

Implementation of ANAO and Parliamentary Committee Recommendations — Education and Health Portfolios

[Across Entities](#)

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Canberra ACT
25 June 2020

Dear Mr President
Dear Mr Speaker

In accordance with the authority contained in the *Auditor-General Act 1997*, I have undertaken an independent performance audit across Entities. The report is titled *Implementation of ANAO and Parliamentary Committee Recommendations — Education and Health Portfolios*. Pursuant to Senate Standing Order 166 relating to the presentation of documents when the Senate is not sitting, I present the report of this audit to the Parliament.

Following its presentation and receipt, the report will be placed on the Australian National Audit Office's website — <http://www.anao.gov.au>.

Yours sincerely



Grant Hehir
Auditor-General

The Honourable the President of the Senate
The Honourable the Speaker of the House of Representatives
Parliament House
Canberra ACT

AUDITING FOR AUSTRALIA

The Auditor-General is head of the Australian National Audit Office (ANAO). The ANAO assists the Auditor-General to carry out his duties under the *Auditor-General Act 1997* to undertake performance audits, financial statement audits and assurance reviews of Commonwealth public sector bodies and to provide independent reports and advice for the Parliament, the Australian Government and the community. The aim is to improve Commonwealth public sector administration and accountability.

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Audit snapshot

Auditor-General Report No.46 2019–20

Implementation of ANAO and Parliamentary Committee Recommendations — Education and Health Portfolios



Why did we do this audit?

- ▶ The appropriate and timely implementation of agreed recommendations is an important part of realising the full benefit of a parliamentary inquiry or an ANAO audit.
- ▶ This is the second in a series of audits that highlight whether entities have implemented recommendations in line with commitments made to the Parliament.
- ▶ The audit examined recommendations for the Department of Education; Department of Health; Australian Sports Commission (ASC); and National Health and Medical Research Council (NHMRC).



Key facts

- ▶ The status of 398 inquiry reports have been reported on by parliamentary committees between 5 December 2018 and 4 December 2019.
- ▶ Four per cent of Senate committee reports and nine per cent of House of Representative committee reports were responded to within the agreed timeframe by entities across the Australian Government.



What did we find?

- ▶ Nothing came to the ANAO's attention that the entities had not implemented applicable parliamentary committee and ANAO recommendations.
- ▶ Entities implemented all parliamentary committee inquiry recommendations agreed in the period 1 July 2016 to 30 June 2017, but general arrangements for responding to, monitoring and managing recommendations from parliamentary committee inquiries require improvement.
- ▶ The Auditor-General made two recommendations, one for the ASC to establish a system for implementation of ANAO recommendations, and one to all four selected entities to strengthen parliamentary inquiry recommendation implementation processes.
- ▶ The Department of Education, Skills and Employment, Department of Health and NHMRC agreed to both recommendations, while the ASC agreed to one recommendation and agreed in part to the other.

All 16

ANAO recommendations agreed by the selected entities in 2016–17 had been implemented.

All 17

parliamentary committee recommendations agreed by the selected entities in 2016–17 had been implemented.

Summary and recommendations

Background

1. The operations and performance of Australian Government entities are subject to external scrutiny from the Joint Committee of Public Accounts and Audit (JCPAA) and other parliamentary committees, and the Australian National Audit Office (ANAO).
2. The JCPAA reviews all Auditor-General reports tabled in Parliament, including the recommendations and audited entities' proposed actions, and reports the results of its deliberations to both Houses of the Parliament. A key aspect of JCPAA inquiries is to hold Commonwealth entities accountable for the implementation of audit recommendations.¹
3. Other parliamentary committees investigate specific matters of policy, government administration or performance and may review part or all of an Auditor-General report or reports. Recommendations are then made to government.
4. The purpose of the ANAO is to support accountability and transparency in the Australian Government sector through independent reporting to the Parliament, and thereby contribute to improved public sector performance. The ANAO's performance audit activities involve the audit of all or part of an entity's operations to assess its economy, efficiency, effectiveness, ethicality or legislative and policy compliance. The ANAO identifies areas where improvements can be made to aspects of public administration and makes specific recommendations to assist public sector entities to improve their program management.²
5. Government responses are required to be tabled in Parliament. Responses to recommendations inform the Parliament of government activities and provide accountability by formalising commitments regarding the implementation of recommendations.

Rationale for undertaking the audit

6. Reports of parliamentary committees and the ANAO identify risks to the successful delivery of outcomes and areas where administrative or other improvements can be made. The appropriate and timely implementation of agreed recommendations is an important part of realising the full benefit of an audit or parliamentary inquiry.
7. This audit is the second in a series of audits that highlight whether entities have implemented recommendations in line with intended commitments made to the Parliament.

Audit objective and criteria

8. The audit objective is to examine whether selected entities in the Health and Education portfolios implemented JCPAA and other parliamentary inquiry report recommendations and agreed ANAO performance audit recommendations.

1 Joint Committee of Public Accounts and Audit, *Report 472: Commonwealth Procurement — Second Report*, October 2018, p. 15–16.

2 Australian National Audit Office, [Corporate Plan 2018–19](#).

9. The audit used a two-staged approach. The first stage involved a limited (negative) assurance engagement and the second stage, where required, a reasonable (positive) assurance engagement.

10. To form a conclusion against the audit objective, the following high level audit criterion was adopted for the first stage of the audit:

- Do entities have appropriate governance arrangements in place to respond to, monitor and implement recommendations?

11. Where this criterion was met, the audit could conclude that, based on the procedures performed and the evidence obtained, nothing came to the ANAO's attention that the governance arrangements in place were not effective for responding to, monitoring and implementing agreed recommendations.

12. Where the evidence obtained was insufficient to conclude on the appropriateness of the governance arrangements in place (stage one), an additional criterion was adopted (stage two):

- Were agreed recommendations effectively implemented?

13. The audit examined JCPAA, other parliamentary committee and ANAO performance audit recommendations from inquiries or reports with agreed recommendations related to 2016–17 for the following four entities:

- Department of Education (Education);
- Department of Health (Health);
- Australian Sports Commission (ASC); and
- National Health and Medical Research Council (NHMRC).

Conclusion

14. Nothing came to the ANAO's attention that the entities had not implemented applicable parliamentary committee and ANAO recommendations. Entities implemented all parliamentary committee inquiry recommendations agreed in the period 1 July 2016 to 30 June 2017, but general arrangements for responding to, monitoring and managing recommendations from parliamentary committee inquiries require improvement.

15. Based upon the procedures performed and the evidence obtained, nothing came to the ANAO's attention that Education, Health, and the NHMRC did not have effective governance arrangements in place to respond to, monitor and implement Joint Committee of Public Accounts and Audit and ANAO recommendations. Evidence from these entities suggests that all ANAO recommendations have been implemented. The ASC did not have fully effective governance arrangements for all aspects of monitoring and implementing agreed ANAO recommendations, but did not have applicable recommendations for assessment. None of the entities had appropriate governance arrangements in place for all aspects of monitoring and implementing agreed recommendations from other parliamentary committee inquiries.

16. All 2016–17 recommendations from other parliamentary committees which one or more of the entities had responsibility for implementation had been implemented. Each of the entities had processes in place to plan implementation of agreed recommendations from other parliamentary committee inquiries. However, none of the entities maintained evidence to support implementation

of recommendations in all instances, while Education, Health and the ASC did not have complete arrangements in place to test the implementation of recommendations.

Supporting findings

Governance

17. Based upon the procedures performed and the evidence obtained, nothing came to the ANAO's attention that Education, Health and NHMRC did not have appropriate governance in place to respond to, monitor and implement ANAO recommendations. The ASC did not have a system in place to track and provide regular feedback on progress against each individual ANAO recommendation, although provided its Finance, Audit and Risk Committee with regular updates on work associated with recommendations from a 2018 ANAO performance audit.

18. Except for governance of JCPAA recommendations by Education and Health, none of the entities had appropriate governance arrangements in place for responding to, monitoring and implementing all aspects of parliamentary committee recommendations. Health and ASC did not monitor implementation of parliamentary committee recommendations, or report the implementation status of these recommendations, to senior management or the audit committee. None of the entities had a closure process for other parliamentary committee recommendations.

Implementation

19. All four entities had evidence of implementation planning for the recommendations for which they had responsibility.

20. None of the entities fully maintained appropriate evidence to confirm whether recommendations had been implemented. Entities did not maintain consistent processes for monitoring the implementation of other parliamentary inquiry recommendations and reporting on implementation progress to senior management or the audit committee.

21. All four entities have implemented all the agreed recommendations from other parliamentary committee reports for which they have responsibility.

22. Education did not test that implementation of its parliamentary committee recommendation had occurred. Health reviewed evidence for the implementation of most recommendations for which it was responsible, but did not review risks associated with the implementation of the recommendations. ASC tested implementation evidence for its four agreed recommendations from one inquiry report, however did not review risks associated with its implementation of one recommendation from another inquiry. The NHMRC could demonstrate testing of implementation including risks associated with activities related to both recommendations for which it had responsibility.

23. While no entities advised the relevant committee of implementation following the tabling of responses to the inquiry and government response, none of the agreed recommendations had a requirement for a report on implementation to be provided to the committee.

Recommendations

Recommendation no. 1
Paragraph 2.17 The Australian Sports Commission establish a system to record and monitor implementation of ANAO performance audit report recommendations, and support reporting on progress and closure of individual recommendations to its Finance, Audit and Risk Committee.

Australian Sports Commission response: *Agreed.*

Recommendation no. 2
Paragraph 3.55 That Department of Education, Department of Health, Australian Sports Commission and National Health and Medical Research Council strengthen formalised governance arrangements to implement parliamentary committee inquiry recommendations in order to provide executive oversight of implementation, performance and accountability. Arrangements should include development of implementation plans, assignment of responsibility for progressing recommendations, and appropriate tracking and reporting of implementation status and closure.

Department of Education, Skills and Employment response: *Agreed.*

Department of Health response: *Agreed.*

Australia Sports Commission response: *Agreed in part.*

National Health and Medical Research Council response: *Agreed.*

Summary of entity response

24. Summary responses from the selected entities are provided below, while the full responses are provided at Appendix 1.

Department of Education, Skills and Employment

The Department of Education, Skills and Employment ('the department') welcomes the ANAO's report on Implementation of ANAO and Parliamentary Recommendations — Education and Health Portfolios. It is pleasing the ANAO concluded the governance arrangements supporting the implementation of ANAO and JCPAA recommendations continue to be effective.

The department is committed to continuous improvement and in response to the Secretary of the Prime Minister and Cabinet's letter on 7 August 2019, the department undertook a review of its committee inquiries arrangements. Following the review, the department implemented improvements to governance, assurance and reporting arrangements for parliamentary committee recommendations. The department is now established systems and processes in place for ANAO and JCPAA recommendations to also report on other parliamentary committee recommendations. This has been supported by new functions within the Parliamentary Workflow System that enable streamlined tracking of progress against committee recommendations.

We accept the audit report observations and recommendations regarding strengthening formalised arrangements for the implementation of parliamentary committee recommendations and will use these findings to continue to mature our governance practices.

Department of Health

The Department of Health (department) welcomes the findings in the report and accepts the recommendation directed to the department. The department is committed to effective implementation of Australian National Audit Office (ANAO) and Parliamentary Committee recommendations and has already taken steps to address the issues identified in this audit.

It was pleasing to note there were no adverse findings in relation to the governance arrangements for ANAO and Joint Committee of Public Accounts and Audit recommendations. These arrangements are being further strengthened through the 2020 implementation of an improved Audit Recommendation Management System. I also note that all Parliamentary Committee inquiry recommendations for which the department was responsible had been implemented.

The audit found some shortcomings in governance when responding to, monitoring and implementing Parliamentary Committee inquiry recommendations. To address these findings the department has commenced a project to improve the governance arrangements for Parliamentary Committee inquiry recommendations and subsequent Government responses. A centralised model of monitoring and reporting Parliamentary Committee inquiries and subsequent government responses has been approved by the department's Executive Board and the process for implementation has commenced.

Australian Sports Commission

The ASC welcomes the Auditor-General's findings that the ASC had implemented all recommendations during the period covered by the Audit.

The ASC notes the report's observation that the ASC did not have fully effective governance in place for all aspects of monitoring and implementing agreed ANAO recommendations. During the period covered by the audit, the report notes that there were no ANAO recommendations made within that period, for the audit team to assess. The ASC was able to provide examples of ANAO recommendations that fell outside of the audit period that were being effectively governed, as well as examples of Internal Audit Report recommendations that were being effectively governed.

We acknowledge that the audit found the ASC did not have a one size fits all centralised approach to tracking and monitoring recommendations. Our approach is risk based that relied on the action areas assigned to addressing recommendations to do so in an appropriate way. The completed implementation of all recommendations supports this approach. However, the ASC takes on board the ANAO's feedback and will strengthen a centralised approach to monitoring relevant agreed recommendations.

The ASC agrees with recommendation No 1 and agrees-in-part with Recommendation No 2.

National Health and Medical Research Council

The National Health and Medical Research Council (NHMRC) is committed to appropriate and timely implementation of agreed ANAO and parliamentary committee inquiry recommendations and welcomes the audit findings, conclusions and the recommendation relating to NHMRC.

NHMRC has effective governance arrangements in place to monitor the implementation of ANAO performance audits, including regular reporting to NHMRC's Audit Committee. These arrangements will be extended to ensure that NHMRC also has in place a formalised governance system to monitor and implement parliamentary committee inquiry recommendations, including ensuring executive and audit committee oversight of implementation, performance and accountability. NHMRC is pleased to note the audit finding that the parliamentary committee recommendations identified for review had been implemented effectively by NHMRC.

Key messages for all Australian Government entities

25. Below is a summary of key messages, including instances of good practice, which have been identified in this audit that may be relevant for the operations of other Australian Government entities.

Governance and risk management

- Accountable authorities should regularly review the functions of audit committees to ensure they are meeting the requirements of the *Public Governance, Performance and Accountability Rule 2014* to review the appropriateness of systems of risk management and oversight and internal controls. The audit committee charters should then be updated to ensure they remain contemporary.

Records management

- Records are a critical part of robust knowledge management practices, such as supporting transparency and accountability for past decisions and informing future decision-making.

Audit findings

1. Background

Introduction

1.1 Parliamentary committee inquiries and Australian National Audit Office (ANAO) performance audits identify risks to the successful delivery of outcomes and provide recommendations to address them. Successful implementation of agreed recommendations requires strong senior management oversight and monitoring, along with timely implementation approaches, which set clear responsibilities and timelines for addressing the required actions.

