SCV Annual report 2025–26

OFFICIAL

Safer Care Victoria

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Acknowledgements

Acknowledgement of country

Safer Care Victoria acknowledges the strength, power and resilience of Aboriginal people as members of the world's oldest living culture. We recognise Aboriginal people as Australia's First Peoples and honour the richness and diversity of all Traditional Owners across Victoria.

We respect the lore, customs and languages practised by Aboriginal people in Victoria and their deep spiritual and cultural connections to land and water. We are committed to a future based on equality, truth and justice and recognise the ongoing systemic injustices faced by Aboriginal people. Victoria's treaty and truth-telling processes offer a chance to address these wrongs, empowering Aboriginal people to make decisions for their communities.

We pay our deepest respects to ancestors, Elders and leaders, past and present, whose strength and fortitude have paved the way for future generations.

Acknowledgement of lived experience

Safer Care Victoria acknowledges the consumers, families, carers, friends and loved ones who have experienced, or have been affected by harm across the system. We are deeply sorry for their distress and grief. We bear witness to their stories in the sincere hope of improving care for others.

Our thanks

Safer Care Victoria succeeds because of the collective efforts of consumers, clinicians, health sector partners, key stakeholders and our staff. Through collaboration, we have identified opportunities for improvement, strengthened healthcare performance monitoring and developed effective responses to safety concerns.

We are deeply grateful for the expertise, skill and strategic insight contributed by leaders across healthcare, academia and the safety and improvement community. Your input has shaped vital system advancements and forged the connections necessary to deliver safer, more effective care across services and agencies.



Abbreviations used in this report

Abbreviation	Definition
CCOPMM	Consultative Council on Obstetric and Paediatric Mortality and Morbidity
HACs	Hospital-Acquired Complications
MARAM	Multi-Agency Risk Assessment and Management (framework)
PIPER	Paediatric Infant Perinatal Emergency Retrieval
SCV	Safer Care Victoria
SQuDs-ED	Sustainable and Quality use of Diagnostics in Emergency Departments
The department	Department of Health
ViCTOR	Victorian Children's Tool for Observation and Response (chart)
VPCC	Victorian Perioperative Consultative Council

Introduction

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Foreword: our year together

As I reflect on the past year, I am proud of what we have achieved together to improve the quality and safety of healthcare for Victorians.

The 2025–26 financial year marked the conclusion of Safer Care Victoria's *Strategic plan 2023–26*. This provided an opportunity to reflect on the progress made over the past 3 years. Working alongside consumers, clinicians, health services and partners, we have continued to strengthen safety through leadership and reform, governance, proactive monitoring and effective intervention. These efforts have helped build a stronger foundation for delivering safer, higher-quality care across Victoria.

This year also marked an important milestone in Victoria's improvement journey. Through the Safer Together Program, consumers, clinicians, health services and system partners continued to work together to improve patient outcomes, strengthen safety and reduce unwarranted variation in care. The active participation of every Victorian Local Health Service Network, together with more than 88% of Victorian health services, demonstrates a growing commitment across the sector to collaboration, shared learning and continuous improvement.

This year, we completed the 100,000 Lives program, which is one of Victoria's most ambitious quality improvement initiatives. The program was established in 2021 to improve the care and outcomes of 100,000 Victorians. It exceeded its target, contributing to improved care and outcomes for more than 160,000 Victorians over 5 years. The program has strengthened improvement capability, fostered enduring partnerships and demonstrated the power of bringing consumers, clinicians, health services and system partners together around a shared purpose.

During 2025–26, we continued our work to strengthen clinical governance, patient safety and healthcare quality. We launched new tools and resources to support health service leaders, advanced statewide policy and reform initiatives, and worked closely with the sector to improve governance capability. Initiatives such as the Clinical Governance Toolkit, Leadership Health Check and Foundations of Clinical Governance program supported health services to build the systems and culture needed for safe, high-quality care.

Our Mental Health Improvement Program continued to support health services to reduce restrictive practices, strengthen person-centred care and share learning across services. We also advanced statewide work in family violence, medicines safety and antimicrobial stewardship. This improved outcomes for patients while strengthening capability across the sector.

