and implementing our Reconciliation Action Plan.

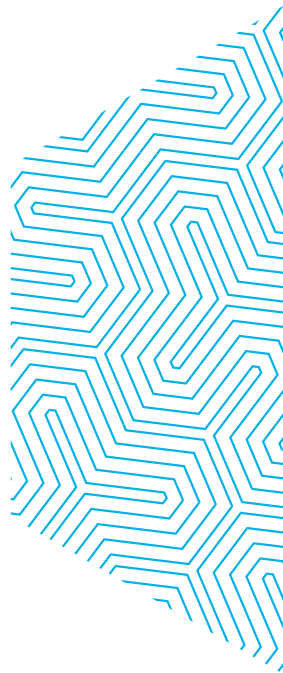
In 2021–22 the organisation has implemented several strategies and activities to recruit and retain Aboriginal and Torres Strait Islander staff. These include:

- embedding our Indigenous Staff Network and Friends of Indigenous Staff Network to promote awareness of issues for Aboriginal and Torres Strait Islander peoples and provide a forum for staff support and engagement
- implementing our Reconciliation Action Plan that sets out the Commission's commitment to specific reconciliation activities that the organisation undertook in 2021–22
- participation in the IAGDP to increase entry pathways to the Commission for Indigenous Australians (as referred to above)
- specific activities to promote inclusive practices including the renaming of meeting rooms with names of significant Aboriginal and Torres Strait Islander peoples or places.

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.

We offer employees accessible workplaces and reasonable adjustments within the workplace.



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 2021 to 30 June 2022. Both were ongoing at the end of the year. We carried over 2 Information Commissioner reviews of Freedom of Information (FOI) decisions made by the Commission in previous financial years, one of which was finalised and the other is awaiting a decision by the Information Commissioner.

Commonwealth Ombudsman

The Commonwealth Ombudsman commenced 4 investigations under section 8 of the *Ombudsman Act 1976* about how we handled 3 specific complaints and one compliance process and made one section 7A preliminary inquiry about how we handled a specific complaint. We provided information in response to all 5 matters and were subsequently advised by the Ombudsman that no further action was required in relation to all these cases.

Parliamentary accountability

We appear before parliamentary committees to answer questions about our role and functions.

During 2021–22, the Commissioner appeared at parliamentary committee hearings for the:

- Inquiry into the current capability of the Australian Public Service (APS), in July 2021
- Inquiry into Aged Care and Other Legislation Amendment (Royal Commission Response No. 2) Bill 2021 [Provisions], in November 2021.

During 2021–22, the Commissioner appeared before the Community Affairs Legislation Committee for:

- Budget Estimates 2021–22, in July 2021
- Budget Estimates 2021–22 spillover hearing, September 2021
- Additional Estimates 2021–22, in February 2022
- Budget Estimates 2022–23, in April 2022.

Judicial and Administrative Review

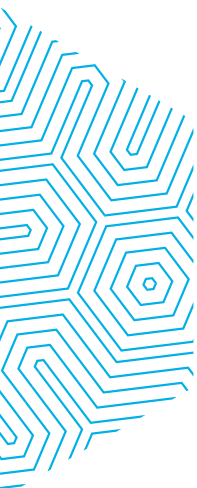
The Commission was involved in 5 matters in the Administrative Appeals Tribunal and 5 matters in the Federal Court/Federal Circuit Court and Family Court.

Fair Work Commission

The Commission was involved in one matter in the Fair Work Commission.

Coronial inquiries

The Commission provided evidence to 2 coronial inquiries: the inquest into COVID-19 related deaths at Newmarch House Aged Care Facility in New South Wales and the inquest into the deaths of residents of St Basil's Home for the Aged in Victoria.



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 2021–22, 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 2021–22 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 2021–22.

	2020–21	2021–22
Number of new contracts	0	0
Consultancy expenditure \$000's	0.0	0.0
Number of ongoing contracts	0	0
Consultancy expenditure \$000's	0.0	0.0

Table 30: Consultancy trend data

Expenditure on reportable non-consultancy contracts

During 2021–22, 1,065 reportable non-consultancy contracts were entered into involving expenditure of \$104,053.

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 Australian Government procurement information system (AusTender) website at tenders.gov.au.

	Number	Expenditure (GST inclusive) \$
New non-consultancy contracts let in the current year	1,065	104,053
Ongoing non-consultancy contracts let in prior years	46	8,578
Total	1,111	112,631

Table 31: Reportable non-consultancy contracts

Name and ABN of organisation	Expenditure (GST inclusive) \$	Proportion of 2020–21 total spend (%)
Hays Personnel Services (Aust) Pty Ltd (ABN 47 001 407 281)	17,414	19.1
KPMG (ABN 41 194 660 183)	14,155	15.5
Hudson Global Resources Pty Ltd (ABN 21 002 888 762)	10,049	11.0
RSM Bird Cameron (ABN 65 319 382 479)	4,480	4.9
Vedior Asia Pacific Pty Ltd (ABN 28 080 275 378)	4,191	4.6
Total of the largest shares	50,289	55.1

Table 32: Organisations receiving a share of reportable non-consultancy contract expenditure

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 2021–22, no contracts were let that did not require the Auditor-General to have access to the contractor's premises.