1.2 Committees of the Australian Parliament, including the Joint Committee of Public Accounts and Audit (JCPAA), consist of members from either or both Houses of Parliament. Parliamentary inquiries are used by committees to ‘investigate specific matters of policy or government administration or performance’.³

1.3 The purpose of the ANAO is to support accountability and transparency in the Australian Government sector through independent reporting to the Parliament, and thereby contribute to improved public sector performance. The ANAO identifies areas where improvements can be made to aspects of public administration and makes specific recommendations to assist public sector entities to improve their program management.⁴ The primary role of the Auditor-General for Australia is to assist the Parliament in its role of scrutinising the exercise of authority and the expenditure of public funds by the Executive arm of the Commonwealth.⁵

1.4 This is the second in a series of audits that examine the effectiveness of Australian Government portfolio governance arrangements to manage the implementation of agreed recommendations from ANAO performance audit and parliamentary inquiry reports, and the extent to which agreed recommendations have been implemented.⁶

1.5 The previous audit examined the implementation of parliamentary inquiry and ANAO performance audit recommendations agreed in 2016–17 by four entities in the Agriculture and Infrastructure portfolios. The previous audit found that none of the four selected entities demonstrated that they had effectively implemented all agreed recommendations within the scope of the audit.

3 Parliament of Australia, *Committees*, available from [https://www.aph.gov.au/Parliamentary Business/Committees](https://www.aph.gov.au/Parliamentary_Business/Committees) [Accessed on 17 October 2019].

4 Australian National Audit Office, *Corporate Plan 2018–19*.

5 Joint Committee of Public Accounts, *Report 346 — Guarding the Independence of the Auditor-General*, October 1996, p. 56. The Committee further commented that the Auditor-General ‘works first and foremost for the Parliament’ p. 35.

6 The first audit in the series was Auditor-General Report No.6 2019–20 [Implementation of ANAO and Parliamentary Committee Recommendations](#). This performance audit is henceforth referred to as ‘the previous audit’.

Responsibilities of accountable authorities

1.6 The objects of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), require the Commonwealth and Commonwealth entities:

- to meet high standards of governance, performance and accountability;
- to provide meaningful information to the Parliament and the public;
- to use and manage public resources properly; and
- to work cooperatively with others to achieve common objectives⁷ ...

1.7 In addition, the accountable authority of a Commonwealth entity must govern the entity in a way that:

- promotes the proper use and management of public resources for which the authority is responsible⁸; and
- promotes the achievement of the purposes of the entity⁹ ...

1.8 The accountable authority of a non-corporate Commonwealth entity must govern the entity in accordance with paragraph 15(1)(a) of the PGPA Act, promoting the proper use and management of public resources, in a way that is not inconsistent with the policies of the Australian Government.¹⁰ For secretaries of departments, similar obligations are imposed by section 57 of the *Public Service Act 1999*, including the obligation for secretaries of departments and heads of executive agencies to provide factual information to the Parliament in relation to the operation and administration of the department or agency (sections 57 and 66).

1.9 In addition, non-corporate Commonwealth entities are required to include in annual reporting the particulars of the most significant developments in external scrutiny of the entity and the entity's response to that scrutiny. This includes reports of a committee of either or both Houses of Parliament or the Auditor-General.¹¹

1.10 Corporate Commonwealth entities are required to include in their annual reporting the particulars of any report on the entity given during the period, by a committee of either or both Houses of Parliament or the Auditor-General.¹²

JCPAA, other parliamentary committee inquiry and ANAO recommendations

1.11 The previous audit outlined in detail the processes for developing and issuing recommendations by parliamentary committee inquiries and by the ANAO, and how entities respond to such recommendations (see paragraphs 1.11 to 1.28 of the previous audit report).

7 *Public Governance, Performance and Accountability Act 2013*, section 5.

8 *Public Governance, Performance and Accountability Act 2013*, paragraph 15(1)(a).

9 *Public Governance, Performance and Accountability Act 2013*, paragraph 15(1)(b).

10 *Public Governance, Performance and Accountability Act 2013*, section 21.

11 *Public Governance, Performance and Accountability Rule 2014*, Subparagraphs 17AG(3)(b)(i) and 17AG(3)(b)(ii).

12 *Public Governance, Performance and Accountability Rule 2014*, paragraph 17BE(r).

1.12 On 7 August 2019, in response to the previous audit findings, the Secretary of PM&C wrote to departmental secretaries encouraging all departments and agencies to:

- ‘finalise government responses to parliamentary committee reports in a timely manner so the Government can table its response to a committee report within the timeframes established through the respective resolutions of the House of Representatives and the Senate’; and
- ‘have processes in place to monitor the implementation of recommendations accepted by the Government, including by providing regular updates to ministers on implementation progress.’

1.13 The JCPAA and other parliamentary committees publish information on the Australian Parliament House website relating to the government responses that are received. In addition, on a six monthly basis, the President of the Senate provides a report to the Senate on the status of government responses to Senate and Joint Committee reports.¹³

1.14 The Speaker of the House of Representatives also presents a report to the House approximately every six months. Tabled reports and government responses to House and joint committee reports are listed, as well as reports for which the House has not received a government response.¹⁴ Reports remain on this schedule until a response is received, the relevant committee agrees that a response is no longer expected, or a request to remove the report from the schedule is received. The listing can be removed following a consideration of the reasons put forward for removal and the issuance of a formal resolution by the relevant committee.¹⁵

1.15 The reports of the President of the Senate and the Speaker of the House of Representatives provide detail of the volume of committee reports and the timeliness of government responses.¹⁶

1.16 Updated from the previous audit in this series, Table 1.1 outlines the key results from the President’s reports to the Senate that covered the period up to 30 September 2019.¹⁷ Responses to these reports are required within three months from the presentation of the report in the Senate, and lateness is measured as the months that have passed from the date of report tabling to the reference date (30 September 2019), minus three months (the period allowed for responding to Senate committee reports). This table, and Table 1.2, records responsiveness across the Australian Government and are not specific to the selected entities included in this audit.

13 Parliament of Australia, *President’s report to the Senate on the status of Government responses to Parliamentary Committee reports as at 30 June 2019* [Internet], Parliament of Australia, 2018, available from www.aph.gov.au/Parliamentary_Business/Committees/Senate/Government_responses [accessed November 2019].

14 Parliament of Australia, *Speakers schedule of outstanding Government Responses to Committee reports* [Internet], Parliament of Australia, available from www.aph.gov.au/SpeakersSchedule [accessed January 2020].

15 Entities may request through a committee that a report requiring a government response be removed from the schedule, with the most common reasons for removal being that the response has been on the schedule for an extended period and during the intervening time, recommendations have already been addressed, implemented or superseded.

16 Reports of the JCPAA are presented in both the President of the Senate report and the Speaker for the House of Representatives report.

17 The most recent data reported by the President of the Senate. Reporting consists of a list of all outstanding responses as at the nominated date.

Table 1.1: Senate — Outstanding responses as at 30 September 2019

| Description | Amount | Percentage |
|---|---------------------------------------|-------------|
| No. of reports with a response | 51 ^a | 20% |
| No. of reports with a response that was received within the specified timeframe | 10 | 4% |
| No of reports with a response but received late | 41 ^a | 16% |
| No of reports with no response | 207 ^b | 80% |
| Total number of reports included in the schedule ^c | 258 | 100% |
| Shortest timeframe taken to respond | 1 month | |
| Longest response time where a response was provided | 88 months (7 years and 3 months) | |
| Latest pending response (not yet received) | 200 months (16 years and 7 months) | |

Note a: Total numbers include five partial responses. Partial responses occur where responses have been received for some but not all recommendations. This typically occurs where recommendations are directed at multiple entities.

Note b: The time allowed for responding had not yet expired for 25 of the 210 reports with no response.

Note c: There were four responses in this report schedule referring to 11 reports of the JCPAA. All responses reported were late.

Source: ANAO analysis of Senate reporting.

1.17 Also updated since the previous report, Table 1.2 outlines the key results from the Speaker's reports to the House of Representatives that covers the period up to 4 December 2019.¹⁸ Responses to these reports are required within six months from the presentation of the report in the House and lateness is measured as the 'months' that have passed from the date of report tabling to the reference date (4 December 2019), minus six months (the period allowed for responding to House of Representatives Committee reports).

¹⁸ The most recent data reported by the Speaker of the House of Representatives. Reporting consists of a list of all outstanding responses as at the nominated date.

Table 1.2: House of Representatives — Outstanding responses as at 4 December 2019

| Description | Amount | Percentage |
|--|--------------------------------------|-------------|
| No. of reports with a response | 37 ^a | 26% |
| No. of reports with a response that were received within the specified timeframe | 12 | 9% |
| No of reports with a response but received late | 25 ^a | 18% |
| No of reports with no response | 103 ^b | 74% |
| Total number of reports included in the schedule ^c | 140 | 100% |
| Shortest timeframe taken to respond | > 2 months | |
| Longest response time where a response was provided | 88 months (7 years and 3 months) | |
| Latest pending response (not yet received) | 114 months (9 years and 6 months) | |

Note a: Total numbers include four partial responses.

Note b: The time allowed for responding had not yet expired for 41 of the 140 reports with no response.

Note c: Six of the responses in this report schedule referred to 12 reports of the JCPAA. Five responses, and an additional three partial responses were reported, of which six were late. Four reports have had no response, all of which were late.

Source: ANAO analysis of House of Representatives reporting.

1.18 A review of Senate and House of Representative committee outstanding reports published between 5 December 2018 and 4 December 2019 highlights that the majority of committee reports have not been responded to and that, when a response is received, very few are received within the required timeframe.

- Of the 258 Senate committee reports within the reporting period, four per cent had received a response within the required timeframe of three months.
- Of the 140 House of Representative committee inquiry reports tabled since 5 December 2018, 74 per cent had not yet received a response within the required timeframe of six months.
- The latest pending responses to inquiry reports not yet received were over 16 and nine years for Senate and House of Representatives committees respectively.

1.19 Sufficient time has not yet elapsed to assess whether the letter sent by the Secretary of PM&C to the secretaries of all departments on 7 August 2019 (as discussed in paragraph 1.12) has had an impact on Commonwealth entity responsiveness to parliamentary inquiries.

Previous audits

1.20 This audit examined entities within the Health and Education portfolios. The specific entities examined were:

- Department of Education (Education)¹⁹;

19 Education reported an average staffing level of 1786 full time equivalent (FTE) positions in 2018–19 and estimated 1753 FTE positions in 2019–20.

- Department of Health (Health)²⁰;
- Australian Sports Commission (ASC)²¹; and
- National Health and Medical Research Council (NHMRC).^{22 23}

1.21 Of the four entities covered by this audit, the ANAO has completed audits on two of these entities that assessed the effectiveness of arrangements for monitoring and implementing ANAO performance audit recommendations.

1.22 Education's²⁴ implementation of ANAO performance audit recommendations was examined in Auditor-General Report No.53 2012–13 [Agencies' Implementation of Performance Audit Recommendations](#).²⁵ The ANAO made two recommendations at that time, one noted and one agreed, by Education. The agreed recommendation stated:

In order to support timely and complete implementation of ANAO performance audit recommendations, the ANAO recommends that agencies establish, or strengthen implementation approaches, including documenting intended actions, timelines and setting out clear responsibilities for the outcome.

1.23 Health's implementation of ANAO performance audit recommendations was examined in Auditor-General Report No.8 2014–15 [Implementation of Audit Recommendations](#).²⁶ The ANAO made one recommendation at that time, to which Health agreed:

To improve the quality and accuracy of internal processes for monitoring the implementation of audit recommendations and information provided to the department's executive and Audit Committee, the ANAO recommends that the Department of Health:

- (a) record clear deliverables and timeframes for the implementation of all audit recommendations;
- (b) require responsible Divisions to formally request extensions to agreed implementation timeframes;
- (c) seek appropriate assurance from responsible Divisions supporting requests for the closure of audit recommendations as implemented; and
- (d) record the basis for all decisions to close audit recommendations as implemented.

1.24 These performance audits highlighted the importance of having a systematic approach to manage the implementation of ANAO recommendations. The implementation status of these respective recommendations is addressed at paragraphs 2.5 and 2.8 respectively.

20 The Department of Health reported an average staffing level of 4058 FTE positions in 2018–19 and estimated 3799 FTE positions in 2019–20.

21 ASC reported an average staffing level of 457 FTE positions in 2018–19 and an estimated 491 FTE positions in 2019–20.

22 NHMRC reported 179 full time equivalent positions in 2018–19 and estimated 181 FTE positions in 2019–20.

23 These four entities are within the relevant portfolios that had ANAO performance audits tabled and/or parliamentary committee recommendations agreed by Government in the period 1 July 2016 to 30 June 2017 — refer paragraph 1.34.

24 Known at the time as the Department of Education, Employment and Workplace Relations.

25 Auditor-General Report No.53 2012–13 [Agencies' Implementation of Performance Audit Recommendations](#), p. 19.

26 Auditor-General Report No.8 2014–15 [Implementation of Audit Recommendations](#), p. 21.

Rationale for undertaking the audit

1.25 Reports of parliamentary committees and the ANAO identify risks to the successful delivery of outcomes and areas where administrative or other improvements can be made. The appropriate and timely implementation of agreed recommendations is an important part of realising the full benefit of an audit or parliamentary inquiry.

1.26 This audit is the second in a series of audits that highlight whether entities have implemented recommendations in line with intended commitments made to the Parliament.

Audit approach

Audit objective, criteria and scope

1.27 The audit objective was to examine whether selected entities in the Health and Education portfolios implemented agreed JCPAA and other parliamentary inquiry, and ANAO performance audit report recommendations.

1.28 The audit used a two-staged approach. The first stage involved a limited (negative) assurance engagement and the second stage, where required, a reasonable (positive) assurance engagement.

1.29 The procedures performed in a limited (negative) assurance engagement may vary in nature and timing from, and are less in extent than, a reasonable assurance engagement. Consequently, the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed. A limited assurance approach was initiated to provide for greater efficiency in the use of resources and allowed for greater audit coverage at a reduced level of assurance.

1.30 To form a conclusion against the audit objective, the following high level audit criterion was adopted for the first stage of the audit:

- Do entities have appropriate governance arrangements in place to respond to, monitor and implement recommendations?

1.31 Where this criterion was met, the audit could conclude that, based on the procedures performed and the evidence obtained, nothing came to the ANAO's attention that the governance arrangements in place were not effective for responding to, monitoring and implementing agreed recommendations.

1.32 Where the evidence obtained was insufficient to conclude on the appropriateness of the governance arrangements in place, an additional criterion was adopted:

- Were agreed recommendations effectively implemented?

1.33 Audit procedures would then be performed to determine whether agreed recommendations were implemented effectively and in a timely manner, focussing on the substantive evidence available within the entity.

1.34 To allow sufficient time for implementation of recommendations by entities, and provide coverage of both Parliamentary committee and ANAO recommendations, within a defined time

period of 1 July 2016 to 30 June 2017, the audit examined the implementation of agreed recommendations sourced from:

- JCPAA committee reports;
- other parliamentary committee inquiry reports; and
- ANAO performance audit reports tabled.

