

Clinical Excellence Commission

# CEC Strategic Plan

## 2021-2024



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COMMISSION

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STRATEGIC PLAN 2021-2024  
CLINICAL EXCELLENCE COMMISSION

## Foreword



**Hon Brad Hazzard**

MP Minister for Health  
Minister for Medical  
Research

Pioneering improvements to patient safety and supporting high-quality clinical care is the hallmark of the Clinical Excellence Commission (CEC). Since it was created in 2004, the CEC has gained international recognition for its initiatives in partnership with health care professionals, patients, their families and carers to continually improve the delivery of health care in NSW.

As Health Minister, I commend the outstanding patient safety efforts led by the CEC across the State. The CEC Strategic Plan 2021-2024 builds on a commitment to safe and effective care for communities, targeting the key goals of reducing preventable harm, increasing capability and enhancing safety systems.

The COVID-19 pandemic has helped sharpen attention on the crucial role safety systems and commitment to high-quality care plays across the health system, particularly in the areas of infection prevention and control and respiratory protection. Throughout the pandemic, the CEC has been regarded as the trusted, expert authority on healthcare safety and has played a significant role in the NSW response. This forward-focused strategic plan underpins the CEC's continued efforts to champion high-quality, safer care for all patients in the NSW Health system.

## Introduction

**SAFETY** and **QUALITY** are everyone's business and a paramount concern for every patient and health worker across the NSW public health system. Whether you are receiving care or visiting a loved one in hospital or working as a clinician or other member of our health workforce, safety is a priority.

It is the primary focus of the Clinical Excellence Commission to not just acknowledge how much safer the system has become through our work to date, but to use this strategic plan to enhance our ongoing commitment to work with frontline staff and clinical teams in NSW public hospitals to ensure safety is a key priority for all.

Safety in health care, requires learning from diverse groups across the system about what matters the most and what can be improved. In forming this plan, consumers, carers, and families have shaped the strategic priorities alongside clinicians, executive staff and health workers from a variety of disciplines.

Through these conversations, we learned that there was a strong commitment to clinical quality and safety across the system, with three goals and four key themes emerging and now forming the focus of our efforts through the period that this strategic plan covers (2021-2024).

The challenge before us now is to realise mature safety systems, increase safety capability and reduce preventable harm. These significant goals are underpinned by work in four strategic spaces – embedding safety systems, creating a safety culture with accountability, ensuring there is safety intelligence and targeting key areas with safety priorities and programs.

At its heart, the CEC helps to ensure all people who make up the NSW health workforce are focused on keeping safe, the millions of people who receive care in our NSW health services each year. It is a great privilege to have overseen the teams mapping out this crucial work and to now be in a position to start implementing the plan; working with the healthcare workers and the wider healthcare system to realise our goal in delivering care for patients.



**Prof Andrew Wilson**

Board Chair



**Carrie Marr**

Chief Executive



“Safety is everyone’s business”

The CEC’s Vision for 2021-2024 represents its bold ambition for the entire health system.

Mature safety systems...

Safety systems are in place when...

- organisations have a clearly articulated and understood safety system model
- tailored models exist for safety improvement in key areas (e.g. older people, mental health, maternity)
- the needs of rural and metro services are understood and supported in a differentiated way
- effective and mature partnerships exist across teams, organisations and the wider system
- every person in NSW understands their role in safety, and has access to the tools that they need to fulfil that role
- the consumer voice is active and influential as a driver of safety

Increase safety capability...

Capability is increased when...

- the system is a learning system
- all organisations in NSW Health have locally embedded the Safety and Quality Curriculum
- Understanding of human factors underpins all patient safety education and training
- safety and quality programs and resources can be mobilised rapidly and effectively at system and local levels
- clinical teams have the leadership, knowledge and skills to drive safety improvement and reduce harm

Reduce preventable harm...

Preventable harm is reduced when...