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 2021–22, there were no contracts considered exempt from publication in AusTender.

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.





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 with the International Society for Quality in Health Care External Evaluation Association (ISQuaEEA), against their Guidelines and Standards for Surveyor Training Programmes 3rd 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

The Commission received 59 new FOI applications in the reporting period. Of these, 47 requests were finalised during the same period, 9 requests were withdrawn, and 3 requests were transferred in whole to another agency. Eight requests were carried over to the new financial year. Of the 47 decisions made, in 32 cases we gave the FOI applicant partial or full access to the documents they sought. Fifteen requests were refused in full. Where access was refused, the primary exemptions applied were s 38(1) of the FOI Act because of the extent of protected information in the documents and s 42(1) of the FOI Act as the documents were legally privileged. All FOI applications, bar one, were processed in the applicable statutory period.

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 the 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 on our website*.



* <https://www.agedcarequality.gov.au/about-us/access-information/information-publication-scheme-ips>

Complaints about our service

Complaints about our service

In 2021–22 the Commission received 132 complaints about our service. Of this, 131* matters are closed. This is an increase on the 77 complaints received about our service in 2020–21.

When we receive a service complaint, we respond with information that may include an outline of the Commission’s complaint 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.

Reviews of complaint decisions

If a complaint is finalised for any reason other than to the complainant's satisfaction, the complainant has a right to seek an internal review of the decision.

In 2021–22, we received 121 requests for a review of a complaint decision. We finalised 80 reviews (noting that this included requests received in 2020–21 that were carried over), and of these we set aside 5 original decisions in order to undertake a new resolution process.

* This figure includes complaints received in 2020–21 and subsequently closed during the 2021–22 reporting period

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.

In 2021–22, the Commission was requested to reconsider 4 decisions by the relevant providers, and all 4 decisions were affirmed. 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.

Reconsideration of compliance decisions

In 2021–22, the Commission was requested to reconsider 3 compliance decisions by the relevant providers, and 2 decisions were affirmed and 1 decision was varied.

Advertising campaigns

During 2021–22, the Commission did not conduct any advertising campaigns.

Corrections

Nil corrections for 2021–22.

Significant reportable matters

In June 2022, we identified one significant non-compliance with the PGPA Act, which resulted from an administrative oversight that occurred during the formation of the Commission's instrument of financial delegation dated 1 January 2019. Specifically, the instrument did not include reference to section 23 of the PGPA Act.

In accordance with section 19 of the PGPA Act, the Commissioner notified the Minister for Health and Aged Care, the Hon Mark Butler, MP, the Minister for Aged Care, the Hon Anika Wells MP and the Finance Minister, Senator the Hon Katy Gallagher.

The Commissioner made a new financial delegation instrument, signed 14 June 2022. This instrument includes explicit delegation of section 23(1) and section 23(3) of the PGPA Act by the Commissioner to various officials of the Commission. We also undertook administrative actions to provide assurance that our internal controls are sufficient and would prevent a similar incident occurring in the future.



Financial statements





INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Aged Care

Opinion

In my opinion, the financial statements of the Aged Care Quality and Safety Commission (the Entity) for the year ended 30 June 2022:

- (a) comply with Australian Accounting Standards – Simplified Disclosures 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 2022 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 2022 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;
- Statement of Cash Flows; and
- Notes to and forming part of 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 – Simplified Disclosures 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

S Bond

Sally Bond

Executive Director

Delegate of the Auditor-General

Canberra

20 September 2022



Australian Government
Aged Care Quality and Safety Commission

Engage
Empower
Safeguard

STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2022 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 Aged Care Quality and Safety Commission will be able to pay its debts as and when they fall due.

Janet Anderson
Commissioner
19 September 2022

Carl Ng
Chief Financial Officer
19 September 2022

1800 951 822
agedcarequality.gov.au

Statement of comprehensive income

For the year ended 30 June 2022

	Notes	2022 \$'000	2021 \$'000	Original Budget \$'000
Net cost of services				
Expenses				
Employee benefits	2A	81,906	61,156	80,923
Suppliers	2B	87,100	56,634	117,907
Depreciation and amortisation	5A	4,013	3,345	3,525
Finance costs	2C	42	28	95
Total expenses		173,061	121,163	202,450
Own-Source Income				
Revenue from contracts with customers	3A	14,807	8,404	18,794
Other revenue	3B	175	140	54
Total own-source income		14,982	8,544	18,848
Net cost of services		158,079	112,619	183,602
Revenue from Government	3C	185,762	114,564	182,661
Total comprehensive surplus/(deficit)		27,683	1,945	(941)