1.35 The timeframe in paragraph 1.34 provides entities with a minimum of two years to have implemented actions since the relevant recommendations were agreed.

1.36 Table 1.3 lists the number of agreed recommendations for which a Health or Education portfolio entity is responsible for implementing from ANAO performance reports, as well as parliamentary committee inquiry reports that had a government response, within the defined period of 1 July 2016 to 30 June 2017.

Table 1.3: Agreed recommendations in 2016–17 for selected entities

| Entity | Number of agreed recommendations | | |
|--------------|----------------------------------|-----------------------|-------------------|
| | ANAO | Parliamentary inquiry | Total |
| Education | 4 | 1 | 5 |
| Health | 12 | 9.5 ^a | 21.5 ^a |
| ASC | 0 | 5 | 5 |
| NHMRC | 0 | 1.5 ^a | 1.5 ^a |
| Total | 16 | 17 | 33 |

Note a: Instances where a recommendation requires joint action from two entities within scope (for example, Health and the NHMRC), these recommendations were counted as 0.5 for each entity so as to avoid double counting.

Note: The ANAO has interpreted 'agreed in principle', 'supported', and 'supports intent ...' as agreed for the purposes of this report.

Source: ANAO.

Audit methodology

1.37 The audit tasks used to support stages one and two of the audit are in Table 1.4.

Table 1.4: Summary of audit tasks undertaken to support audit methodology

| Stage one | Stage two |
|---|--|
| <ul style="list-style-type: none">• Examination of entity documentation, such as guidelines, procedures, management reports, briefing materials and information relating to the progress and reporting against agreed recommendations• Examination and assessment of the design of IT system controls and supporting documentation for those systems used by the entity to manage recommendations• Review of involvement by audit committees based on the documented procedural and meeting evidence• Undertaking interviews with relevant entity staff, including internal audit and representatives from the portfolio areas responsible for the implementation of recommendations | <ul style="list-style-type: none">• Examination of entity documentation and supporting evidence on planning, maintenance of evidence, testing and reporting on the implementation of other parliamentary recommendations• Undertaking further interviews with relevant entity staff, including internal audit and representatives from the business areas responsible for the implementation of recommendations |

Source: ANAO.

1.38 The audit was conducted in accordance with the ANAO Auditing Standards at a cost to the ANAO of approximately \$358,234.23.

1.39 The team members for this audit were Glen Ewers, Renee Hall, Jessica Kanikula, Sam Jones and Paul Bryant.

2. Governance

Areas examined

This chapter examines the extent to which the selected entities have formalised governance arrangements in place to respond to, assign responsibility for, monitor and implement parliamentary committee inquiry and ANAO performance audit recommendations.

Conclusion

Based upon the procedures performed and the evidence obtained, nothing came to the ANAO's attention that Education, Health, and the National Health and Medical Research Council (NHMRC) did not have effective governance arrangements in place to respond to, monitor and implement Joint Committee of Public Accounts and Audit and ANAO recommendations. Evidence from these entities suggests that all ANAO recommendations have been implemented. The Australian Sports Commission (ASC) did not have fully effective governance arrangements for all aspects of monitoring and implementing agreed ANAO recommendations, but did not have applicable recommendations for assessment. None of the entities had appropriate governance arrangements in place for all aspects of monitoring and implementing agreed recommendations from other parliamentary committee inquiries.

Areas for improvement

The ANAO made one recommendation for ASC to establish a system to record and manage implementation of ANAO performance audit report recommendations, and support reporting on progress and closure of recommendations to its Finance, Audit and Risk Committee.

2.1 Effective governance arrangements for the successful implementation of parliamentary inquiry and ANAO performance audit recommendations involve:

- established processes and responsibilities for responding to recommendations;
- clear assignment of management responsibility for the progression of individual recommendations;
- a system in place to centrally track progress in the implementation of recommendations;
- sufficient controls in the system to maintain complete and accurate data; and
- an audit committee provided with appropriate advice to support the monitoring and scrutiny of recommendation implementation.

2.2 In order to conclude against this criteria, the ANAO assessed current entity governance arrangements to respond to, monitor and implement parliamentary inquiry and ANAO performance audit report recommendations respectively, with reference to these elements.

Do entities have appropriate governance arrangements in place to respond to, monitor and implement ANAO recommendations?

Based upon the procedures performed and the evidence obtained, nothing came to the ANAO's attention that Education, Health and NHMRC did not have appropriate governance in place to respond to, monitor and implement ANAO recommendations. The ASC did not have a system in place to track and provide regular feedback on progress against ANAO recommendations, although provided its Finance, Audit and Risk Committee with regular updates on work associated with recommendations from a 2018 ANAO performance audit.

Department of Education (Education)

2.3 In 2012–13, the ANAO examined Education's arrangements for implementing and monitoring ANAO performance audit recommendations.²⁷ Overall, the Department of Education, Employment and Workplace Relations' governance arrangements for the implementation of ANAO recommendations was assessed as being effective and appropriately targeted. The ANAO made one recommendation to strengthen approaches to support timely and complete implementation of ANAO performance audit recommendations.

2.4 Education's Enterprise Risk and Strategy Branch is responsible for managing the process, and has procedures to respond to and manage ANAO recommendations, including assigning responsibility for implementation. Education use a Sharepoint-based intranet site to record and monitor the implementation of ANAO recommendations, with controls for managing access and changes to the system. Data from the system is used to generate reporting on progress in the implementation of recommendations, which is routinely provided to key governance committees, including Education's Audit and Assurance committee.

2.5 Evidence from Education suggests that the ANAO recommendation from the 2012–13 audit has been implemented.

Department of Health (Health)

2.6 In 2014–15, the ANAO examined Health's arrangements for implementing and monitoring ANAO performance audit recommendations.²⁸ The ANAO made one recommendation that Health introduce measures to improve its internal processes for monitoring the implementation of audit recommendations.

2.7 Health's Legal and Assurance Division is responsible for managing the process and has procedures to respond to, and manage ANAO recommendations, including assigning responsibility for implementation. Health currently uses a database for its governance of ANAO performance audit recommendations, with controls for managing access and changes to the system. Data from the system is combined with manual processes to manage ANAO recommendations and generate reporting on progress in the implementation of recommendations, which is routinely provided to

27 See paragraph 1.22.

28 See paragraph 1.23.

Health's audit and risk committee. A process is underway to migrate governance and internal audit functions to a Sharepoint-based intranet site.

2.8 Evidence from Health suggests that the ANAO recommendation from the 2014–15 audit has been implemented.

Australian Sports Commission (ASC)

2.9 The ASC has a documented procedure in place for receiving and responding to ANAO performance audit recommendations. In relation to implementation, ASC advised that 'responsibility is assigned to a Division (or multiple Divisions) based on subject matter expertise pertaining to each audit.'

2.10 The ASC does not have a system to record or monitor ANAO recommendations.²⁹ The ASC has a spreadsheet based process for monitoring and reporting on the implementation of internal audit recommendations, however this is not used to monitor recommendations from external audits or reviews. There was evidence that the Finance, Audit and Risk Committee was provided with regular updates on work associated with the recommendations from a 2018 ANAO performance audit through to when the relevant recommendations were considered to have been addressed.³⁰

National Health and Medical Research Council (NHMRC)

2.11 NHMRC has procedures in place to respond to, and manage ANAO recommendations, including assigning responsibility for implementation.

2.12 NHMRC maintain a spreadsheet-based tracking system for recommendations. Controls on the system are dependent on the responsible staff member. Given the size of NHMRC and the small number of ANAO recommendations that are managed, nothing came to ANAO's attention that governance arrangements were not sufficient.

2.13 Data from the system is combined with manual processes to generate reporting on progress in the implementation of recommendations, which is routinely provided to NHMRC's audit and risk committee.

Summary assessment

2.14 The assessment of the selected entities appropriateness of governance arrangements for the implementation of ANAO recommendations is summarised in Table 2.1.

29 The ASC advised the audit team that it used a tracking spreadsheet 'to report open audit findings to the August 2016, October 2016, December 2016 and February 2017 Finance, Audit and Risk Committee meetings. The spreadsheet only shows open audit findings relating to internal audits, but this process could also be followed for ANAO audit recommendations.'

30 Auditor-General Report No.33 of 2017–18 [Implementation of the Annual Performance Statements Requirements 2016–17](#).

Table 2.1: Summary assessment of entities governance arrangements for implementing ANAO recommendations

| Portfolio | Education | Health | | |
|--|-----------|--------|-----|-------|
| Entity | Education | Health | ASC | NHMRC |
| Are processes and responsibilities for initially considering recommendations established? | ● | ● | ● | ● |
| Is management accountability for the progression of individual recommendations clearly assigned? | ● | ● | ● | ● |
| Is a system in place to track the progress of recommendations? | ● | ● | ○ | ● |
| Are sufficient controls in the tracking system to maintain complete and accurate data? | ● | ● | ○ | ● |
| Is the Audit Committee provided with appropriate advice to support monitoring and scrutiny of recommendation implementation? | ● | ● | ◐ | ● |

Key:

- = based on the procedures performed and the evidence obtained, nothing came to the ANAO's attention that entity arrangements were not fit for purpose and did not address the requirements of the criteria.
- ◐ = based on the procedures performed and the evidence obtained, except for minor matters, nothing came to the ANAO's attention that entity arrangements were not fit for purpose and did not address the requirements of the criteria.
- ◑ = based on the procedures performed and the evidence obtained, except for significant matters, nothing came to the ANAO's attention that entity arrangements were not fit for purpose and did not address the requirements of the criteria.
- = entity arrangements did not satisfy the requirements of the criteria.

Source: ANAO analysis.

2.15 Table 2.1 shows that, based on the procedures performed and the evidence obtained, nothing came to the ANAO's attention that Education, Health and NHMRC's governance arrangements are not effective for responding to, assigning responsibility for, monitoring and implementing agreed ANAO recommendations.

2.16 The ASC does not have fully effective governance arrangements for all aspects of monitoring and implementing agreed ANAO recommendations. However, as there were no 2016–17 ANAO performance audit recommendations applicable to the ASC, further analysis of the implementation of ANAO recommendations was not undertaken (refer paragraph 1.32).

Recommendation no.1

2.17 The Australian Sports Commission establish a system to record and monitor implementation of ANAO performance audit report recommendations, and support reporting on progress and closure of individual recommendations to its Finance, Audit and Risk Committee.

Australian Sports Commission response: *Agreed.*

2.18 *While there were no relevant ANAO recommendations during the audit period, the ASC does have other ANAO recommendations for which it is responsible and as such will implement a centralised monitoring system. The ASC will introduce a fit for purpose centralised system to record, track, report progress and close ANAO performance audit recommendations. This will enhance the existing process where our Finance, Audit and Risk Committee is currently overseeing the implementation of active ANAO recommendations.*

Do entities have appropriate governance arrangements in place to respond to, monitor and implement parliamentary committee recommendations?

Except for governance of JCPAA recommendations by Education and Health, none of the entities had appropriate governance arrangements in place for responding to, monitoring and implementing all aspects of parliamentary committee recommendations. Health and ASC did not monitor implementation of parliamentary committee recommendations, nor report the implementation status of these recommendations, to senior management or the audit committee. None of the entities had a closure process for other parliamentary committee recommendations.

Education

2.19 Education's governance arrangements for JCPAA recommendations are the same as those applying to ANAO recommendations. Education has established procedures for implementing recommendations from audit and JCPAA reports. Nothing came to the ANAO's attention that the governance arrangements were not effective.

2.20 For parliamentary inquiries other than the JCPAA, a spreadsheet is used by the Parliamentary and Governance Branch to track government responses. Procedures outline that government responses to parliamentary inquiries other than the JCPAA are the responsibility of the most relevant departmental cluster (led by a Deputy Secretary). The spreadsheet specified the cluster responsible for inquiries that were listed.

2.21 Education has controls and established protocols in place to update and approve content in its manual tracking system for inquiries and government responses.³¹ The status of implementation progress was not recorded for recommendations in the spreadsheet, nor was the closure of recommendations that had been implemented. During the course of the audit, governance

31 The *Skin Cancer in Australia: Our National Cancer* inquiry report was missing from the tracking system, however this report was tabled before the system had been established. Education has responsibility for implementation for one agreed recommendation from one inquiry report in the scope of this audit.

arrangements were established to provide visibility over implementation progress and the closure of recommendations, supported by the use of a parliamentary document management system.

2.22 Chapter 3 discusses Education's implementation of one agreed recommendation from the *Skin Cancer in Australia: Our National Cancer* inquiry report.

Health

2.23 Health's governance arrangements for JCPAA recommendations are the same as those applying to ANAO recommendations. Nothing came to the ANAO's attention that the governance arrangements were not effective.

2.24 Health takes a lead role in coordinating responses from portfolio entities for relevant parliamentary inquiry recommendations other than the JCPAA. Health has established procedures for handling the process leading up to the submission of a government response to recommendations.

2.25 A spreadsheet is maintained by the People, Communications and Parliamentary Division for responding to parliamentary inquiries, however there is no central record or monitoring of implementation activities or accountability after a government response is submitted to the relevant committee. The manual system does not have controls or established protocols in place for managing content and was missing the *Skin Cancer in Australia: Our National Cancer* inquiry report. The status of recommendation implementation was not recorded in the spreadsheet and Health did not have governance arrangements in place to monitor outcomes of implementation or close recommendations.

2.26 Chapter 3 discusses Health's implementation of 10 agreed recommendations from the parliamentary inquiry reports in scope for the audit, including:

- *Skin Cancer in Australia: Our National Cancer*; and
- *The Silent Disease Inquiry into Hepatitis C in Australia*.³²

ASC

2.27 ASC has a documented procedure for responding to, assigning responsibility for, and implementing parliamentary inquiry recommendations, including those from the JCPAA. There is no system to centrally record and manage recommendation responses or implementation beyond a government relations mailbox. Closure reporting, and feedback on the adequacy of implementation progress for parliamentary inquiry recommendations was not documented by the Finance, Audit and Risk Committee or other executive body (such as the ASC Board). There was evidence of quarterly reporting of internal audit recommendation implementation but this did not include agreed recommendations from parliamentary committee inquiries.

32 Health has responsibility for implementation of 10 agreed recommendations from two inquiries in the scope of this audit.