- Relevant, timely, accessible data is used locally by clinicians and clinical teams on the front line for safety improvement
- boards and executives are aligned to the importance of safety, have access to and understand relevant safety data
- data is triangulated for safety improvement and risk is predicted and acted upon
- good practice and outcomes across the system are identified, acknowledged and promoted
- unwarranted clinical variation is minimised
- a culture of ‘speaking-up’ is normalised
- High risk patient population safety priorities are identified

To achieve those outcomes, four strategic priorities outline the areas that the CEC will focus on for the next 3 years



**Embedded safety systems**

A safety model where the whole care system is strategically enabled through governance, partnerships, roles and responsibilities, and capability and capacity.

Outcome	Actions
Healthcare entities are increasing their maturity to support and enable safety systems	<ul style="list-style-type: none"> <li>Define and promote a proactive and predictive safety system model for NSW Health that strategically facilitates and sustains a consistent and reliable approach to safety.</li> <li>Contribute locally and globally to the maturity of healthcare safety systems theory and models.</li> </ul>
Boards and senior executives demonstrate and are held accountable for their required leadership roles in safety systems.	<ul style="list-style-type: none"> <li>Provide Boards and Executive Teams with targeted support and relevant reporting approaches to ensure fulfilment of safety improvement leadership roles and accountabilities as well as data driven decision making and priority setting.</li> <li>Provide expert advice and coaching to Senior Leaders to support the alignment of safety and quality activity with system priorities, guide investment, and sustain leadership effort and focus.</li> </ul>



**Safety culture with accountability**

The whole care system, including patients, clinical and support staff, management and boards, are equipped to lead positive safety cultures and improve performance in all settings.

Outcome	Actions
Staff throughout the system are aware, supported and equipped to implement and sustain a strong safety culture.	<ul style="list-style-type: none"> <li>Define and promote a consistent, shared framework for safety culture and accountability within our safety model.</li> <li>Provide teams with resources and support to implement best practice safety culture structures and approaches in line with clinical governance standards.</li> </ul>
Patient, family and carer voices are amplified and supported to build a collective agency for safety improvement.	<ul style="list-style-type: none"> <li>Support the delivery of the NSW 'Elevating the Human Experience - A Guide to Action', through developing innovative ways of elevating the patient, family and carer voice in safety, including a focus on ensuring that the voice of people from diverse backgrounds is heard.</li> </ul>



**Safety intelligence**

Triangulated data, connected technologies and real-time insights enable a predictive and proactive approach to safety.

Outcome	Actions
The CEC's work in safety intelligence is supported by a shared data governance framework, and collaboration with key partners.	<ul style="list-style-type: none"> <li>Achieve integration across the system (with the MoH branches and CI, ACI, BHI, HealthShare, eHealth) in relation to access, consistent presentation, use and governance of safety data, safety systems and responses to risk.</li> <li>Develop cutting-edge data visualisation and predictive analytics in partnership with LHDs, SHNs, universities, research organisations and other sectors.</li> </ul>
Clinicians and their teams have direct access and the capability to interpret intelligent insights derived from real-time data.	<ul style="list-style-type: none"> <li>Work with other agencies to develop, deliver and support the use of enhanced predictive capability in priority focus areas.</li> <li>Develop system-wide capability to use data to identify safety priorities and target population groups, including reliable and consistent application of tools and approaches (especially M&amp;M and MDT meetings).</li> </ul>



**Safety priorities and programs**

Targeting priority patient populations and key focus areas with programs, tools, resources, and safety expertise, while maintaining flexibility and agility to respond to urgent needs.

Outcome	Actions
Increased coordinated uptake and evaluation of evidence-based safety programs.	<ul style="list-style-type: none"> <li>Provide implementation support to healthcare providers to spread, scale and sustain patient safety improvement with an emphasis on seven programs: maternity and neonates, paediatrics, adult, older people, mental health, infection prevention and control, and medication safety.</li> <li>Provide targeted support to rural and regional healthcare settings to design, implement and collaborate around appropriate safety and quality structures and approaches.</li> </ul>
Enhanced system-wide safety improvement capability and succession planning.	<ul style="list-style-type: none"> <li>Implement the NSW safety and quality capable workforce pathway with LHDs and SHNs.</li> <li>Increase the knowledge, application and integration of human factors across patient safety.</li> <li>In partnership with HETI, establish a program for Deputy Directors of Clinical Governance and a program for Accredited IPAC Practitioners.</li> </ul>
The CEC is organised to implement bespoke, rapid and agile responses to system needs.	<ul style="list-style-type: none"> <li>Establish a service delivery model that ensures agile mobilisation and deployment of expert CEC teams to meet the urgent and planned needs of the system.</li> </ul>