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

Statement of financial position

As at 30 June 2022

	Notes	2022 \$'000	2021 \$'000	Original Budget \$'000
Assets				
Financial assets				
Cash and cash equivalents	4A	3,955	1,575	11,254
Trade and other receivables	4B	100,658	55,795	41,199
Total financial assets		104,613	57,370	52,453
Non-financial assets*				
Buildings	5A	8,400	1,939	2,655
Plant and equipment	5A	1,826	2,123	2,622
Computer software	5A	272	556	4,265
Prepayments		–	591	173
Total non-financial assets		10,498	5,209	9,715
Total assets		115,111	62,579	62,168
Liabilities				
Payables				
Suppliers		14,000	6,152	6,751
Unearned income	6A	15,256	12,826	13,288
Other payables	6B	2,245	1,408	–
Total payables		31,501	20,386	20,039
Interest bearing liabilities				
Leases	7	9,097	2,287	3,709
Provisions				
Employee provisions	12	21,278	17,962	18,097
Other provisions	8	741	741	359
Total provisions		22,019	18,703	18,456
Total liabilities		62,617	41,376	42,204
Net assets		52,494	21,203	19,964
Equity				
Contributed equity		22,215	18,607	24,241
Accumulated surplus/(deficit)		30,279	2,596	(4,277)
Total equity		52,494	21,203	19,964

* 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 2022

	Notes	2022 \$'000	2021 \$'000	Original Budget \$'000
Contributed equity				
Opening balance		18,607	16,826	20,783
<i>Contributions by owners:</i>				
Equity injection	9	1,775	92	1,625
Departmental capital budget	9	1,833	1,689	1,833
Total transactions with owners		3,608	1,781	3,458
Closing balance as at 30 June		22,215	18,607	24,241
Retained surplus/(Accumulated deficit)				
Opening balance		2,596	651	(3,336)
Surplus/(deficit) for the period		27,683	1,945	(941)
Closing balance as at 30 June		30,279	2,596	(4,277)
Total equity		52,494	21,203	19,964

Accounting Policy

Equity injections

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) and Departmental Capital Budgets 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 requires that distributions to owners be debited to contributed equity unless they are in the nature of a dividend.

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

Statement of cash flows

For the year ended 30 June 2022

	Notes	2022 \$'000	2021 \$'000	Original Budget \$'000
Operating activities				
Cash received				
Appropriations		133,506	97,764	182,661
Sale of goods and rendering of services		17,351	14,184	18,794
Other		55	126	–
Net GST received		5,601	2,469	2,200
Total cash received		156,513	114,543	203,655
Cash used				
Employees		(79,036)	(61,160)	(80,923)
Suppliers		(86,772)	(61,307)	(120,917)
Interest payments on lease liabilities		(42)	(28)	(95)
Total cash used		(165,850)	(122,495)	(201,935)
Net cash from/(used by) operating activities		(9,337)	(7,952)	1,720
Investing activities				
Cash received				
Proceeds from sale of property, plant and equipment		–	6	–
Lease incentives received		544	–	–
Total cash received		544	6	–
Cash used				
Purchase of property, plant and equipment		(1,034)	(1,102)	(1,334)
Purchase of computer software		(171)	(1)	(2,124)
Total cash used		(1,205)	(1,103)	(3,458)
Net cash from/(used by) investing activities		(661)	(1,097)	(3,458)
Financing activities				
Cash received				
Contributed equity		14,800	986	3,458
Total cash received		14,800	986	3,458
Cash used				
Principal repayments of lease liabilities		(2,422)	(1,368)	(1,704)
Total cash used		(2,422)	(1,368)	(1,704)
Net cash from/(used by) financing activities		12,378	(382)	1,754
Net (decrease)/increase in cash held		2,380	(9,431)	16
Cash at the beginning of the period		1,575	11,006	11,238
Cash at the end of the period	4A	3,955	1,575	11,254

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 and primary activities 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
- reconsidering and reviewing decisions.

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*
- Australian Accounting Standards and Interpretations – including simplified disclosures for Tier 2 Entities under AASB 1060 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.

New accounting standards

Adoption of new Australian accounting standards requirements

All new, revised, amending statements and/or interpretations that were issued prior to the sign-off date and are applicable to the current reporting period did not have a material effect on the Commission's financial statements.

AASB 1060 general Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-For-Profit Tier 2 Entities

AASB 1060 applies to annual reporting periods beginning on or after 1 July 2021 and replaces the reduced disclosure requirements (RDR) framework.

The application of AASB 1060 involves some reduction in disclosure compared to the RDR with no impact on the reported financial position, financial performance and cash flows of the entity.

Taxation

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

Events after the reporting period

There were no known events after the reporting period that would significantly affect the ongoing structure and financial activities of the Commission.

1: Departmental budget commentary

Comments on significant variances between the Commission's original budget estimates, as published in the 2021–22 Portfolio Budget Statements, and the actual expenditure and the net assets for the year are provided in the table below.

The Commission considers that major variances are those greater than 10% and \$1 million of the budget. Variances below this threshold are not included unless considered significant by their nature.