2.28 There were no JCPAA recommendations applicable to the ASC in scope for the audit. However, Chapter 3 discusses the ASC's implementation of five agreed recommendations from the following parliamentary inquiry reports in scope for the audit, including:

- *Skin Cancer in Australia: Our National Cancer*; and
- *Practice of Sports Science in Australia*.³³

NHMRC

2.29 NHMRC have procedures in place for monitoring parliamentary inquiries and responding to related recommendations. In September 2019, during the audit, NHMRC established a spreadsheet to consolidate and track parliamentary inquiries and responses, with controls dependent on the responsible staff member. Information on accountabilities for agreed parliamentary committee inquiry recommendations and regarding the status of implementation was not in the spreadsheet. In October 2019, a weekly standing item was added for updating the NHMRC Executive Board on parliamentary inquiries.

2.30 There were no JCPAA recommendations applicable to NHMRC in scope for the audit. However, Chapter 3 discusses NHMRC's implementation of agreed recommendations from two other parliamentary inquiry reports:

- *Skin Cancer in Australia: Our National Cancer*; and
- *Senate Select Committee on Wind Turbines — Final Report*.³⁴

Summary assessment

2.31 The assessment of the selected entities appropriateness of governance arrangements for managing JCPAA and other parliamentary inquiry recommendations is summarised in Table 2.2.

33 The ASC has responsibility for five agreed recommendations from two inquiries in the scope of this audit.

34 The NHMRC has responsibility for implementation of two recommendations from two inquiry reports within the scope of this audit.

Table 2.2: Summary assessment of entities governance arrangements for implementing JCPAA and other parliamentary inquiry recommendations

| Portfolio | Education | Health | | |
|--|-----------|--------|-----|-------|
| Entity | Education | Health | ASC | NHMRC |
| Are processes and responsibilities for initially considering recommendations established? | ● | ● | ● | ● |
| Is management accountability for the progression of individual recommendations clearly assigned? | ● | ◐ | ● | ◐ |
| Is a system in place to track the progress of recommendations? | ◐ | ◐ | ○ | ◐ |
| Are there sufficient controls over the tracking system to maintain complete and accurate data? | ● | ◐ | ○ | ◐ |
| Is a governance body provided with appropriate advice to support monitoring and scrutiny of recommendation implementation? | ◐ | ◐ | ○ | ◐ |

Key

- = based on the procedures performed and the evidence obtained, nothing came to the ANAO's attention that entity arrangements were not fit for purpose and did not address the requirements of the criteria.
- ◐ = based on the procedures performed and the evidence obtained, except for minor matters, nothing came to the ANAO's attention that entity arrangements were not fit for purpose and did not address the requirements of the criteria.
- ◑ = based on the procedures performed and the evidence obtained, except for significant matters, nothing came to the ANAO's attention that entity arrangements were not fit for purpose and did not address the requirements of the criteria.
- = entity arrangements did not satisfy the requirements of the criteria.

Source: ANAO analysis.

2.32 Table 2.2 shows that, with the exception of Education and Health's governance of JCPAA recommendations, based on the procedures performed and the evidence obtained, none of the entities had effective governance arrangements for all aspects of monitoring and implementing agreed recommendations from other parliamentary committee inquiries.

3. Implementation of recommendations

Areas examined

This chapter examines the extent to which entities have implemented parliamentary committee recommendations other than those from the Joint Committee of Public Accounts and Audit (JCPAA) (other parliamentary committee recommendations), related to 2016–17, in an effective and timely manner. All selected entities had responsibility for implementation of a parliamentary committee inquiry recommendation that was agreed via a government response submitted in 2016–17.

Conclusion

All 2016–17 recommendations from other parliamentary committees which one or more of the entities had responsibility for implementation had been implemented. Each of the entities had processes in place to plan implementation of agreed recommendations from other parliamentary committee inquiries. However, none of the entities maintained evidence to support implementation of recommendations in all instances, while Education, Health and the Australian Sports Commission did not have complete arrangements in place to test the implementation of recommendations.

Areas for improvement

The ANAO made one recommendation aimed at entities strengthening formalised arrangements for implementation of parliamentary committee recommendations other than those issued by the JCPAA.

3.1 Chapter 2 outlined the results of the ANAO's limited assurance testing against the first audit criterion (see paragraphs 1.30 and 1.31). This chapter focussed on the implementation of parliamentary recommendations other than from the Joint Committee of Public Accounts and Audit (JCPAA).

3.2 Successful implementation of agreed recommendations requires strong senior management oversight and monitoring, along with timely implementation approaches, which set clear responsibilities and timelines for addressing the required actions.³⁵ In order to form a conclusion against this criteria, the ANAO assessed the extent to which processes had been established to effectively plan, maintain records, execute, monitor and report on the implementation of recommendations agreed to in 2016–17.

3.3 The parliamentary committee inquiry reports that had agreed recommendations which one or more of the selected entities had responsibility for implementing is shown in Table 3.1.

35 Auditor-General Report No.6 2019–20 *Implementation of ANAO and Parliamentary Committee Recommendations*, p. 16.

Table 3.1: Number of parliamentary committee inquiry recommendations agreed to in 2016–17 by one or more selected entity

| Portfolio | Education | Health | | | |
|--|-----------|------------------|-----|------------------|-------|
| Entity | Education | Health | ASC | NHMRC | Total |
| Skin Cancer in Australia: Our National Cancer | 1 | 3.5 ^a | 1 | 0.5 ^a | 6 |
| Practice of Sport Science in Australia | 0 | 0 | 4 | 0 | 4 |
| The Silent Disease Inquiry into Hepatitis C in Australia | 0 | 6 | 0 | 0 | 6 |
| Wind Turbines — Final report | 0 | 0 | 0 | 1 | 1 |
| Total | 1 | 9.5 ^a | 5 | 1.5 ^a | 17 |

Note a: Instances where a recommendation requires joint action from two entities within scope (for example, Health and NHMRC) were counted as 0.5 for each entity to avoid double counting.

Source: ANAO Analysis.

Did the entities develop an implementation plan?

All four entities had evidence of implementation planning for the recommendations for which they had responsibility.

3.4 Review of parliamentary committee reports within the audit scope indicates that, given the length of time that sometimes elapses between the tabling of a recommendation by a parliamentary committee and the issuance of a government response, there are varied approaches adopted by entities towards implementing recommendations.

3.5 In some instances, committee recommendations and government responses *lag* behind implementation that has already occurred due to earlier circumstances, such as a review conclusion that triggers actions which are then referred to in the government response, or existing policy settings can be revised or referred to as the means by which a recommendation has been implemented.

3.6 Committee recommendations and government responses can also *lead* to new activities that have not yet occurred or that build on previous activity. A consequence of leading and lagging responses to recommendations is that implementation planning does not always occur after a government response has been submitted to the relevant committee secretariat.

3.7 Implementation planning is an important component of effective implementation regardless of the sequencing of the tabling of an inquiry report, submission of the government response and implementation of agreed recommendations.

Education

3.8 Education had responsibility for one recommendation from the *Skin Cancer in Australia: Our National Cancer* inquiry report. Implementation planning for this recommendation was evident in the form of a ministerial submission. While this submission was not a dedicated implementation

plan, it articulated a plan for how the agreed recommendation would be implemented, including the necessary timing, consultation, resourcing and endorsement of the plan.

3.9 Education has been assessed as having satisfied the requirements of this sub-criteria.

Health

3.10 For the *Silent Disease: Inquiry into Hepatitis C in Australia* inquiry report, Health developed a project plan (referred to by Health as a 'project charter') to guide the development of the Fifth National Hepatitis C Strategy 2018–2020. The project charter captured timeframes, consultation, resourcing, risk management and endorsement within the implementation planning process.

3.11 For the *Skin Cancer in Australia: Our National Cancer* inquiry report, while Health did not develop an overarching implementation plan, it developed implementation planning for initiatives related to those recommendations for which it had responsibility, including timeframes for their implementation.

3.12 Health has been assessed as having satisfied the requirements of this sub-criteria.

ASC

3.13 Implementation planning for the ASC's four agreed recommendations from the *Practice of Sports Science* inquiry report was led by Health, in consultation with ASC and other stakeholders, until the government response was submitted. Once the government response was submitted, ASC conducted further planning to implement the recommendations.

3.14 The ASC's one agreed recommendation from the *Skin Cancer in Australia: Our National Cancer* inquiry report had evidence of implementation planning. There was executive management approval³⁶ of input to the government response and letters regarding recommendation implementation were signed by the Acting Chief Executive Office and General Manager of ASC.

3.15 The ASC has been assessed as having satisfied the requirements of the sub-criteria.

NHMRC

3.16 NHMRC established detailed planning for the respective individual recommendations from the *Skin Cancer in Australia: Our National Cancer* and *Wind Turbines — Final Report* inquiry reports for which it had responsibility. Plans were endorsed by the appropriate authority, had evidence of adequate resourcing being considered, and could evidence that planning reviews had occurred.

3.17 NHMRC has been assessed as having satisfied the requirements of the sub-criteria.

36 The Board were not involved in the approval of input to the government response.

Did entities maintain evidence to confirm the implementation of recommendations?

None of the entities fully maintained appropriate evidence to confirm whether recommendations had been implemented. Entities did not maintain consistent processes for monitoring the implementation of other parliamentary inquiry recommendations and reporting on implementation progress to senior management or the audit committee.

Education

3.18 Education did not have a coordinated process for monitoring implementation of other parliamentary inquiry recommendations. For the period 2016–17, responsibility for implementation and monitoring of other parliamentary committee recommendations sat with the relevant cluster to manage once the government response had been provided to the relevant parliamentary committee. In September 2019, during the audit, Education's Executive Board established a process of central oversight over its implementation of recommendations from government inquiries, reviews and reports.

3.19 For the *Skin Cancer in Australia* recommendation, there was no evidence that implementation progress was reported to senior management throughout implementation, and at the time this was not in the remit of a responsible oversight body. There is evidence that senior management had cleared and signed letters that were sent to all state and territory jurisdictions indicating that Education intended to raise the recommendation for discussion at an upcoming forum. Minutes of the forum reflect that the topic was raised. However there was no progress reporting about the forum having considered the recommendation or what had been discussed.

3.20 Education's maintenance of evidence to confirm implementation of recommendations has been assessed as being largely satisfied.

Health

3.21 Health did not have a coordinated process for monitoring the implementation of other parliamentary inquiry recommendations. Health advised that once the government response had been submitted to the relevant committee secretariat, responsibility for agreed parliamentary recommendations are devolved to the relevant business areas to manage.

3.22 For *The Silent Disease: Inquiry into Hepatitis C in Australia* report, activities relevant to the recommendations were carried out by Health in collaboration with contracted third parties, the Australian Institute of Health and Welfare, and state and territory entities who regularly reported progress and completion of the activities to the department's responsible business area. This reporting was in the context of activities associated with related departmental initiatives, rather than specifically the implementation of recommendations from committee reports.

3.23 For the *Skin Cancer in Australia* inquiry report, while Health was able to provide evidence of implementation, there was no evidence of regular reporting on progress in the implementation of one of the four recommendations for which it has responsibility. Progress against the remaining three recommendations was evident in consideration and approval of the government response, which summarised activity conducted to implement the recommendations.

3.24 Health's maintenance of evidence to confirm implementation of recommendations has been assessed as being largely satisfied.

ASC

3.25 The ASC had sufficient evidence for the implementation of initiatives that related to the four recommendations from the *Practice of Sports Science in Australia* inquiry report. Reporting to the Board was evident, noting that this reporting was in the context of activities associated with related ASC initiatives, rather than the implementation of recommendations from committee reports. There was no evidence of progress reporting to the audit committee, despite the committee's charter stating that it should report at least annually to the Board on activities including 'a summary of ASC progress in addressing the findings and recommendations made in relevant internal, external and Parliamentary Committee reports'.³⁷

3.26 Reporting and evidence to support implementation of the one recommendation from the *Skin Cancer in Australia* inquiry for which the ASC was responsible was provided to senior management and Health, but progress or completion of the recommendation was not reported to the audit committee.

3.27 The ASC's maintenance of evidence to confirm implementation of recommendations has been assessed as being partly satisfied.

NHMRC

3.28 NHMRC had sufficient evidence to support the implementation of initiatives that related to its individual recommendations from the *Skin Cancer in Australia: Our National Cancer* and *Wind Turbine — Final Report* committee reports respectively. Progress reporting of activities related to both recommendations, and evidence for completion, were provided to the NHMRC Council and the Chief Executive Officer (CEO), however there was no evidence that this was part of a process for monitoring and reporting on progress in the implementation of recommendations from committee reports, or that the audit committee had any visibility of this process. This was despite the NHMRC audit committee charter stating that the committee must:

[s]atisfy itself that NHMRC has appropriate mechanisms in place to review and implement, where appropriate, relevant parliamentary committee reports and external reviews of NHMRC, and recommendations arising from these reports and reviews.

3.29 In September 2019, during the audit, NHMRC introduced a process for the monitoring of all parliamentary committee report recommendations and associated recommendation progress and closure reporting.

3.30 NHMRC's maintenance of evidence to confirm implementation of recommendations has been assessed as being partly satisfied.

37 The ASC advised the ANAO that a Chief Executive Officer's 'report to the October 2016 Board meeting shows the Board was informed of the Practice of Sports Science in Australia inquiry report and the implication for the ASC. Members of the ASC Board are also members of the FAR [Financial, Audit and Risk Committee].'

Did entities implement agreed recommendations?

All four entities have implemented all the agreed recommendations from other parliamentary committee reports for which they have responsibility.

3.31 The definitions used by the ANAO to assess the extent to which recommendations had been implemented are provided in Table 3.2.

Table 3.2: ANAO categorisation of implementation status

| Assessment | Explanation |
|-----------------------|---|
| Not implemented | There is no supporting evidence that the agreed action has been undertaken, or the action taken does not address the intent of the recommendation. |
| Partially implemented | The action taken was less extensive than recommended, as it: <ul style="list-style-type: none">• fell short of the intent of the recommendation; and• only addressed some of the identified risks. |
| Not fully implemented | The action taken was less extensive than agreed, fell short of the intent of the recommendation, addressed many but not all identified risks. |
| Implemented | The action taken met the intent of the recommendation, and sufficient evidence was provided to demonstrate action taken. |

Source: ANAO.

3.32 Education has implemented the recommendation from the *Skin Cancer in Australia: Our National Cancer* inquiry report. Results from the ANAO's assessment are provided in Table 3.3.

3.33 Health has implemented all agreed recommendations from the *Silent Disease Inquiry into Hepatitis C in Australia* inquiry report, and from the *Skin Cancer in Australia: Our National Cancer* inquiry report. Results from the ANAO's assessment are provided in Table 3.4 and Table 3.5 respectively.

3.34 The ASC has implemented all agreed recommendations from the *Practice of Sports Science in Australia* inquiry report and from the *Skin Cancer in Australia: Our National Cancer* inquiry report. Results from the ANAO's assessment are provided in Table 3.6 and Table 3.7 respectively.