Research, clinical trials and innovation have become an increasingly important part of our contribution to the Victorian health system. During the year, we

continued to strengthen Victoria's research and clinical trials ecosystem, supporting greater access to innovation and helping to ensure more Victorians, particularly those in regional and rural communities, can participate in clinical trials closer to home. We also continued our work to translate evidence into practice and support a culture of learning and improvement across the system.

During the year, Victoria's Clinical Chiefs transitioned to the Department of Health (the department). While organisational arrangements changed, their expertise and leadership remain an important asset to the Victorian health system. Safer Care Victoria continues to work closely with the Clinical Chiefs to support quality, safety and improvement initiatives that benefit patients and communities across the state.

Importantly, this year was also shaped by extensive engagement as we developed our next strategic plan. Through conversations with consumers, carers, clinicians, health services, partners and staff, we heard a clear message about the importance of continuing to improve not only the safety of care, but also its quality, effectiveness and equity. These insights have informed our new *Strategic plan 2026–29* and our renewed vision of a better, safer healthcare system for all Victorians.

None of these achievements would have been possible without the commitment, expertise and leadership of our many partners. I would like to thank the consumers and carers who generously shared their experiences, the clinicians and health service staff who strive every day to improve care, our health service executives and boards, our Local Health Service Networks, the department, our sector partners, and the dedicated team at Safer Care Victoria.

As we close one strategic chapter and begin another, I am confident that the strong partnerships, improvement capability and shared commitment that have been built across the system will continue to drive meaningful change.



Together, we will continue to learn, improve and innovate to ensure every Victorian receives the safe, high-quality care they deserve.



Louise McKinlay
Chief Executive Officer
Chief Quality and Safety Officer Victoria

About us

Safer Care Victoria (SCV) is the lead quality and safety improvement agency for healthcare across the state.

We were established as an Administrative Office of the Victorian Department of Health (the department) in 2016 following recommendations made to the Victorian Government in the Targeting Zero Report in response to patient safety concerns.

Our role

SCV's primary focus is quality and safety improvements within state publicly funded health services. We also provide support across the sector, including private providers that are regulated by the department. We work with health services, the department, clinicians, consumers, carers, safety bodies, research bodies and other key stakeholders.

We focus on quality and safety so that we can work with health services to deliver care that is safe, timely, effective, efficient and person-centred. We do this by:

- driving large scale improvements across the sector
- identifying opportunities for reducing avoidable harm and unwarranted variation in care
- strengthening capability in clinical governance, improvement science and safe and just culture
- providing insights, resources and support to health services
- supporting translational research and clinical trials in health services and universities to drive evidence-based improvements into practice.

SCV's full responsibilities are outlined by the Victorian Minister for Health in a triennial Statement of Expectations.

Figure 1: SCV's relationships with key stakeholders



Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM)
Victorian Perioperative Consultative Council (VPCC)

Our leadership



Louise McKinlay

Chief Executive Officer and Chief Quality and Safety Officer

Louise McKinlay was appointed as CEO of SCV in July 2024. She was part of the inaugural executive team that founded SCV and has 30 years of clinical experience as a registered nurse both in the United Kingdom and Australia. Louise is known for her values-driven approach, strategic mindset and compassionate leadership style. Louise's exceptional engagement and communication skills are steering SCV towards a future marked by progress and excellence, leading to a better and safer healthcare system for Victorians.

Louise is also Chief Quality and Safety Officer for Victoria. This role was introduced in 2022 through amendments to the *Health Services Act 1988* (Vic) to provide greater oversight and powers to improve quality and safety in the health sector.



Rebecca Van Wollingen

Executive Director – Governance, Strategy and Research

Rebecca Van Wollingen is a senior health sector leader with more than 20 years of experience and expertise in public health, communicable disease control and health service management. Rebecca is an Associate Fellow of the Australasian College of Health Service Management, a graduate of the Australian Institute of Company Directors and a registered nurse. Rebecca has extensive understanding of healthcare management and governance. Rebecca's staunch dedication and wealth of experience play a pivotal role in advancing safety measures and elevating patient outcomes across the state.