Explanation of major variances	Affected line item
Supplier Supplier expenses were \$30.8 million lower than the original budget estimate mainly as a result of the budgeted volume of accreditation activities provided by third parties not undertaken due to the risks presented by COVID-19.	Supplier costs – Statement of comprehensive income Cash used for suppliers – Statement of cash flows
Own source income Revenue from own source revenue was \$4.0 million lower than the original budget estimate. This was mainly due to COVID-19 limiting the Commission's ability to enter aged care provider sites to conduct audit activities with the consequence that fewer audits were completed than budgeted. The reduction in accreditation income was partly offset by an increase in revenue from joint development projects.	Total own source revenue – Statement of comprehensive income Unearned income from external parties – Statement of financial position Cash from sale of goods and rendering of services – Statement of cash flows
Trade and other receivables Trade and other receivables were \$59.4 million greater than the original budget estimate due to appropriations not being drawn down and an increase in the amount recoverable from other agencies for the accumulated leave entitlements of Australian Public Service staff that transferred from other Commonwealth entities during the year.	Trade and other receivables – Statement of financial position Cash from appropriations – Statement of cash flows

Buildings

Additional right-of-use property assets were \$5.7 million greater than the original budget estimate as the Commission entered into leases for premises rather than occupying them under shared arrangements under memoranda of understanding with the Department of Health and Aged Care. This has had a consequential impact on depreciation and amortisation.

Depreciation and
amortisation – Statement
of comprehensive income
Buildings – Statement
of financial position
Interest bearing liabilities
– Statement of financial position

Computer software

The development of software has been deferred to future years due to projects commencing later than expected leading to computer software being \$4.0 million less than the original budget estimate.

Computer software
– Statement of financial position

Employee provisions

Additional accumulated leave liabilities transferred into the Commission for staff moving to the Commission from other agencies due to an increased staffing level from a budgeted level of 831 ASL. This was the main factor in the provisions being \$3.2 million greater than the original budget estimate.

Employee provisions
– Statement of financial position

Financial performance

This section analyses the financial performance of the Commission for the year ended 30 June 2022.

2: Expenses

2A: Employee benefits

	2022 \$'000	2021 \$'000
Wages and salaries	68,595	51,780
Superannuation		
Defined contribution plans	8,267	5,890
Defined benefit plans	2,901	2,429
Leave and other entitlements	2,143	900
Separation and redundancies	–	157
Total employee benefits	81,906	61,156

Accounting Policy

Accounting policies for employee-related expenses are contained in the People and Relationships section.

2B: Suppliers

	2022 \$'000	2021 \$'000
Goods and services provided		
Communications	3,769	2,531
Contractors	56,351	34,634
IT Services	4,293	2,277
Legal	874	1,034
Low-value equipment	422	411
Property expenses	1,239	373
Recruitment and training	3,403	597
Serviced facilities	4,667	8,330
Shared services fees	2,019	1,685
Travel	1,846	2,015
Other	7,304	1,869
Total goods and services provided	86,187	55,756
Other suppliers		
Short-term leases	96	227
Low-value leases	17	7
Workers compensation expenses	800	644
Total other suppliers	913	878
Total suppliers	87,100	56,634

The Commission does not have any short-term lease commitments as at 30 June 2022

The above lease disclosures should be read in conjunction with the accompanying notes 2C, 5A and 7

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

	2022 \$'000	2021 \$'000
Interest on lease liabilities	42	28

Accounting Policy

All borrowing costs are expensed as incurred.

The above lease disclosures should be read in conjunction with the accompanying notes 2B, 5A and 7

3: Own-source income

3A: Revenue from contracts with customers

	2022 \$'000	2021 \$'000
Accreditation fees	9,695	7,345
New provider fees	192	–
Educational services	101	124
Licence fees	19	27
Joint development projects *	4,800	908
Total revenue from contracts with customers	14,807	8,404

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.
- New provider application fees are paid on application and recognised as revenue as the payment triggers the commencement of the application evaluation process.
- 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 services have been provided.
- Annual licence fees for the Commission's online learning platform are recognised as 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 timing of completion of performance obligations. Generally, these agreements have specific timelines and deliverables for completion, which inform the timing of the revenue recognition.

* Funding received from the Department of Health and Aged Care under a Memorandum of Understanding for the provision of governance training to the aged care sector

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. A contract liability for unearned revenue is recorded for obligations under contracts for which payment has been received in advance. Contract liabilities unwind as 'revenue from contracts with customers' upon satisfaction of the performance obligations under the terms of the contract. The Commission reports contract liabilities as unearned income in Note 6A.

3B: Other revenue

	2022 \$'000	2021 \$'000
Assessor registration fees	121	86
Resources received free of charge:		
Remuneration of auditors	54	54
Total other revenue	175	140

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 determined 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

	2022 \$'000	2021 \$'000
Departmental appropriations	185,762	114,564

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.

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

	2022 \$'000	2021 \$'000
Cash at bank	3,955	1,575

Accounting Policy

Cash is recognised at its nominal amount.