3.35 NHMRC has implemented all agreed recommendations from the *Senate Select Committee on Wind Turbines — Final Report* report and from the *Skin Cancer in Australia: Our National Cancer* inquiry report. Results from the ANAO's assessment are provided Table 3.8 and Table 3.9 respectively.

Department of Education

Table 3.3: House of Representatives Standing Committee on Health, Skin Cancer in Australia — Our National Cancer (May 2017)

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
|---|--|--|--|
| <p>Recommendation 2: The Committee recommends that the Department of Education work with states and territories to encourage the adoption of sun smart policies in Australia's secondary schools which would include:</p> <ul style="list-style-type: none"> • Expanding high school curricula to cover healthy sun-aware behaviours; and • Providing more covered outdoor learning areas. | <p>Supported in principle. The Australian Government supports this recommendation, noting that constitutionally the delivery of school education is the responsibility of state and territory education authorities. The Department of Education and Training will bring this recommendation to the attention of state and territory government and non-government education authorities through the appropriate forums.</p> <p>The Government is providing funding to all schools across Australia totalling \$73.6 billion over the forward estimates (2016–17 to 2019–20). Education authorities have the flexibility to apply this funding to their schools as they determine, including for capital projects such as covered outdoor learning areas.</p> <p>In September 2015 all education ministers endorsed the Australian Curriculum from Foundation to Year 10 in eight learning areas following an independent Review of the Australian Curriculum in 2014. The Australian Curriculum: Health and Physical Education addresses health and safety in a variety of contexts that allow state and territory government and non-government education authorities to continue to deliver healthy sun-aware information to high school students.</p> | <p>Education advised that this 'recommendation is complete, with final activities undertaken 25 October 2017.'</p> | <p>Implemented</p> <p>Minutes of a 25 October 2017 meeting of the Australian Curriculum Assessment and Reporting Authority Curriculum Directors Group reflect that the inquiry and sun smart policies were discussed at item 3.</p> <p>A letter was also sent by the Department of Education to jurisdictional Education agency heads encouraging implementation of the recommendation.</p> |

Source: Australian Government response to the House of Representatives Standing Committee on Health report: *Skin Cancer in Australia — Our National Cancer* (May 2017); and ANAO analysis.

Department of Health

Table 3.4: House of Representatives Standing Committee on Health, The Silent Disease Inquiry into Hepatitis C in Australia (November 2016)

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
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| <p>Recommendation 1: The Committee recommends that the Department of Health enhance reporting on the National Hepatitis C Strategy by including a comprehensive reporting and review framework (which includes an annual report and reporting against key performance indicators) within the Strategy.</p> | <p>Agreed. In July 2015, the Department of Health published a National Blood-borne Viruses (BBV) and Sexually Transmissible Infections (STI) Surveillance and Monitoring Plan 2014–2017 (the Plan) to support the five National BBV and STI Strategies 2014–2017 (National Strategies). The Plan monitors progress towards achieving the targets and goals of the National Strategies.</p> <p>The Plan was developed by the Communicable Diseases Network Australia (CDNA), in consultation with the Blood-borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS) and was endorsed by Australian Health Protection Principal Committee (AHPPC). The Commonwealth is a member of all three committees.</p> <p>For the first time, the National Strategies include targets for improvements in diagnoses, testing rates and uptake of preventative measures. The targets in each of the five National Strategies were agreed by all Health Ministers. The Plan will provide essential information on the progress being made towards the targets, and enable them to be reviewed and updated as necessary.</p> <p>The Plan provides details of the indicators that will be used to monitor implementation of the strategies and progress towards achieving the targets and objectives in each of the National Strategies.</p> <p>The Plan will be monitored during its lifetime to ensure the indicators are appropriate. The Plan will also be updated if and when new indicators become available and are assessed by CDNA and BBVSS to be appropriate for inclusion in the Plan.</p> <p>The Kirby Institute for Infection and Immunity in Society has been funded to produce an annual BBV and STI Surveillance and Monitoring report based on the Plan, published at the end of each calendar year, reporting the progress towards achieving the targets of the National Strategies.</p> | <p>Health stated that the work to address agreed recommendations was already proceeding in the ministerial submission seeking approval for the government response to the inquiry report to be submitted.</p> | <p>Implemented.</p> <p>Health has developed and implemented a Surveillance and Monitoring Plan for 2014–2017. The Plan is linked to an annual Surveillance and Monitoring Report, produced by the Kirby Institute, which reports on progress against the targets and goals of the National Strategies, including a National Hepatitis C Strategy.</p> |

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
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| <p>Recommendation 2: The Committee recommends that the Australian Government, in collaboration with the states and territories, work to develop well-informed hepatitis C awareness campaigns targeted at:</p> <ul style="list-style-type: none"> • The general community to provide information on how hepatitis C is transmitted, how it can be prevented, and how it can be treated; • Populations at high-risk of hepatitis C infection, informing them of transmission risks, prevention strategies, and the availability of voluntary testing; • People living with hepatitis C who have not sought advice about treatment options since their initial diagnosis; and • The wider community to highlight the impact of stigma on the social and emotional wellbeing of people living with hepatitis C and their families. | <p>Partially Agreed.</p> <p>General Community Information Campaign — A general community information campaign to provide information on how hepatitis C is transmitted, how it can be prevented, and how it can be treated is not supported. This type of information is better targeted at those with or at risk of acquiring hepatitis C and their health care providers. General community information campaigns of this type require a significant amount of resources to be successful. A targeted approach would provide better outcomes from the resources available.</p> <p>Populations at high-risk of Hepatitis C Infection — The former Minister for Health, the Hon Peter Dutton MP, approved funding for a Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) Prevention Programme (the Prevention Programme). The aim of the Prevention Programme is to reduce the rate of transmission of viral hepatitis and other BBV. In particular, activities are to be undertaken, funded and supported to reduce the rates of hepatitis C in populations at high risk of hepatitis C infection, including people who inject drugs, especially those in rural, regional, and Aboriginal and Torres Strait Islander communities.</p> <p>People Living with Hepatitis C — The Department of Health has engaged community based and professional organisations to undertake hepatitis C education and awareness activities over the period 1 July 2015 to 30 June 2017. These education and awareness activities are specifically targeted at people at risk of or living with hepatitis C. The activities, funded from the Prevention Programme, seek to deliver hepatitis C education on the available testing and treatment options, harm reduction, and stigma and discrimination programs. The activities are split between affected communities and primary health care providers.</p> <p>A Wider Community Campaign — A wider community campaign to highlight the impact of stigma on the social and emotional wellbeing of people living with hepatitis C and their families is not supported. To change the wider community's beliefs and attitudes around hepatitis C will only result from a long-term ongoing discussion within the community as a whole. Community leaders (including political and cultural leaders) will be pivotal in engaging with the wider community on these issues. Wider community campaigns of this type require a significant amount of resources to be successful. A targeted approach would provide better outcomes from the resources available.</p> | <p>While Health partially agreed with this recommendation in favour of a more targeted approach, it advised that work to address this recommendation had been implemented, and in some cases serve as ongoing activities.</p> | <p>Implemented.</p> <p>Health has identified priority populations for the purpose of creating a targeted approach to blood borne virus and sexually transmitted infection prevention. The National Hepatitis C Strategy includes a number of discrete activities between Health and various stakeholders to develop awareness campaigns for hepatitis C. These activities have been completed, and include educational initiatives that targeted Aboriginal and Torres Strait Islander communities, people in custodial settings, and primary health care workers engaged in the care of people who inject drugs.</p> |

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
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| <p>Recommendation 5: That the Department of Health work with the Royal Australian College of General Practitioners and liver clinics to examine appropriate information provision, treatment processes, and patient counselling for people diagnosed with hepatitis C.</p> | <p>Partially Agreed. The Department of Health has engaged a professional organisation to develop and deliver hepatitis C education and awareness activities to primary health care providers, including available testing, treatment options and barriers people with hepatitis experience when navigating the health care system. Primary health care providers who become involved in prescribing and dispensing the new hepatitis C medicines are able to access this education programme. The resources developed will also be available to a wider audience of health care providers who wish to be better informed on hepatitis C testing and treatment options.</p> | <p>While Health partially accepted this recommendation in favour of a more targeted approach, the department had otherwise implemented the recommendation prior to seeking approval for the government response to the inquiry report to be submitted.</p> | <p>Implemented.</p> <p>Health engaged the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) to develop a Hepatitis C Awareness Project Work Plan. The resulting plan outlines a three-phase process to deliver education on hepatitis C, available testing and treatment options for primary healthcare professionals seeing communities most at risk of contracting hepatitis C.</p> <p>The three phases in the work plan have since been administered under the Communicable Disease Prevention and Service Improvement Grants Fund.</p> |
| <p>Recommendation 6: The Committee recommends that the Department of Health work with States and Territories to produce culturally and linguistically specific information for migrant groups with higher rates of hepatitis C infection to inform them about hepatitis C including: transmission methods, testing and treatment options.</p> | <p>Agreed. The Department of Health has engaged a professional organisation to develop and deliver hepatitis C awareness activities to priority populations. The awareness activities aims to deliver general hepatitis C education on the available testing and treatment options, harm reduction, and stigma and discrimination programs. These activities will increase the number of people from priority populations, including PWID from culturally and linguistically diverse communities who are living with or at risk of hepatitis C, who will engage with the health care system.</p> | <p>Health stated that work to address agreed recommendations was already proceeding in the ministerial submission seeking approval for the government response to the inquiry report to be submitted.</p> | <p>Implemented.</p> <p>Health engaged the ASHM, who worked with state and territory stakeholders to develop resources for culturally and linguistically diverse communities at risk of contracting or living with hepatitis C.</p> <p>The resources have since been produced and distributed.</p> |

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
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| <p>Recommendation 7: The Committee recommends that the Department of Health work with States and Territories to develop strategies to address the high prevalence rates of hepatitis C in the Aboriginal and Torres Strait Islander population.</p> | <p>Agreed. The Department of Health has engaged professional organisations to develop and deliver hepatitis C awareness raising activities to primary health care providers and priority populations, including Aboriginal and Torres Strait Islander people.</p> <p>In addition, as Aboriginal and Torres Strait Islander people in custodial settings are a priority population within the Fourth National Aboriginal and Torres Strait Islander BBV and STI Strategy 2014–2017, the implementation of the priority actions contained within this strategy will also contribute to addressing the high prevalence rates of hepatitis C in this population.</p> | <p>Health stated that work to address agreed recommendations was already proceeding in the ministerial submission seeking approval for the government response to the inquiry report to be submitted.</p> | <p>Implemented.</p> <p>Health engaged ASHM who have completed activity-based work in consultation with an Aboriginal and Torres Strait Islander Advisory Committee — which includes state and territory representatives — to develop and deliver hepatitis C awareness raising activities to primary health care providers and priority populations.</p> <p>Community consultation was part of the development of the Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy and associated implementation plan to address BBV and STI issues including the high prevalence of hepatitis C in the Aboriginal and Torres Strait Islander community. The Aboriginal and Torres Strait Islander community are also identified as a priority group in the Fifth National Hepatitis C Strategy. A Standing Committee of the Australian Health Protection Principal Committee has Aboriginal and Torres Strait Islander representation and considers BBV and STI issues such as hepatitis C for the Aboriginal and Torres Strait Islander communities.</p> |

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
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| <p>Recommendation 8: The Committee recommends that the Department of Health work with State and Territory health and corrections agencies to:</p> <ul style="list-style-type: none"> • develop a standard approach to data collection and reporting of prisoner health in custodial settings; and • give consideration to the provision of support for safe tattooing, barbering and any other legal practices which may present a risk of hepatitis C transmission in custodial settings. | <p>Agreed in-principle. The Australian Institute of Health and Welfare (AIHW) publishes The health of Australia's prisoners report (the report). The 4th report, released in 2015, relates to the National Prisoner Health Indicators, which were developed to help monitor the health of prisoners, and to inform and evaluate the planning, delivery and quality of prisoner health services. Data for the report is derived from the National Prisoner Health Data Collection which was designed to monitor 116 indicators which are aligned to the National Health Performance Framework, and from the Australian Bureau of Statistics. The 116 indicators include rates of blood borne viruses and injecting drug use. The Department of Health will engage with the AIHW and state and territory health and correctional agencies on future iterations of the report.</p> <p>The administration of custodial settings is a state and territory responsibility. Any policy changes to do with the provision of tattooing and barbering equipment or legal practices which may prevent the risk of hepatitis C transmission in custodial settings is a matter for state and territory governments.</p> | <p>Health stated that work to address agreed recommendations was already proceeding in the ministerial submission seeking approval for the government response to the report to be submitted.</p> | <p>Implemented.</p> <p>The committee recommendation was published in June 2015. The AIHW released the health of Australia's prisoners report in November 2015 that presented data from the National Prisoner Health Data Collection, which represents a standard approach to data collection and therefore addresses the recommendation.</p> <p>The government response to the recommendation was tabled in November 2016 referencing the report.</p> |

Source: Australian Government response to the House of Representatives Standing Committee on Health report, *The Silent Disease Inquiry into Hepatitis C in Australia* (November 2016); and ANAO analysis.