Janelle Devereux

Executive Director – Improvement

Janelle Devereux is a strategic leader in system improvement, dedicated to improving equitable health outcomes for the people and communities of Victoria. Janelle has more than 20 years of experience in commissioning and health system reform across New Zealand, the United Kingdom and Australia. She brings a strong focus on building learning health systems that use data, evidence, lived experience and frontline insights to drive better care. She is passionate about improving access to high-quality, person-centred and integrated care. She works through whole-of-system partnerships that strengthen clinical leadership, consumer participation and the spread of effective improvement, innovation and reform across Victoria's health system.



Lindsay Mackay ASM

Executive Director – Safety

Lindsay Mackay is a dedicated registered paramedic and healthcare executive with almost 20 years of international experience in leadership and advocacy. She is committed to transforming the healthcare system to improve health outcomes for all. Renowned for her strategic vision and innovative approach, Lindsay has successfully led large-scale cultural transformations that enhance health outcomes and foster interdisciplinary collaboration across Australia. Lindsay is passionate about being part of a transformative movement towards a more equitable and effective healthcare system, with a focus on inclusive leadership and gender equity.

Victoria's Clinical Chiefs

As of February 2026, Victoria's Clinical Chiefs moved to the department. SCV continues to work closely with them and draw on their expertise.

Dr Paul MacCartney
Chief Addiction Medicine Advisor

Paul MacCartney is an experienced general practitioner and addiction medicine specialist with 25 years of dedicated service in community health. Paul is a strong public advocate for the care and treatment of people who use drugs. He has worked with hundreds of patients to manage these issues effectively. As a member of the expert advisory committee on opioids, he developed an innovative multidisciplinary alcohol and other drugs treatment model in regional Victoria.

Rachel Elliott
Chief Allied Health Officer

Rachel Elliott is a deeply respected healthcare leader and researcher who brings decades of experience in senior roles across Australia's health system. Appointed Chief Allied Health Officer at SCV in early 2025, Rachel is widely recognised for her unwavering commitment to compassionate, patient-centred care. Driven by a passion for system-wide improvement, Rachel continues to inspire allied health professionals and clinical leaders through her strategic vision, integrity and genuine care for the wellbeing of patients and healthcare teams alike.

Professor Andrew Wilson PSM
Chief Medical Officer

Andrew Wilson is Victoria's Chief Medical Officer and practises as an interventional cardiologist in Melbourne and rural Victoria. Andrew has an academic appointment at the University of Melbourne and leads an active clinical research program. At SCV, Andrew works closely with the other Chiefs to provide professional leadership and clinical advice. He works with hospitals to ensure they have the right systems, governance and processes in place to support clinicians to deliver high-quality, safe care.

Anna Love
Chief Mental Health Nurse and Executive Director

Anna Love is dedicated to mental health nursing clinical practice and leadership. She was appointed Victoria's Chief Mental Health Nurse in 2015 and Executive Director of the Clinical and Professional Leadership Unit at SCV in October 2025. She comes with experience across mental health and addictions medicine. Anna's vision is to ensure we have a skilled, valued and nurtured mental health nursing workforce.

Elisa McDonald (commenced June 2026)
Chief Midwifery Officer

Elisa McDonald is the first Chief Midwife appointed in Victoria. She previously worked as Senior Maternity Adviser at SCV, and as a midwife at Western Health. She is a true advocate for the midwifery profession, for women, babies and families, and for equitable access to maternity, sexual and reproductive healthcare.

Adjunct Professor Emma Saddington (commenced April 2026)
Chief Nursing Officer

Emma Saddington is a critical care nurse and an accomplished executive nursing leader with more than 20 years' experience across Victoria's public and community health systems. Her career includes leading statewide reforms, contributing to Australia's first National Nursing Workforce Strategy, and representing Australia internationally through the Global Nursing Leadership Institute.

Leon Baranowski (commenced March 2026)
Chief Paramedic Officer

Leon is an experienced paramedic whose career spans the United Kingdom, Canada and Australia. He brings a breadth of international expertise across clinical practice, leadership, academia and research. He has a strong commitment to improving patient experiences, outcomes and models of care.