4B: Trade and other receivables

	2022 \$'000	2021 \$'000
Other receivables		
Refundable security deposits	2	2
Receivables – other	134	14
Lease incentive receivable	205	–
Receivable – employee entitlements	2,404	1,027
GST receivable from the Australian Taxation Office	4,578	2,481
	7,323	3,524
Appropriation receivables		
Departmental appropriations receivable	89,732	37,476
Equity injection receivable	1,867	14,092
Departmental capital budget	1,736	703
	93,335	52,271
Total trade and other receivables (gross)	100,658	55,795

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 2021				
Gross book value	4,120	4,264	3,413	11,797
Accumulated depreciation and amortisation	(2,181)	(2,141)	(2,857)	(7,179)
Total as at 1 July 2021	1,939	2,123	556	4,618
Additions				
Purchase	–	1,034	171	1,205
Right-of-use assets	8,688	–	–	8,688
Depreciation and amortisation	–	(1,152)	(455)	(1,607)
Depreciation on right-of-use assets	(2,227)	(179)	–	(2,406)
Total as at 30 June 2022	8,400	1,826	272	10,498
Total as at 30 June 2022 represented by:				
Gross book value	12,808	5,297	3,584	21,689
Accumulated depreciation and amortisation	(4,408)	(3,471)	(3,312)	(11,191)
Total as at 30 June 2022	8,400	1,826	272	10,498
Carrying amount of right-of-use assets	8,400	53	–	8,453

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.

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.

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. Leases of 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) are 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 are depreciated on a straight-line basis over the anticipated useful life. The useful lives of the Commission's property, plant and equipment are 3 to 5 years (2021: 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 2022. 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 (2021: 3 to 5 years).

All software assets were assessed for indicators of impairment as at 30 June 2022.

6: Payables

6A: Unearned income

	2022 \$'000	2021 \$'000
Unearned revenue from customers	15,192	12,762
Unearned revenue from joint development projects	64	64
Total unearned income	15,256	12,826

Accounting Policy

Unearned revenue from customers represents 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

	2022 \$'000	2021 \$'000
Salaries and wages	2,176	1,251
Employee deductions	9	8
Other accrued expense	60	149
Total other payables	2,245	1,408

7: Interest bearing liabilities

	2022 \$'000	2021 \$'000
Lease liabilities		
Buildings	9,042	2,055
Plant and equipment	55	232
Total interest bearing liabilities	9,097	2,287

The total cash outflow for leases for the year ended 30 June 2022 was \$2,576,741 (2021: \$1,631,618).

Leases for office accommodation

Lease payments are subject to review in accordance with the lease agreement. The reviews are generally annual and are either a predetermined increase or a review against market. Where offered, lease renewal and options range from one to five years. There are no contingent rentals in the agreements.

Leases for motor vehicles

The Commission maintains a small fleet of pooled cars for the purposes of accreditation and quality review. Lease payments are fixed for the life of the operating leases, which range from one to three years. There are no contingent rentals nor are there any options to purchase the vehicles at the end of the lease.

	2022 \$'000	2021 \$'000
Maturity analysis – contractual undiscounted cash flows		
Within 1 year	2,914	1,384
Between 1 to 5 years	6,286	931
Total leases	9,200	2,315

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 2021	560	181	741
Amounts used	–	–	–
Total as at 30 June 2022	560	181	741

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 2 (2021:3) 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 2022	Annual appropriation \$'000	Adjustments to appropriation * \$'000	Total appropriation \$'000	Appropriation applied in 2022 (current and prior years) \$'000	Variance † \$'000
Departmental					
Ordinary annual services ‡	185,762	18,550	204,312	(149,676)	54,636
Capital budget §	1,833	–	1,833	(800)	1,033
Equity injections	1,775	–	1,775	(14,000)	(12,225)
Total departmental	189,370	18,550	207,920	(164,476)	43,444

* Reflects the section 74 of PGPA Act own-source income receipts

† The variance in departmental ordinary annual services has been caused by major new projects starting later in the year than expected due to COVID-19 and timing differences between payments 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

‡ It is anticipated that the Department of Finance will withhold \$3.3m from the previously proposed 2022–23 Budget Measure – Ageing and Aged Care, under section 51 of the PGPA Act in 2022–23. Until this occurs, the Commission is legally entitled to the appropriation and it has been included in the 2021–22 financial statements

§ 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

Annual appropriations for 2021	Annual appropriation \$'000	Adjustments to appropriation[*] \$'000	Total appropriation \$'000	Appropriation applied in 2021 (current and prior years) \$'000	Variance[†] \$'000
Departmental					
Ordinary annual services	114,564	15,113	129,677	(122,308)	7,369
Capital budget [‡]	1,689	–	1,689	(986)	703
Equity injections	92	–	92	–	92
Total departmental	116,345	15,113	131,458	(123,294)	8,164

* 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 the PGPA Act own-source income receipts

† 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

‡ 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)