Table 3.5: House of Representatives Standing Committee on Health, Skin Cancer in Australia — Our National Cancer (May 2017)

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
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| <p>Recommendation 5: The Committee recommends that the Department of Health consider the effectiveness of public awareness campaigns to increase the awareness of the need for skin checks, especially strategies to target high risk groups.</p> | <p>The Australian Government supports this recommendation. The Department of Health has undertaken a literature review of evidence on the effectiveness of public awareness campaigns to increase awareness of the need for skin checks, especially strategies to target high risk groups.</p> <p>Limited evidence regarding the effectiveness of skin checking campaigns and the ability of campaigns to effectively and sustainably change behaviours in regard to skin checking was found. Overwhelmingly evidence points to the effectiveness of sun aware preventive messages in changing behaviours and reducing the incidence of skin cancers. Doran et al (2016) measured the cost effectiveness of three skin cancer campaigns conducted by the Cancer Institute NSW and found the benefit cost ratio to be 3.85 due to over 13,000 fewer skin cancers and 112 fewer deaths. Professor Adele Green supports a focus on primary prevention due to the high proportion of skin cancers which are preventable by avoiding exposure to solar UV radiation. Australian community-based intervention research show that evidence-based primary prevention of skin cancer and its antecedent conditions by regular sunscreen application is not only feasible and achievable but economically viable.</p> <p>As noted in Recommendation 4 above, medical practitioners provide skin services under the Medicare Benefits Schedule and guidelines are provided in the red book</p> | <p>Health advised that it had taken action to implement this recommendation and this information was set out in the Government's response which was provided to the Committee. None of the agreed recommendations had a requirement for a report on implementation to be provided to the committee.</p> | <p>Implemented.</p> <p>A literature review was completed by the department's Market Research Unit on 2 September 2016 that considered the key aspects of the recommendation. The review was conducted prior to the government response being submitted, explaining why the results were summarised in the response to this recommendation.</p> |

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
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| <p>Recommendation 10: The Committee recommends the National Health and Medical Research Council:</p> <ul style="list-style-type: none"> work with relevant stakeholders to urgently update the registered Clinical practice guidelines for the management of melanoma in Australia and New Zealand (2008) and Basal cell carcinoma, squamous cell carcinoma (and related lesions) — a guide to clinical management in Australia (2008), and that these guidelines be updated: <ul style="list-style-type: none"> shortly after each new treatment is approved by the Therapeutic Goods Administration; or as frequently as recommended by the profession after relevant consultation; and <p>that the Department of Health undertake research and analysis of whether clinical guidelines relating to skin cancer treatments can be placed on a digital platform, thereby allowing regular updates and quick and easy distribution of updated best practice for clinicians and practitioners.</p> | <p>The Australian Government supports this recommendation in principle. The Melanoma Institute Australia and Cancer Council Australia (CCA) are currently updating the 2008 Clinical practice guidelines for the management of melanoma in Australia and New Zealand. The guidelines follow a rigorous, systematic approach and are advisedly based on NHMRC methodology, however the Cancer Council has opted not to seek NHMRC approval of the final guidelines which will be completed in 2018.</p> <p>The revised guidelines are developed on Cancer Council Australia's Cancer Guidelines Wiki Platform with infrastructure in place to monitor literature updates and update content according to new evidence. After the revised guidelines have been launched, the aim is to convene the multi-disciplinary working group every year to ratify all updates based on the new evidence and identify any new clinical questions to be included in the guidelines.</p> <p>The National Health and Medical Research Council (NHMRC) has a legislated role to approve clinical practice guidelines developed by third parties according to NHMRC's development standards. NHMRC is not funded to develop clinical practice guidelines and can only do this under contract, when explicitly funded to do so.</p> <p>NHMRC is working closely with Cancer Council Australia on a number of other cancer guidelines which have or will seek NHMRC approval and have been developed using the wiki guideline development model — a digital platform that allows regular updates and quick and easy distribution of updated guidelines. These include Clinical Practice Guidelines for Surveillance Colonoscopy (approved by NHMRC in 2011, with a revised version in development), PSA Testing and Early Management of Test-Detected Prostate Cancer (approved by NHMRC in 2015) and Clinical Practice Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer (in development, following the NHMRC development standard).</p> <p>NHMRC has made a number of significant amendments to its guideline approval processes in the past year to encourage more timely development and approval processes and is continuing to review its processes in light of new technology. In October 2015, a policy of only approving guideline recommendations rather than the entire guideline was adopted. This allows guideline developers greater flexibility in changing supporting text without reference to NHMRC. In May 2016 the requirement for developers to advertise public consultation in print media was removed from regulation which further supports the shift to digital development.</p> <p>Other changes to the NHMRC approval process will be made in response to new technologies for guideline development being more widely used. For example, NHMRC is currently working with the Stroke Foundation to test one of these new approaches for the 2017 update of the national stroke guidelines.</p> | <p>Health advised that it had taken action to implement this recommendation and this information was set out in the Government's response which was provided to the Committee. None of the agreed recommendations had a requirement for a report on implementation to be provided to the committee.</p> | <p>Implemented.</p> <p>Both the melanoma and non-melanoma guidelines have been updated and are available on the Cancer Council Australia online wiki platform.</p> <p>NHMRC activities associated with the implementation of this recommendation are discussed in Table 3.9.</p> |

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
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| <p>Recommendation 11: The Committee recommends that the Department of Health work with State and Territory counterparts to:</p> <ul style="list-style-type: none"> • establish a virtual platform for the multidisciplinary treatment of skin cancer for patients located in regional and remote Australia; and • further develop and implement best practice models for multidisciplinary care for the treatment of skin cancer patients. | <p>The Australian Government supports this recommendation in principle. The Rural Health Outreach Fund (RHOF) aims to support people living in regional, rural and remote locations to access a wide range of health care services. The Fund supports a service delivery model that includes a multidisciplinary team based approach in delivering services. These multidisciplinary teams may consist of GPs, medical specialists, allied and other health professionals for people living in regional, rural and remote Australia.</p> <p>The RHOF supports the use of telemedicine services such as access to and use of support for videoconferencing.</p> <p>The Commonwealth works with State/Territory based Advisory Fora on how best to deploy resources to address the identified priorities of the RHOF in its jurisdiction.</p> <p>Multidisciplinary care is recognised as the best practice approach to providing evidence-based cancer care, including skin cancer care. Multidisciplinary care is an integrated team-based approach to cancer care where medical and allied health care professionals consider all relevant treatment options and collaboratively develop an individual treatment and care plan for each patient.</p> <p>The National Cancer Expert Reference Group, the Council of Australian Governments (COAG)-established expert national cancer forum in Australia, has endorsed a series of Optimal Care Pathways (OCPs) with the aim of providing more consistent cancer treatment and referral protocols. Supported by all state and territory jurisdictions through the Australian Health Ministers' Advisory Council (AHMAC) and the COAG Health Council, the OCPs are tumour specific guides on what care should be provided at each step of the cancer treatment pathway for a range of tumour groups. The OCPs are based on current best practice, including clinical guidelines, care pathways, standards and research.</p> <p>The composition and role of multidisciplinary teams (MDTs) for the treatment of melanoma and non-melanoma skin cancers are described in the OCP for both melanoma and non-melanoma skin cancers. The Australian Government would support that these OCPs be used as a key resource in exploring best practice models of care for skin cancer patients both for the development of digital platforms and face to face MDTs.</p> <p>In addition, Cancer Australia has developed an online multidisciplinary care information hub which provides information to assist the use of telehealth technology and videoconferencing to support multidisciplinary care in regional areas.</p> | <p>Health advised that it had taken action to implement this recommendation and this information was set out in the Government's response which was provided to the Committee. None of the agreed recommendations had a requirement for a report on implementation to be provided to the committee.</p> | <p>Implemented.</p> <p>The Rural Health Outreach Fund standards and activity work plans provide evidence that telehealth is supported as a means of supporting virtual multidisciplinary treatment of skin cancer patients in rural and remote areas.</p> <p>The melanoma and non-melanoma optimal care pathways agreed by the Council of Australian Government Health Ministers provide evidence that best practice models were agreed.</p> |

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
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| <p>Recommendation 12: The Committee recommends that the Australian Government ensure that adequate funds are provided for the non-medical support services of skin cancer patients and their families, particularly support services for those rural patients who have to travel for treatment.</p> | <p>The Australian Government supports this recommendation in principle. The Australian Government notes that support for patient travel is a state and territory government responsibility and that non-medical support to cancer patients is also provided by all levels of Government.</p> <p>Since 2010, the Australian Government through the Health and Hospitals Fund has invested \$695 million in the establishment of 27 Regional Cancer Centres and patient accommodation facilities across Australia. These regional cancer centres have been vital in improving access to treatment for people living in regional Australia with melanoma and reduced or removed the travel involved in cancer treatment for many rural Australians. The operation of these centres is managed by state and territory governments. The Australian Government provides access to psychological support through the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative. This program aims to improve outcomes for people with a clinically-diagnosed mental disorder through evidence-based treatment. Many people with cancer, including skin cancer can often face anxiety and depression related to their cancer. Under this initiative, the Australian Government provides Medicare rebates to patients for selected mental health services provided by general practitioners (GPs), psychiatrists, psychologists (clinical and registered) and eligible social workers and occupational therapists.</p> <p>The Australian Government provides a range of programs and services to support eligible carers. Carers of people with a chronic medical condition, such as skin cancer, may seek assistance from the national network of Commonwealth Respite and Carelink Centres for emergency respite support. Commonwealth Respite and Carelink Centres provide information about carer support services in their local area, a link to carer support services and assist carers with options to take a break through short-term and emergency respite. Where appropriate, a Centre can help with putting in place regular respite for a carer to reduce the need for unplanned and emergency respite. In addition, the Australian Government funds the National Carer Counselling Program (NCCP) to provide short-term counselling and emotional and psychological support services for carers. The Australian Government also funds the Carer Information Support Service (CISS) to provide timely and quality information for carers. NCCP and CISS are delivered through Carers Australia's Network of Carer Associations in each state and territory.</p> <p>On 14 December 2015, Carer Gateway, a national website and phone service, commenced. Carer Gateway provides a recognisable source of clear, consistent and reliable information that will help carers navigate the system of support and services available.</p> | <p>Health advised that it had implemented this recommendation and this information was set out in the Government's response which was provided to the Committee. None of the agreed recommendations had a requirement for a report on implementation to be provided to the committee.</p> | <p>Implemented.</p> <p>Commonwealth funding has been allocated to contribute to the establishment of Regional Cancer Centres, and delivered baseline reviews of their performance in providing local and referred care to melanoma and non-melanoma skin cancer patients.</p> |

Source: Australian Government response to the House of Representatives Standing Committee on Health report: *Skin Cancer in Australia — Our National Cancer* (May 2017); and ANAO analysis.

ASC

Table 3.6: Senate Rural and Regional Affairs and Transport References Committee, Practice of Sports Science in Australia (November 2016)

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
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| <p>Recommendation 1: The Committee recommends that the federal government consider developing a statement of ethics that would apply to all Australian participants in sports.</p> | <p>Agree, noting initiatives undertaken since the Inquiry to promote ethical behaviour in sport. The involvement of Australians in organised sport is critically linked to the values that sport promotes and the health and lifestyle benefits sport delivers. It is expected the outcome of a sporting contest is based on ability, experience, determination, and fair play. Athletes and administrators are expected to abide by rules and behave ethically.</p> <p>The Australian Sports Commission works closely with the Australian Human Rights Commission, state and territory departments of sport and recreation, anti-discrimination and human rights agencies, the NSW Office of the Children's Guardian, and the Australian and New Zealand Sports Law Association to promote Play by the Rules. Play by the Rules provides comprehensive guidance on issues of ethics in sport, highlighting the importance of fair, safe and inclusive participation across all levels of the sport sector.</p> <p>Between March and May 2015, Play by the Rules, the Australian Sports Commission, the National Integrity of Sport Unit, the Australian Sports Anti-Doping Authority and all state and territory departments of sport and recreation collaborated in the delivery of Safeguarding the Integrity of Sport forums around Australia. The forums addressed issues of anti-doping, match fixing and the use of supplements and image-enhancing substances, based on an ethical decision-making framework.</p> <p>These principles should be embraced in the codes of conduct that apply within organised sport and in the operation of programs and activities delivered by sporting organisations to their members.</p> <p>The Committee's recommendation for a statement of ethics should be considered in the context of subsequent initiatives to promote ethical behaviour in sport. In particular, Play by the Rules fulfils this recommendation.</p> | <p>The ASC has fully implemented this recommendation and was not required to report back to the Senate Committee on progress or completion.</p> | <p>Implemented</p> <p>Play By the Rules documentation evidences that information is available to National Sporting Organisations on fair, safe and inclusive participation in sport.</p> <p>The Member Protection Policy template that was updated in April 2016 to include clauses guiding National Sporting Organisations on ethically challenging topics. Integrity Guidelines for Directors were also released in 2016.</p> <p>Forums were held with key national, state and territory stakeholders between March and May 2015 as per the government response.</p> |

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
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| <p>Recommendation 2: The Committee recommends that tertiary institutions offering sports science courses include topics on ethics, which should refer to the duty of care of sports scientists to athletes and the importance of protecting athlete health and welfare.</p> | <p>Agreed in-principle. Evidence before the Committee indicated most people involved in sports science behave ethically and work to protect athlete health and welfare. Nevertheless, athletes must be able to be confident the people providing them with specialist performance assistance are doing so with athlete health and welfare foremost in mind. It is appropriate that training and assessment on ethics and duty-of-care should form part of undergraduate studies in those professions in which expertise is used to advance sports performance.</p> <p>Appropriate training in ethics in tertiary institutions is incorporated into considerations of Recommendation 4.</p> | <p>The ASC advised that it has fully implemented this recommendation and was not required to report back to the Senate Committee on progress or completion.</p> | <p>Implemented.</p> <p>An industry-based accreditation scheme has been established with the Exercise and Sports Science Australia and Australian Strength and Conditioning Association as the accrediting bodies.</p> <p>Integrity policy templates and guidelines have been developed and implemented.</p> <p>The AIS Sport Science Sport Medicine Best Practice Principles were released in 2013 and last updated in 2018.</p> <p>Annual benchmark reporting to the ASC board has occurred since 2016.</p> <p>Agreements are in place for funded National Sporting Organisations with sports integrity as a schedule of each agreement.</p> <p>The Annual benchmark reporting process is outlined in the Mandatory Sports Governance Principles Guidance and used to obligate National Sporting Organisations to comply with accreditation and other integrity measures.</p> |

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
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| <p>Recommendation 3: The Committee recommends that sporting organisations and/or clubs provide all athletes entering professional and/or high-performance sports programmes with specific training on sports ethics, integrity issues and their rights and responsibilities in relation to their long-term health and welfare.</p> | <p>Agreed. Sporting organisations and clubs have an obligation to athletes and support persons to provide information on their rights, roles and responsibilities in terms of protecting the integrity of sport. This includes educating members about the standards of ethical behaviour, and need to protect long-term personal health and welfare.</p> <p>Athletes have a similar obligation to be aware of and understand their rights and responsibilities.</p> <p>To the extent the Government may meaningfully contribute to this outcome, there are a number of existing resources that support the recommendation.</p> <ul style="list-style-type: none"> • The Australian Institute of Sport (AIS) Sports Science Sports Medicine Best Practice Principles is a practical guide to assist boards and senior management of sporting organisations in performing their oversight function in relation to sports science and sports medicine practices. • The National Integrity of Sport Unit, within the Department of Health, has launched an anti-match-fixing e-learning education program on the threat of match-fixing to help sports organisations to educate players, coaches and officials. The National Integrity of Sport Unit, in collaboration with the Australian Sports Commission, has also released an 'illicit drugs in sport' e-learning education program designed to inform sports people on the dangers of illicit drugs to their health and sporting endeavours. • The Australian Sports Anti-Doping Authority hosts an anti-doping e-learning education tool, developed for the Australian sporting community, to provide education on key areas of anti-doping such as prohibited substances and methods, therapeutic use exemptions, doping control and whereabouts. • The National Integrity of Sport Unit and Australian Sports Anti-Doping Authority have developed an e-learning ethical decision making course that includes modules on anti-doping, match-fixing and illicit drugs. Further, teacher lesson plans on sports integrity matters have been developed for use in the national Health and Physical Education curriculum. • The Australian Sports Commission, National Integrity of Sport Unit and the Australian Sports Anti-Doping Authority delivered Safeguarding the Integrity of Sport forums focusing on ethical dilemmas facing sport and providing participants with a framework to address these issues. | <p>The ASC advised that it has fully implemented this recommendation and was not required to report back to the Senate Committee on progress or completion.</p> | <p>Implemented.</p> <p>The Sports Science Sports Medicine best principles were released in 2013 prior to the committee report tabling and were updated in 2018. Principles provide direct advice on sports ethics, integrity issues and rights and responsibilities.</p> <p>National Sporting Organisations provide benchmark reporting against the principles to ASC annually (see ANAO assessment of Recommendation 2).</p> <p>The Illicit Drugs in Sport eLearning Program (the Program) is a free and active website hosted by the ASC that provides courses, modules and resources for registered users.</p> <p>The Play by the Rules webpage and information included on it demonstrates that forums were held between March and May 2015 as per the government response.</p> |