Professor David Watters
Director of Surgery

David Watters is a distinguished Professor of Surgery at Deakin University and Barwon Health in Geelong. David is committed to improving perioperative care before, during and after surgery and is keen to support all disciplines involved in reform across the patient journey. He has published more than 250 papers and several book chapters. He is co-author of 7 books, including 2 on surgical history.

Our past leaders

Adjunct Professor Karrie Long (May 2023 to May 2026)

Chief Nurse and Midwifery Officer

Karrie Long served as Victoria's Chief Nurse and Midwifery Officer. During her tenure, she provided strategic leadership and professional advice to government and the health sector. She championed nursing and midwifery workforce reform, maternity and newborn care improvement, clinical safety and quality initiatives, and national health workforce policy. She also served as Co-Chair of the Victorian Maternity Taskforce and Chair of the Australian Council of Chief Nursing and Midwifery Officers. This work advanced workforce sustainability and system-wide reform across Victoria and Australia.

Kate Thwaites (October 2021 to February 2026)

Deputy Chief Mental Health Nurse and Director of the Mental Health Improvement Program

Kate Thwaites was appointed Victoria's Deputy Chief Mental Health Nurse Officer in October 2021. She was also appointed Director of the Mental Health Improvement Program in January 2023. Kate was one of the senior clinical leaders responsible for SCV's mental health reform agenda following the Royal Commission into Victoria's Mental Health System. During her tenure, she led the Mental Health Improvement Program, provided mental health nursing leadership statewide and oversaw projects to improve safety, quality and consumer outcomes across Victoria's mental health system.

Dr Louise Reynolds (March 2023 to March 2026)

Chief Paramedic Officer

Louise Reynolds was Victoria's Chief Paramedic Officer. During her tenure, Louise championed significant and impactful work. This included serving as an Executive Sponsor of the first Inquiry into Women's Pain and progressing the Paramedic Practitioner program, an important Victorian Government commitment. She contributed to strengthening paramedic practice and capability across Victoria.

Strategic plan 2023–26

Strategic plan 2023–26

The *SCV Strategic plan 2023–26* outlined our vision, aim and strategic direction for 2023–26. We started implementing our strategy through our 2023–24 annual plan and continued this in 2024–25. This report details actions taken during the final year of our strategy. The full strategic plan can be found on the SCV website.



VISION

A safer healthcare system for all Victorians



AIM:
JULY 2023 TO JUNE 2026

To co-create a consistently safe and continuously improving healthcare system

OUR STRATEGIC PRIORITIES (WHAT WE DO)



1. Safety through **leadership and reform**



2. Safety through **strengthening governance**



3. Safety through **proactive monitoring**



4. Safety through **effective intervention**

ENABLING PRINCIPLES (HOW WE DO IT)



We partner...

We partner with consumers, healthcare workers and a diverse range of stakeholders to co-create a safer system of care.



We learn...

We gather and share the most important insights generated from system-level evidence, data and lived experience.



We improve...

We support health services to adopt a safety culture and continuous improvement as core change principles.



We excel...

We strive for operational excellence through a culture of continuous improvement.

Our year in numbers

Our year in numbers



Safer Together initiatives

- 21 improvement projects across 4 priority areas
- Improved care and outcomes for more than 47,000 Victorians (data to May 2026)
- 100% of Victorian Local Health Service Networks actively partnered to drive a learning health system for better healthcare outcomes statewide
- > 88% of Victorian health services actively partnered in delivering projects
- 1,286 disability days prevented via improved stroke care through to December 2025
- 2,723 bed days saved through better discharge planning following surgery (does not include Q4 data)



Research, clinical trials and innovation

- 227 new clinical trial applications received during 2025–26
- 45 new teletrials implemented, improving regional access to clinical trials across Victoria
- 23 public health services received funding support to use the Ethics Review Manager platform
- 5 translational research PhD fellows onboarded
- 259 responses received for the Strategic Ethics Reform Project sector survey across Victoria's research ecosystem