	2022 \$'000	2021 \$'000
Departmental		
<i>Appropriation Act (No.4) 2019–20</i>	–	14,000
<i>Appropriation Act (No.1) 2020–21</i>	31,216	34,522
<i>Appropriation Act (No.3) 2020–21</i>	3,657	3,657
<i>Appropriation Act (No.4) 2020–21</i>	92	92
<i>Appropriation Act (No.1) 2021–22</i>	53,494	–
<i>Appropriation Act (No.2) 2021–22</i>	1,625	–
<i>Appropriation Act (No.3) 2021–22</i>	3,101	–
<i>Appropriation Act (No.4) 2021–22</i>	150	–
Cash at bank*	3,955	1,575
Total unspent departmental annual appropriation	97,290	53,846

* Cash at bank relates to the Appropriation Acts (No. 1) for the relevant year

11: Net cash appropriation arrangements

	2022 \$'000	2021 \$'000
Total comprehensive surplus per the Statement of Comprehensive Income	27,683	1,945
Plus: depreciation/amortisation of assets funded through appropriations (departmental capital budget funding and/or equity injections)	1,607	1,927
Plus: depreciation of right-of-use assets	2,406	1,418
Less: lease principal repayments	(2,422)	(1,368)
Net cash operating surplus	29,274	3,922

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

	2022 \$'000	2021 \$'000
Leave	21,278	17,962

Accounting Policy

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

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 2022. 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 executive leadership group comprising members of the senior executive service staff. Key management personnel remuneration is reported in the table below:

	2022 \$'000	2021 \$'000
Short-term employee benefits	2,061	1,856
Post-employment benefits	314	290
Other long-term employee benefits	45	43
Termination benefits	–	135
Total key management remuneration expenses	2,420	2,324

The total number of key management personnel that are included in the above table is 11 (2021:9). Key management personnel were increased by two members during 2021–22, reflecting the increase in the number of senior executive service employees employed by the Commission during the year.

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
- 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 one (2021:2) bank guarantees in respect of office lease guarantees with a total of \$114,000 (2021: \$175,876).

Unquantifiable contingent liabilities

At 30 June 2022, 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 entitlements. 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 probability of settlement is greater than remote.

16: Financial instruments

	2022 \$'000	2021 \$'000
Categories of financial instruments		
Financial assets		
Financial assets at amortised cost		
Cash and cash equivalents	3,955	1,575
Trade and other receivables	341	16
Receivables for employee entitlements	2,404	1,027
Total financial assets at amortised cost	6,700	2,618
Financial liabilities		
Financial liabilities measured at amortised cost		
Supplier payables	14,000	6,152
Unearned revenue	15,256	12,826
Other payables	60	149
Total financial liabilities measured at amortised cost	29,316	19,127

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;
- (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.
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.

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

	2022 \$'000	2021 \$'000
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	3,955	1,575
Trade and other receivables	100,658	55,795
Prepayments	–	591
Total no more than 12 months	104,613	57,961
More than 12 months		
Buildings	8,400	1,939
Property plant and equipment	1,826	2,123
Intangibles	272	556
Total more than 12 months	10,498	4,618
Total assets	115,111	62,579

	2022 \$'000	2021 \$'000
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	14,000	6,152
Unearned revenue	15,256	12,826
Other payables	2,245	1,408
Lease liabilities	2,868	1,361
Employee provisions	9,347	7,099
Other provisions	560	560
Total no more than 12 months	44,276	29,406
More than 12 months		
Lease liabilities	6,229	926
Employee provisions	11,931	10,863
Other provisions	181	181
Total more than 12 months	18,341	11,970
Total liabilities	62,617	41,376

References and appendices



Glossary

Abbreviation	Term
AASB	Australian Accounting Standards Board
ACIG	Approvals, Compliance and Investigations Group
ACQSC	Aged Care Quality and Safety Commission
ACQSC Act	<i>Aged Care Quality and Safety Commission Act 2018</i>
Advisory Council	Aged Care Quality and Safety Advisory Council
Aged Care Act	<i>Aged Care Act 1997</i>
Alis	Aged Care Learning Information Solution
ANAO	Australian National Audit Office
ANZSOG	Australian and New Zealand School of Government
APS	Australian Public Service
AusTender	The Australian Government procurement information system
BBP	Better Business Program
Carers Act	<i>Carer Recognition Act 2010</i>
CEO	Chief Executive Officer
CHSP	Commonwealth Home Support Programme
COG	Corporate Operations Group
Commission	Aged Care Quality and Safety Commission
Commissioner	Aged Care Quality and Safety Commissioner
Consultative Forum	Aged Care Quality and Safety Commission Consultative Forum
Department	Department of Health and Aged Care
EAP	Employee Assistance Program
EL	Executive Level
ELG	Executive Leadership Group
FOI	Freedom of Information
FOI Act	<i>Freedom of Information Act 1982</i>
Framework	Financial and Prudential Monitoring, Compliance and Intervention Framework
FTE	Full-time Equivalent
GST	Goods and Services Tax
IAGDP	Indigenous Australian Government Development Program
ICT	Information and Communication Technology
IFA	Individual Flexibility Arrangement