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
|---|--|---|---|
| <p>Recommendation 4: The Committee recommends that detailed consideration by the Australian Government of introducing new regulations for sports scientists in Australia be delayed until such time as the Australian Sports Anti-Doping Authority and/or the Australian Crime Commission have finalised their current investigations into the alleged use of drugs in Australian sport.</p> | <p>Agreed. The Australian Crime Commission's Organised Crime and Drugs in Sport report highlighted the potential dangers in engaging athlete support persons prepared to operate at ethical margins and with disregard for an athlete's health and well-being. While the majority of athlete support professionals act ethically and professionally, the consequences of inappropriate behaviour by a few can be severe and far-reaching.</p> <p>The key issue in the Inquiry was whether the practice of sport science requires some form of governance to improve industry standards and counter the risks identified in the Australian Crime Commission report. Two approaches were given detailed consideration:</p> <ul style="list-style-type: none"> • Registration — a formal scheme underpinned by legislation, or • Accreditation — a less-formal scheme run by industry and governed by quality assurance. <p>Implementing a registration scheme for sports scientists would involve excessive regulation for what is a small, specialised and dispersed profession. This option carries a significant administrative burden for Government and industry, and would be inconsistent with the Government's broader deregulation agenda.</p> <p>In preference, the Government supports the operation of an effective industry-based accreditation scheme. Such a scheme would ensure an athlete receives professional advice which is ethical and focused on health and well-being. Such a scheme should:</p> <ul style="list-style-type: none"> • ensure a sport scientist is properly qualified and has contemporary ethical standards training; • encourage sport scientists to continue professional development and improve their skills; • provide athletes, employers and the public with a common understanding of what is meant by the term 'sport scientist' and confidence that services are being delivered by reputable people, and • provide a mechanism for taking action against individuals who behave unethically or corruptly. <p>Critical to this scheme is placing an obligation on employers to ensure only appropriately qualified individuals are engaged, codes of conduct observed, and appropriate action taken when breaches are identified.</p> | <p>The ASC advised that it has fully implemented this recommendation and was not required to report back to the Senate Committee on progress or completion.</p> | <p>Implemented.</p> <p>Detailed consideration by the Australian Government of the regulatory framework for the sports science industry (see ANAO assessment of Recommendation 2 and 3), as referenced in the government response itself, was held over until finalisation of the Australian Sports Anti-Doping Authority and the Australian Crime Commission investigation into possible and proven cases of doping in Australian professional sports.</p> |

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
|----------------|---|---|-----------------------------------|
| | <p>The main employers of sport scientists are national sporting organisations, sporting clubs, the Australian Institute of Sport, state institutes and academies of sport and universities. Sports scientists would also be qualified to work in other health-related sectors such as injury rehabilitation and health promotion. Placing the obligation on employers to ensure only accredited sports scientists are employed involves a co-ordinated approach.</p> <p>The Australian Institute of Sport is the largest employer of sport scientists in Australia. As it is part of the Australian Sports Commission, the Institute will be expected to only employ sport scientists who meet the appropriate accreditation standards.</p> <p>State and territory institutes and academies of sport operate under the auspices of state and territory governments. The National Anti-Doping Framework is a non-binding agreement between the Commonwealth and state and territory governments to align domestic anti-doping efforts through a set of agreed principles and identified areas for cooperation. This existing relationship between jurisdictions provides a platform for seeking a unified approach to the employment of accredited sports scientists in all institutes and academies of sport.</p> <p>The Australian Sports Commission is the body responsible for the provision of Australian Government funds to Australia's national sporting organisations to develop sporting excellence and increase participation in sport. The Australian Sports Commission administers funding to individual sports through 'sport investment agreements'. These agreements underpin collaboration between the organisations by specifying those activities each is required to carry out along with measures of performance.</p> <p>The Australian Sports Commission reviews the performance of national sporting organisations through the 'annual sport performance review' process. The outcomes of the review process identify themes or critical actions, including Australian Sports Commission support, to enhance the capability of sports. The review model is intended to balance certainty and continuity of funding with the need to achieve accountability for the Government's investment.</p> | | |

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
|----------------|--|---|-----------------------------------|
| | <p>The proposed accreditation scheme would fit within these arrangements. National sporting organisations should adopt and observe the AIS Sports Science Sports Medicine Best Practice Principles. The employment of accredited sports scientists sits within the first of the Principles and is therefore contained within the terms of each sport investment agreement. The operational detail of such a scheme will be a matter for the Australian Sports Commission as part of its standard review process and national sporting organisation obligations under their individual sport investment agreements. While the Australian Sports Commission will assess whether the accreditation of a sports scientist meets the required standard, the actual process for accreditation will need to be delivered from within the sports sector.</p> <p>In its report, the Committee referenced the role of Exercise and Sports Science Australia in Australian sport. Exercise and Sports Science Australia is recognised as a peak organisation for exercise and sports scientists and the allied health profession of exercise physiology. Exercise and Sports Science Australia has administered a sport and exercise physiology accreditation system since 1996 and has now developed a tiered system of accreditation for sports scientists based on qualifications, practical experience and proficiency in meeting certain standards.</p> <p>The standards address the uncertainty about the scope of the profession by defining the practice of sport science. Exercise and Sports Science Australia has also developed a grandfathering arrangement for accrediting experienced sports scientists and arrangements for maintaining accreditation standards over time. Exercise and Sports Science Australia has consulted with sports organisations, Sports Medicine Australia and the Australian Institute of Sport in the development of professional standards for sports scientists.</p> | | |

Source: Australian Government response to the Senate Rural and Regional Affairs and Transport References Committee report, *Practice of Sports Science in Australia* (November 2016); and ANAO analysis.

Table 3.7: House of Representatives Standing Committee on Health, Skin Cancer in Australia — Our National Cancer (May 2017)

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
|---|--|--|--|
| Recommendation 1: The Committee recommends that national sporting bodies and associations which engage in outdoor activities adopt sun smart policies modelled on a similar template to that of Cricket Australia and Surf Life Saving Australia incorporating aspects relevant to their sport. | <p>Supported. The Australian Government supports this recommendation and acknowledges that many sporting bodies actively implement sun smart policies. There are also a number of resources available to sporting bodies including Sports Medicine Australia's Ultraviolet (UV) Exposure and Heat Illness Guide.</p> <p>The Australian Government, through the Australian Sports Commission (ASC), will create a register of sun smart policies adopted by Nation Sporting Organisations (NSOs) and where sun smart policies are not already in place offer assistance to NSOs to develop and implement a policy.</p> <p>For the ASC's Sporting Schools program, relevant sun smart messaging will be included on the web site, with corresponding templates and promotional materials provided to the extent possible.</p> | The ASC advised that it has fully implemented this recommendation and was not required to report back to the Senate Committee on progress or completion. | <p>Implemented.</p> <p>A Sun Smart policy register has been established. The Sports Medicine Australia's Ultraviolet (UV) Exposure and Heat Illness Guide is available online. National Sporting Organisations were contacted by the ASC in February 2018 and provided with a web link to guidance for developing a sun smart policy on the Sporting Schools website.</p> |

Source: Australian Government response to the House of Representatives Standing Committee on Health report: *Skin Cancer in Australia — Our National Cancer* (May 2017); and ANAO analysis.

NHMRC

Table 3.8: Senate Select Committee on Wind Turbines — Final Report (November 2016)

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
|--|---|--|--|
| <p>Recommendation 11: The committee recommends that the National Health and Medical Research Council (NHMRC) continue to monitor and publicise Australian and international research relating to wind farms and health. The NHMRC should fund and commission primary research that the Independent Expert Scientific Committee on Industrial Sound identifies as necessary.</p> | <p>The Government supports this recommendation. NHMRC will continue to monitor national and international research relating to wind farms and health and update its Statement: Evidence on Wind Farms and Human Health (2015) as required. Since the Committee's report was completed, the NHMRC has awarded grants totalling \$3.3 million for two projects to improve the evidence base of the effects of wind farms on human health. NHMRC will consider for funding research applications that address the research gaps identified by the ISC. As with all NHMRC funded research, applications will be assessed according to rigorous independent expert review processes to ensure that only the highest quality research is funded.</p> | <p>NHMRC has not reported against the implementation of this recommendation. However, it is noted that the government response to the recommendation summarised activities already underway to implement it.</p> | <p>Implemented. NHMRC developed and published a statement on national and international research relating to wind farms and human health. NHMRC allocated grants totalling \$3.3 million for targeted research regarding wind turbines and human health. The assessment process for the grant applications involved academic peer review. Two grants were awarded:</p> <ul style="list-style-type: none"> • Multidimensional assessment of the health impacts of infrasound: Two Randomised Controlled Trials; and • Establishing the physiological and sleep disruption characteristics of wind farm versus traffic noise disturbances in sleep. |

Source: Government response to the Senate Select Committee on *Wind Turbines — Final Report* (November 2016); and ANAO analysis.

Table 3.9: House of Representatives Standing Committee on Health, Skin Cancer in Australia — Our National Cancer (May 2017)

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
|---|--|---|--|
| <p>Recommendation 10: The Committee recommends the National Health and Medical Research Council:</p> <ul style="list-style-type: none"> work with relevant stakeholder to urgently update the registered Clinical practice guidelines for the management of melanoma in Australia and New Zealand (2008) and Basal cell carcinoma, squamous cell carcinoma (and related lesions) — a guide to clinical management in Australia (2008), and that these guidelines be updated: <ul style="list-style-type: none"> shortly after each new treatment is approved by the Therapeutic Goods Administration; or as frequently as recommended by the profession after relevant consultation; and | <p>The Australian Government supports this recommendation in principle.</p> <p>The Melanoma Institute Australia and Cancer Council Australia (CCA) are currently updating the 2008 Clinical practice guidelines for the management of melanoma in Australia and New Zealand. The guidelines follow a rigorous, systematic approach and are advisedly based on NHMRC methodology, however the Cancer Council has opted not to seek NHMRC approval of the final guidelines which will be completed in 2018.</p> <p>The revised guidelines are developed on Cancer Council Australia's Cancer Guidelines Wiki Platform with an infrastructure in place to monitor literature updates and update content according to new evidence. After the revised guidelines have been launched, the aim is to convene the multi-disciplinary working group every year to ratify all updates based on the new evidence and identify any new clinical questions to be included in the guidelines.</p> <p>The National Health and Medical Research Council (NHMRC) has a legislated role to approve clinical practice guidelines developed by third parties according to NHMRC's development standards. NHMRC is not funded to develop clinical practice guidelines and can only do this under contract, when explicitly funded to do so.</p> <p>NHMRC is working closely with Cancer Council Australia on a number of other cancer guidelines which have or will seek NHMRC approval and have been developed using the wiki guideline development model — a digital platform that allows regular updates and quick and easy distribution of updated guidelines. These include Clinical Practice Guidelines for Surveillance Colonoscopy (approved by NHMRC in 2011, with a revised version in development), PSA Testing and Early Management of Test-Detected Prostate Cancer (approved by NHMRC in 2015) and Clinical Practice Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer (in development, following the NHMRC development standard).</p> | <p>The updated guidelines were publicly available on 7 November 2019.</p> | <p>Implemented.</p> <p>Health's implementation of this recommendation in relation to melanoma guidelines is discussed in Table 3.5.</p> <p>In relation to guidelines for non-melanoma cancers, there is evidence that relevant stakeholders were engaged by NHMRC to update the non-melanoma guidelines, which were approved by the CEO and made available on the Cancer Council Australia online platform.</p> |

| Recommendation | Government response | Entity view of current status of implementation | ANAO assessment of implementation |
|--|--|---|---|
| that the Department of Health undertake research and analysis of whether clinical guidelines relating to skin cancer treatments can be placed on a digital platform, thereby allowing regular updates and quick and easy distribution of updated best practice for clinicians and practitioners. | <p>NHMRC has made a number of significant amendments to its guideline approval processes in the past year to encourage more timely development and approval processes and is continuing to review its processes in light of new technology. In October 2015, a policy of only approving guideline recommendations rather than the entire guideline was adopted. This allows guideline developers greater flexibility in changing supporting text without reference to NHMRC. In May 2016 the requirement for developers to advertise public consultation in print media was removed from regulation which further supports the shift to digital development.</p> <p>Other changes to the NHMRC approval process will be made in response to new technologies for guideline development being more widely used. For example, NHMRC is currently working with the Stroke Foundation to test one of these new approaches for the 2017 update of the national stroke guidelines.</p> | | There is evidence of amendments to the Guideline consultation and approval process, and testing of new approaches to Guideline updating (as noted in the reference to the NHMRC's work with the Stroke Foundation). |

Source: Australian Government response to the House of Representatives Standing Committee on Health report: *Skin Cancer in Australia — Our National Cancer* (May 2017); and ANAO analysis.

Was the implementation of recommendations tested?

Education did not test that implementation of its parliamentary committee recommendation had occurred. Health reviewed evidence for the implementation of most recommendations for which it was responsible, but did not review risks associated with the implementation of the recommendations. ASC tested implementation evidence for its four agreed recommendations from one inquiry report, however did not review risks associated with its implementation of one recommendation from another inquiry. NHMRC could demonstrate testing of implementation including risks associated with activities related to both recommendations for which it had responsibility.

3.36 Entities should test implementation of recommendations by providing assurance to the audit committee or accountable senior management that recommendations have been implemented, and that there is sufficient evidence to verify this.

Education

3.37 Education did not have a process for monitoring implementation of other parliamentary inquiry recommendations, and as such Education did not test implementation of the recommendation from the *Skin Cancer in Australia: Our National Cancer* inquiry report.

3.38 While a review of risks associated with implementing the recommendation was not documented, the Minister was informed that there were no sensitivities for implementation of this recommendation.

3.39 Education has been assessed as having not satisfied the requirements of the sub-criteria.

Health

3.40 Health demonstrated that it had tested implementation of activities related to agreed recommendations, and also summarised its implementation of most recommendations in the ministerial submissions that sought approval for the government responses.

3.41 While there was evidence that implementation risk was considered in the development of the government response, there was no evidence that risk was monitored during implementation of the activities that were referred to in the response.