Clinical governance and quality

- 10 Foundations of Clinical Governance Part 1 sessions delivered with 167 attendees from 73 health services
- 10 Foundations of Clinical Governance Part 2 sessions delivered with 124 attendees from 55 health services
- 8 expert advisory group members collaborated to develop the SCV Clinical Governance Maturity Matrix, which was tested with 5 diverse Victorian health services prior to sector launch
- 442 IHI Open School participants from 66 Victorian health services
- 20+ University of Melbourne Master of Nursing students attended a Quality Improvement in Action workshop facilitated by SCV
- 45 participants at Introduction to Partnering and Co-design
- 28 participants attended the Quality Improvement and Partnering Coach program



Mental health, safety and wellbeing

- 43 teams from 20 health services involved in Mental Health Improvement Program initiatives to eliminate restrictive practices, reduce compulsory treatment, adopt the Zero Suicide Framework and improve sexual safety in mental health inpatient units
- 59% increase in recorded advanced statements of preference for partner services in the reducing compulsory treatment initiative
- 200+ healthcare staff accessed the Suicide prevention and response in healthcare settings training package
- 95% of Victorian area mental health and wellbeing services involved in the Zero Suicide Framework community of practice
- 3 Zero Suicide Framework needs analysis workshops completed with health services
- 250 participants attended the Mental Health Improvement Program forum, with nearly 94% agreeing or strongly agreeing the event was excellent
- 200+ members are now part of the Mental Health Improvement Program Community



Family violence

- $1.5 million for Strengthening Hospital Responses to Family Violence in regional areas
- 40+ governance groups and working groups engaged with the Multi-Agency Risk Assessment and Management (MARAM) framework including its Family Violence Information Sharing Scheme and Child Information Sharing Scheme
- 49,985 MARAM and information sharing training courses/units completed by prescribed health workforces



Medicines and antimicrobial stewardship

- 140+ attendees at a medicines and sustainability webinar
- 31 GP practices in the antimicrobial stewardship pilot
- 4.9% improvement in prescribing
- 29 health services in the Check Again Network
- More than 3,700 patient assessments
- More than 1,700 patients with their allergy de-labelled, improving prescribing accuracy



Reviews, submissions and site engagement

- 42 site visits conducted by clinical leaders
- 43 site visits conducted by the SCV CEO
- > 20 formal responses to consultations and standards (e.g., National Health and Medical Research Strategy, Australian Commission on Safety and Quality in Healthcare)



Consultative councils

- Supported CCOPMM and VPCC to successfully fulfil their legislated functions
- 6 CCOPMM Good Practice Points
- 2 VPCC Clinical Practice Points
- 1 CCOPMM annual report
- 1 VPCC annual report

Clinical conversations 2025–26 outcomes

2,528

registrations across the first 11 sessions

239

organisations reached

1 in 5

participants returned

8.8/10

average recommendation score

95%

deepened their understanding of improvement work across the system

294

recording views

89%

left with practical insights they could apply

Audience

72% metro
23% regional
5% outside Victoria

Largest audience segment:

Improvement, quality & safety practitioners

11 sessions

In the 2025–26 financial year over 7 months

> *Only presented 5 days ago. Have arranged a meeting with colleagues at Peninsula Health to explore opportunities to share experiences.*
>
> Presenter

> *The highlights were the real world examples and authenticity.*
>
> Participant

> *Great insights and opportunities for spread against other health services.*
>
> Participant

Collaborative impact

December 2024 to December 2025 | 17 collaborative sites | 1,150 patients with valid treatment timing data



Thrombolysis

424

patients

4,951 minutes saved

EVT⁺ (clot retrieval)

726

patients

7,541 minutes saved

Transfers: 425 | Primary: 301



Faster treatment

12,492

minutes saved

vs 2024 sites baseline

Thrombolysis:
4,951 minutes

EVT:
7,541 minutes



Patient impact

111 years

of health life gained

(40,584 healthy life days)

111*

DALYs avoided

187

outcomes prevented

(42 disability + 145 dependency)



System impact (acute)

1,224

bed days saved

Annualised projection
~1,130 bed days/year

⁺ Endovascular clot retrieval.

Stroke type: Ischaemic only. Sites: 17 collaborative sites. New sites without 2024 baseline contribute zero to minutes-saved (conservative). Double-counting: patients who received both thrombolysis and EVT are counted in EVT rows only.