Abbreviation	Term
IPS	Information Publication Scheme
ISQua	International Society for Quality in Health Care
IT	Information technology
LGBTIQA+	Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual
NCCIMS	National Complaints and Compliance Information Management System
OPAN	Older Persons Advocacy Network
PBS	Portfolio Budget Statements
PGPA Act	<i>Public Governance, Performance and Accountability Act 2013</i>
PGPA Rule	Public Governance, Performance and Accountability Rule 2014
Principles	<i>Quality of Care Principles 2014</i>
PSM	Public Service Medal
Public Service Act	<i>Public Service Act 1999</i>
QAMG	Quality Assessment and Monitoring Group
QATP	Quality Assessor Training Program
Quality Standards	Aged Care Quality Standards
RBITS	Risk Based Targeting and Information Sharing
Royal Commission	Royal Commission into Aged Care Quality and Safety 2021
RPU	Restrictive Practices Unit
Rules	Aged Care Quality and Safety Commission Rules 2018
SES	Senior Executive Service
SIRS	Serious Incident Response Scheme
SME	Small and medium enterprises
SRC Act	<i>Safety, Rehabilitation and Compensation Act 1988</i>
Strategy	Financial and Prudential Regulatory Strategy
TPP	Third-Party Provider
UTI	Urinary tract infections
WHS	Work Health and Safety
WHS Act	<i>Work Health and Safety Act 2011</i>
WHS Regulations	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
17AD(g)	Letter of transmittal		
17AI	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
17AD(h)	Aids to access		
17AJ(a)	Pages 4–7	Table of contents.	Mandatory
17AJ(b)	Pages 224–240	Alphabetical index	Mandatory
17AJ(c)	Pages 222–223	Glossary of abbreviations and acronyms.	Mandatory
17AJ(d)	Pages 241–253	List of requirements	Mandatory
17AJ(e)	Page 2	Details of contact officer	Mandatory
17AJ(f)	Page 2	Entity's website address	Mandatory
17AJ(g)	Page 2	Electronic address of report	Mandatory
17AD(a)	Review by accountable authority		
17AD(a)	Pages 10–12	A review by the accountable authority of the entity.	Mandatory
17AD(b)	Overview of the entity		
17AE(1)(a)(i)	Pages 14–18	A description of the role and functions of the entity.	Mandatory
17AE(1)(a)(ii)	Page 23	A description of the organisational structure of the entity.	Mandatory
17AE(1)(a)(iii)	Pages 109–110	A description of the outcomes and programmes administered by the entity.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AE(1)(a)(iv)	Page 67	A description of the purposes of the entity as included in corporate plan.	Mandatory
17AE(1)(aa)(i)	Page 23	Name of the accountable authority or each member of the accountable authority.	Mandatory
17AE(1)(aa)(ii)	Page 23	Position of the accountable authority or each member of the accountable authority.	Mandatory
17AE(1)(aa)(iii)	Page 23	Period as the accountable authority or member of the accountable authority within the reporting period.	Mandatory
17AE(1)(b)	n/a	An outline of the structure of the portfolio of the entity.	Portfolio departments – mandatory
17AE(2)	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
17AD(c)	Report on the Performance of the entity		
	Annual performance Statements		
17AD(c)(i); 16F	Pages 62–108	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory
17AD(c)(ii)	Report on Financial Performance		
17AF(1)(a)	Page 111	A discussion and analysis of the entity's financial performance.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AF(1)(b)	Page 112	A table summarising the total resources and total payments of the entity.	Mandatory
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)	Management and Accountability		
	Corporate Governance		
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

PGPA Rule Reference	Part of Report	Description	Requirement
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 114	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory
17AG(2)(d) – (e)	Page 178	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
<i>Audit Committee</i>			
17AG(2A)(a)	Page 116	A direct electronic address of the charter determining the functions of the entity's audit committee.	Mandatory
17AG(2A)(b)	Page 117	The name of each member of the entity's audit committee.	Mandatory
17AG(2A)(c)	Page 117	The qualifications, knowledge, skills or experience of each member of the entity's audit committee.	Mandatory
17AG(2A)(d)	Page 117	Information about the attendance of each member of the entity's audit committee at committee meetings.	Mandatory
17AG(2A)(e)	Page 117	The remuneration of each member of the entity's audit committee.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
External Scrutiny			
17AG(3)	Pages 165–166	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory
17AG(3)(a)	Pages 165–166	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
17AG(3)(b)	Pages 165–166	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
17AG(3)(c)	n/a	Information on any capability reviews on the entity that were released during the period.	If applicable, Mandatory
Management of Human Resources			
17AG(4)(a)	Page 135	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(4)(aa)	Pages 136–139	<p>Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following:</p> <ul style="list-style-type: none"> (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 140–148	<p>Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following:</p> <ul style="list-style-type: none"> • 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)	Page 149	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
17AG(4)(c)(i)	Page 149	Information on the number of SES and non-SES employees covered by agreements etc identified in paragraph 17AG(4)(c).	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(4)(c)(ii)	Page 150	The salary ranges available for APS employees by classification level.	Mandatory
17AG(4)(c)(iii)	Pages 156–159	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
Assets Management			
17AG(5)	Page 167	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities.	If applicable, Mandatory
Purchasing			
17AG(6)	Page 167	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i>	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
Reportable consultancy contracts			
17AG(7)(a)	Pages 168–169	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
17AG(7)(b)	Pages 168–169	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
17AG(7)(c)	Pages 168–169	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