3.42 Health has been assessed as having largely tested the implementation of recommendations.

ASC

3.43 The ASC initiatives related to the four recommendations from the *Practice in Sports Science in Australia* inquiry were tested using a risk-based annual sport performance review process, the results of which are reported annually to the Board. While this implementation testing was conducted in the context of a related ASC initiative rather than according to each parliamentary inquiry recommendation, it represents a better practice review process for organisations that are obligated to assist with implementation of a key aspect of recommendation. A two year review of the industry-based accreditation scheme is scheduled to occur by the end of 2020.

3.44 Regarding the *Skin Cancer in Australia: Our National Cancer* inquiry recommendation, ASC provided several updates to the Department of Health on its implementation progress. However,

there was no evidence that risk was monitored over the life of the activities that were referred to in the response.

3.45 Therefore, ASC has been assessed as having largely tested the implementation of recommendations.

NHMRC

3.46 For the recommendation from the *Wind Turbines — Final Report* inquiry report, NHMRC could demonstrate that implementation occurred before the government response had been prepared, and so used the preparation of the response to test its implementation.

3.47 For the recommendation from the *Skin Cancer in Australia: Our National Cancer* inquiry report, methodological and independent clinical expert reviews were undertaken, the guidelines, details and outcome of which were then included in the paper to the NHMRC Council for its consideration. The Council reviewed guidelines were then approved by the CEO.

3.48 While no formal risk management plan was developed for either of the two recommendations, risks associated with the development of the guidelines were reviewed in progress reporting and related ministerial submissions.

3.49 NHMRC has been assessed as having addressed the requirements of this sub-criteria.

Was the appropriate parliamentary committee advised of implementation?

While no entities advised the relevant committee of implementation following the tabling of responses to the inquiry and government response, none of the agreed recommendations had a requirement for a report on implementation to be provided to the committee.

Education

3.50 Education was not required to advise the House of Representatives Standing Committee on Health in relation to its implementation of the agreed recommendation regarding the *Skin Cancer in Australia: Our National Cancer* inquiry report.

Health

3.51 Health was not required to advise the appropriate parliamentary committees of the implementation of recommendations that appeared in the two inquiries relevant to the department in 2016–2017. As indicated in paragraph 3.40, the government response advised the respective committee secretariats that activities to address the recommendations were already underway prior to the inquiries being tabled.

ASC

3.52 The ASC was not required to advise the relevant parliamentary committees of the implementation of agreed recommendations from the *Skin Cancer in Australia: Our National Cancer* or *Practice of Sports Science in Australia* inquiry reports respectively.

NHMRC

3.53 The Senate Select Committee on Wind Turbines did not request that entities report back in relation to the implementation of recommendations, however NHMRC reported to the Independent Scientific Committee on Wind Turbines³⁸ that \$3.3 million had been awarded for two grants on 22 March 2016. This was included in the committee's 2015–16 annual report.

Summary assessment

3.54 Table 3.10 shows a summary assessment of the selected entities appropriateness of implementation arrangements for other parliamentary committee inquiry recommendations.

Table 3.10 Summary assessment of entities implementation of other parliamentary committee inquiry recommendations

| Portfolio | Education | | Health | |
|--|-----------|--------|--------|-------|
| Entity | Education | Health | ASC | NHMRC |
| Did the entities develop an implementation plan? | ● | ● | ● | ● |
| Did entities maintain evidence to confirm the implementation of recommendations? | ◐ | ◐ | ◐ | ◐ |
| Did entities effectively implement agreed recommendations? | ● | ● | ● | ● |
| Was the implementation of recommendations tested? | ○ | ◐ | ◐ | ● |
| Was the appropriate parliamentary committee advised of implementation? | N/A | N/A | N/A | N/A |

Key

- = entity arrangements were fit for purpose and addressed the requirements of the criteria.
- ◐ = entity arrangements largely satisfied the requirements of the criteria.
- ◑ = entity arrangement partly satisfied the requirements of the criteria.
- = entity arrangements did not satisfy the requirements of the criteria.

Source: ANAO analysis.

38 The Independent Scientific Committee on Wind Turbines was convened as an independent, multidisciplinary, expert group to improve science and monitoring of the potential impacts of sound from wind turbines. Its terms of reference include that it will provide an annual report to the Australian Parliament on delivery against its terms of reference and other achievements.

Recommendation no.2

3.55 That Department of Education, Department of Health, Australian Sports Commission and National Health and Medical Research Council strengthen formalised governance arrangements to implement parliamentary committee inquiry recommendations in order to provide oversight of implementation, performance and accountability. Arrangements should include development of implementation plans, assignment of responsibility for progressing recommendations, and appropriate tracking and reporting of implementation status and closure.

Department of Education, Skills and Employment response: *Agreed.*

3.56 *Activities to address this recommendation and strengthen governance practices to align with the already established arrangements for ANAO and JCPAA recommendations have been completed or will be completed by 30 June 2020. The department is leveraging newly released functionality within the Parliamentary Workflow System to facilitate oversight of parliamentary committee inquiry recommendations.*

Department of Health response: *Agreed.*

3.57 *The Department of Health is in the final phase of strengthening and formalising governance arrangements by implementing a centralised operating model for managing Parliamentary Committee inquiries in the department. The result being the Ministerial and Parliamentary Services Branch will serve as a central point of contact for the department and committee secretariats in overseeing, monitoring and reporting on the status of committee outcomes as well as providing advice on reporting templates.*

Australian Sports Commission response: *Agreed in part.*

3.58 *The ASC believes its risk-based approach to the governance of parliamentary Committee recommendations is appropriate, which was evidenced by the completion of all recommendations. The ASC will however improve its closure reporting to the Finance, Audit and Risk Committee, noting the benefits of a centralised tracking system that is used universally, rather than a mixture of centralised and decentralised processes based on risk.*

National Health and Medical Research Council response: *Agreed.*

3.59 *NHMRC took initial steps to address the identified gaps while the audit was in progress, including formalising accountability for implementation of agreed parliamentary committee inquiry recommendations and increasing executive oversight. NHMRC has subsequently extended its existing arrangements for monitoring implementation of audit recommendations, including reporting to NHMRC's Audit Committee, to include monitoring implementation of parliamentary committee inquiry recommendations. This monitoring and reporting system will ensure that implementation plans are developed, implementation is tracked, and recommendations are closed following reporting and review by NHMRC's Audit Committee.*



Grant Hehir
Auditor-General

Canberra ACT
25 June 2020

Appendices

Appendix 1 Entity responses



Australian Government
Department of Education,
Skills and Employment

Our Ref: EC20-003448

Secretary
Dr Michele Bruniges AM

Mr Grant Hehir
Auditor-General
Australian National Audit Office
GPO Box 707
CANBERRA ACT 2601

Grant
Dear Mr Hehir

Implementation of ANAO and Parliamentary Committee Recommendations

Thank you for the opportunity to respond to the proposed Australian National Audit Office (ANAO) audit report on the Implementation of ANAO and Parliamentary Committee Recommendations. The department recognises the important role of ANAO and parliamentary committee recommendations, the expectation that departments provide timely responses to committee reports and have processes in place to monitor the implementation of accepted recommendations.

The department's summary response to the report is below:

The Department of Education, Skills and Employment ('the department') welcomes the ANAO's report on Implementation of ANAO and Parliamentary Recommendations – Education and Health Portfolios. It is pleasing the ANAO concluded the governance arrangements supporting the implementation of ANAO and JCPAA recommendations continue to be effective.

The department is committed to continuous improvement and in response to the Secretary of the Prime Minister and Cabinet's letter on 7 August 2019, the department undertook a review of its committee inquiries arrangements. Following the review, the department implemented improvements to governance, assurance and reporting arrangements for parliamentary committee recommendations. The department is now utilising established systems and processes in place for ANAO and JCPAA recommendations to also report on other parliamentary committee recommendations. This has been supported by new functions within the Parliamentary Workflow System that enable streamlined tracking of progress against committee recommendations.

We accept the audit report observations and recommendations regarding strengthening formalised arrangements for the implementation of parliamentary

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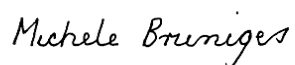
committee recommendations and will use these findings to continue to mature our governance practices.

I have also enclosed the department's response to the recommendation as requested.

I would like to thank the review team of the ANAO for their work and acknowledge the collaboration between both departments in the drafting of this report.

If you would like further information on the department's response, please contact Gaby Medley-Brown, First Assistant Secretary, People, Parliamentary, Communication and Assurance, on (02) 6240 8819.

Yours sincerely



Dr Michele Bruniges AM
25 May 2020



Australian Government

Department of Health

Secretary

Mr Grant Hehir
Auditor-General for Australia
Australian National Audit Office
GPO Box 707
CANBERRA ACT 2601

Dear Mr Hehir

Department of Health response to the Proposed Audit Report – Implementation of ANAO and Parliamentary Committee Recommendations

Thank you for providing the Australian National Audit Office's (ANAO) proposed report pursuant to section 19 of the *Auditor-General Act 1947* on the audit of the *Implementation of ANAO and Parliamentary Committee Recommendations*. I appreciate the opportunity to respond to the report.

The Department of Health (department) welcomes the findings in the report and accepts the recommendation directed to the department.

The wording provided for the Summary Response can be found at [Attachment A](#).

I would like to thank the ANAO for its professionalism throughout the audit.

If you have any questions regarding the department's response please contact Narelle Smith, Assistant Secretary, Corporate Assurance Branch on (02) 6289 5342.

Yours sincerely

Caroline Edwards

25 May 2020

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Australian Government
 Australian Sports Commission

Mr Grant Hehir
 Auditor-General for Australia
 Australian National Audit Office
 Via email.

Thank you for providing the Australian Sports Commission (ASC) with your proposed audit report on the *Implementation of ANAO and Parliamentary Committee Recommendations – Health and Education Portfolios*. I would like to provide the following response for inclusion in your report:

Para 24 Summary response

The ASC welcomes the Auditor-General's findings that the ASC had implemented all recommendations during the period covered by the Audit.

The ASC notes the report's observation that the ASC did not have fully effective governance in place for all aspects of monitoring and implementing agreed ANAO recommendations. During the period covered by the audit, the report notes that there were no ANAO recommendations made within that period, for the audit team to assess. The ASC was able to provide examples of ANAO recommendations that fell outside of the audit period that were being effectively governed, as well as examples of Internal Audit Report recommendations that were being effectively governed.

We acknowledge that the audit found the ASC did not have a one size fits all centralised approach to tracking and monitoring recommendations. Our approach is risk based that relied on the action areas assigned to addressing recommendations to do so in an appropriate way. The completed implementation of all recommendations supports this approach. However, the ASC takes on board the ANAO's feedback and will strengthen a centralised approach to monitoring relevant agreed recommendations.

The ASC agrees with recommendation No 1 and agrees-in-part with Recommendation No 2.

Paragraph 2.18

Recommendation 1: The Australian Sports Commission establish a system to record and monitor implementation of ANAO performance audit recommendations and support reporting on progress and closure of individual recommendations to its Finance, Audit and Risk Committee.

Agree. While there were no relevant ANAO recommendations during the audit period, the ASC does have other ANAO recommendations for which it is responsible and as such will implement a centralised monitoring system. The ASC will introduce a fit for purpose centralised system to; record, track, report progress and close ANAO performance audit recommendations. This will enhance the existing process where our Finance, Audit and Risk Committee is currently overseeing the implementation of active ANAO recommendations.

Paragraph 3.58.

Recommendation 2: The Department of Education, Department of Health, Australian Sports Commission and National Health and Medical Research Council strengthen formalised governance arrangements to implement parliamentary committee inquiry recommendations in order to provide oversight of implementation, performance and accountability. Arrangements should include the development of implementation plans, assignment of responsibility for progressing recommendations and appropriate tracking and reporting of implementation status and closure.

Agreed in part. The ASC believes its risk-based approach to the governance of parliamentary Committee recommendations is appropriate, which was evidenced by the completion of all recommendations. The ASC will however improve its closure reporting to the Finance, Audit and Risk Committee, noting the benefits of a centralised tracking system that is used universally, rather than a mixture of centralised and decentralised processes based on risk.

Thank you for the opportunity to provide feedback on this proposed report. The ASC will now take action to implement these recommendations.

Yours sincerely

A handwritten signature in black ink, appearing to read 'R. Dalton', with a stylized flourish at the end.

Robert Dalton
Acting Chief Executive Officer

3 June 2020



Australian Government
National Health and Medical Research Council



Mr Grant Hehir
 Auditor-General
 Australian National Audit Office
 GPO Box 707
 CANBERRA ACT 2601

Dear Mr Hehir

Thank you for providing the National Health and Medical Research Council (NHMRC) with an opportunity to comment on the Australian National Audit Office (ANAO) report, *Implementation of ANAO and Parliamentary Committee Recommendations – Education and Health Portfolios*.

NHMRC is committed to appropriate and timely implementation of agreed ANAO and parliamentary committee inquiry recommendations and welcomes the audit findings, conclusions and recommendation relating to NHMRC. Accordingly, NHMRC agrees with Recommendation no. 2 (Paragraph 3.55) of the report:

That Department of Education, Department of Health, Australian Sports Commission and National Health and Medical Research Council strengthen formalised governance arrangements to implement parliamentary committee inquiry recommendations in order to provide executive oversight of implementation, performance and accountability. Arrangements should include development of implementation plans, assignment of responsibility for progressing recommendations, and appropriate tracking and reporting of implementation status and closure.

NHMRC is pleased that the ANAO recognises that governance processes are in place to ensure effective monitoring and implementation of ANAO performance audit recommendations. These arrangements will be extended to ensure that NHMRC also has in place a formalised governance system to monitor and implement parliamentary committee inquiry recommendations, including ensuring executive and audit committee oversight of implementation, performance and accountability. NHMRC is pleased to note the audit finding that the parliamentary committee recommendations identified for review had been implemented effectively by NHMRC.

NHMRC took initial steps to address the identified gaps while the audit was in progress, including formalising accountability for implementation of agreed parliamentary committee inquiry recommendations and increasing executive oversight. NHMRC has subsequently extended its existing arrangements for monitoring implementation of audit recommendations, including reporting to NHMRC's Audit Committee, to include monitoring implementation of parliamentary committee inquiry recommendations. This monitoring and reporting system will ensure that implementation plans are developed, implementation is tracked, and recommendations are closed following reporting and review by NHMRC's Audit Committee.

NHMRC's summary response to the audit findings and response to Recommendation no. 2 are enclosed for inclusion in the final report. I would like to thank ANAO for the professional and cooperative approach of its audit team in working with my staff throughout this audit.

Yours sincerely

Professor Anne Kelso AO
 Chief Executive Officer

20 May 2020

Enc.

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