## Evaluating progress against the plan

Evaluation of the strategic plan will be achieved through periodic monitoring of indicators which aim to measure the extent to which the specified actions are implemented, what effect they have had on the system, and whether progress has been made against the overarching system goals set out in the plan.

High-level measures for the plan against each strategic priority are outlined below, which serve as a starting point for lower-level indicators to be developed as part of the CEC's operational plan. Each high-level measure cascades from the desired outcomes under each strategic priority and the CEC's legislated responsibilities.



## Outputs

To what extent have we implemented our plan?



Actions and activities

## Outcomes

What have our activities achieved?

Embedded safety systems

Safety culture with accountability

Safety intelligence

Safety priorities and programs

## Impacts

What effect have we had on the system?

Mature safety systems

Increase safety capability

Reduce preventable harm

## The CEC will know its impact by monitoring...

- Evidence of system maturity against the proactive and predictive safety system model.
- Level of maturity against the safety culture framework.
- Implementation of team safety fundamentals at scale
- Outcomes from partnerships with others in development of cutting-edge data visualisation and predictive analytics.
- Usage and endorsement of safety intelligence systems.
- Evidence of contribution to the reduction of harm and unwarranted variation
- Number and evaluation of commissioned interventions for LHDs/SHNs and the Ministry of Health.
- Evidence of local safety and quality capability through evaluation of the safety and quality curriculum

### Our Legislated/Policy Responsibilities

- Compliance with CEC's legislated/policy governance requirements.
- Achievement of CEC Performance Agreement KPIs and strategic clinical deliverables.

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## APPENDIX

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### The CEC's Ministerial Determination of Functions (1997)

The Performance Agreement recognises that the Clinical Excellence Commission has a clearly defined role and set of functions as articulated in the Ministerial Determination of Functions for the Support Organisation, signed by the Minister 13th July 2012, pursuant to Section 53 of the Health Services Act 1997.

#### Functions

- A. To provide system wide clinical governance leadership with local health districts and specialty networks, including support of the implementation and ongoing development of local quality systems;
- B. To develop policy and strategy related to improvements of clinical quality and safety across the NSW public health system and promote and support improvement in clinical quality and safety in public and private health services;
- C. To identify, develop and disseminate information about clinical quality and safety in health care on a state wide basis, including (but not limited to):
  - i. Working with the Health Education and Training Institute to provide advice and inform the Institutes development, provision and promotion of training and education programs;
  - ii. Identifying priorities for and promoting the conduct of research about clinical quality and safety in health care;
- D. To review adverse clinical incidents arising in the NSW public health system and develop responses to those incidents including (but not limited to):
  - i. Coordinating responses to specific incidents with system or statewide implications; and
  - ii. Providing advice to the Secretary, Ministry of Health on urgent request or emergent patient safety issues and staff safety issues in a clinical setting;
- E. To monitor clinical quality and safety processes and performance of public health organisations and to report to the Secretary, Ministry of Health and Minister thereon;
- F. To provide the Bureau of Health Information with relevant data about clinical quality and safety in the public health system, to support the Bureau's public reporting function; 2020-21 Performance Agreement: Legislation, governance and performance framework
- G. To consult broadly with public health organisations, health professionals and members of the community in performing its functions;
- H. To provide advice to the Secretary, Ministry of Health and Minister for Health on issues arising out of its functions
- I. To develop three year Strategic Plans and an Annual Work Plan, linking these activities and priorities of the Commission to the statewide directions and priorities of NSW Health and work in accordance with these plans and Service Compact agreed with the Secretary, Ministry of Health.

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## Clinical Excellence Commission

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