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(7)(d)	Pages 168–169	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
Reportable non-consultancy contracts			
17AG(7A)(a)	Pages 168–169	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

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(7A)(b)	Pages 168–169	A statement that “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.”	Mandatory
17AD(daa)	Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts		
17AGA	Page 170	Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts.	Mandatory
Australian National Audit Office Access Clauses			Mandatory
17AG(8)	Page 171	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

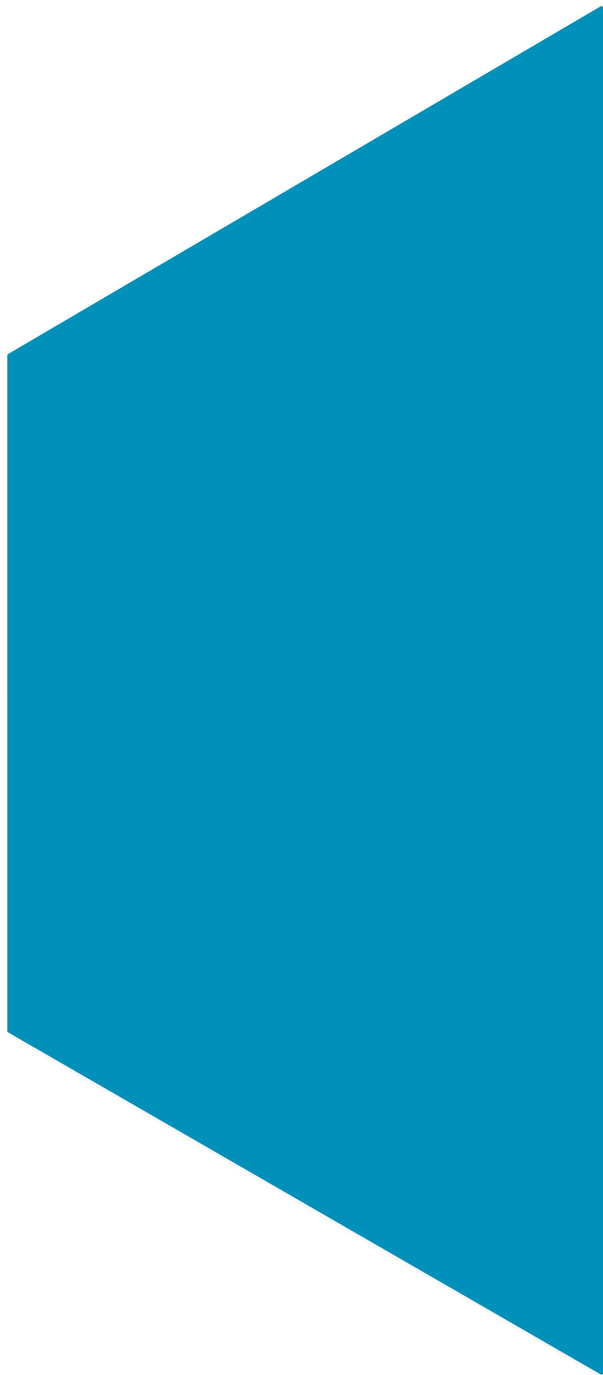
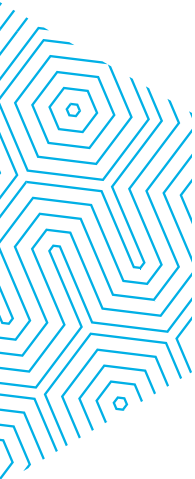
PGPA Rule Reference	Part of Report	Description	Requirement
Exempt contracts			
17AG(9)	n/a	If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt 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
Small business			
17AG(10)(a)	Page 172	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
17AG(10)(b)	Page 172	An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(10)(c)	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
Financial Statements			
17AD(e)	Pages 180–220	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory
Executive Remuneration			
17AD(da)	Pages 151–155	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2-3 of the Rule.	Mandatory
17AD(f)	Other Mandatory Information		
17AH(1)(a)(i)	n/a	If the entity conducted advertising campaigns, a statement that “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.”	If applicable, Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AH(1)(a)(ii)	Page 177	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory
17AH(1)(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
17AH(1)(c)	Page 164	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory
17AH(1)(d)	Page 175	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 177	Correction of material errors in previous annual report.	If applicable, mandatory
17AH(2)	Pages 160–161	Information required by other legislation.	Mandatory

Act requirements index

Reference S52	Part of Report	Description	Requirement
(a)	Pages 62–112	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 62–112	Particulars of any variations of the annual operational plan during the period.	Mandatory
(c)	Pages 62–112	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 25, 33, 110	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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