*Disability-adjusted Life years (DALYs) calculated using Meretoja et al. 2014/2017 conversion factors. Excluded: door-to-needle time >240 mins (4-hour clinical window), door-to-puncture time >720 mins (Australian Stroke Clinical Registry, dashboard threshold), negative values. Dropped-out sites included up to departure date.

Celebrating our staff

Celebrating our staff

Our people are at the heart of what we do. Throughout 2025–26, staff represented Safer Care Victoria at conferences, forums, professional development activities and sector events, while also coming together to celebrate achievements and strengthen connections. These images showcase the dedication, expertise and collaboration of our workforce, and their contribution to improving care for Victorians.



Safer Care Victoria all-staff day, October 2025



Safer Care Victoria all-staff day, October 2025



The Research and Teletrials team



Safer Care Victoria all-staff day, April 2026



Safer Care Victoria all-staff day, October 2025



CCOPMM and VPCC Symposium, Rebecca Van Wollingen with Council Chairs, Prof Mark Umstad and Prof David Scott, April 2025



Louise McKinlay and Consumer lead Shefton Parker at the Sepsis Collaboration event, June 2025



The Deteriorating Patient Improvement team at the Sepsis Collaboration event, June 2026

Strategic projects

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Strategic priority 1: Safety through leadership and reform

Safety through leadership and reform

Our position as Victoria's authority in quality and safety in healthcare gives us reach at every level of the system from research and education to healthcare delivery. We will co-design safety improvements that address the underlying causes of systemic issues by advancing national reform, sharing insights and strengthening our policy and legislative instruments.



Safety through leadership and reform – summary of outcomes

Consumers in front	
2025–26 goals	**Outcomes**
We will launch a refreshed *Partnering in Healthcare framework*, informed by the insights from the 2024–25 BehaviourWorks consultation and review. The updated framework will feature enhanced guidance and practical implementation resources.	• Finalised the revised framework in June 2026, with ongoing preparation for release in early 2026–27.
We will collaborate with the Health Complaints Commissioner (HCC) to review the *Health Complaints Act 2016* (Vic) and strengthen the processes through which SCV and the department capture and apply data on consumer complaints and concerns.	• Superseded this initiative with work to integrate the HCC within SCV, with further consideration in future years.
We will partner with Macquarie University to deliver a study protocol on the Statutory Duty of Candour (SDC), which aims to improve communication with consumers after serious adverse patient safety events.	• Coordinated with Macquarie University to review SDC in Victoria, which culminated in a report and published research. These findings will inform the development of resources and capability offerings to enhance SDC practice and outcomes in Victoria.
We will partner with WorkSafe Victoria through its new operational model and consultative council to address workplace hazards and safety issues, continuing to strengthen collaboration for timely information and insight sharing.	• Established a Memorandum of Understanding (MoU) and draft terms of reference to govern the operation of the new SCV and WorkSafe Collaboration and Engagement Committee.
We will partner with the Australian Health Practitioner Regulation Agency (AHPRA) to enhance regulatory information sharing, including updating the existing MoU with SCV.	• Partnered with AHPRA to enhance regulatory information sharing. MoU update was rescoped as an agreement between SCV and AHPRA in the form of an exchange of letters.

Safety through leadership and reform – summary of outcomes

Clinical leadership	
2025–26 goals	**Outcomes**
We will influence statewide clinical policy, models of care, legislative reform and system improvements to deliver the right care, at the right time, in the right place. **This includes:**	
• **delivering a statewide ligature and anchor point audit assessment tool**	• Developed a statewide ligature and anchor point audit tool with service and safety expert input, enabling risk identification and mitigation across sites. From July 2026, a review will assess its effectiveness and usability in mental health and broader health settings.
• **expanding the Safewards model across the health system**	• Established the Health Response Restrictive Practices framework with the Chief Nursing Officer. • Progressed Chief mental health commitments through expert groups, forums and communities of practice. • Supported statewide policy and system improvements through collaboration with directors of nursing (mental health).
• **collaborating with the department to deploy 25 paramedic practitioners in rural and regional areas by December 2026**	• Progressed education and training for the first cohort of paramedic practitioners, with graduates expected later in 2026. • Progressed development of a model of care and practice standards. • Progressed the review of the *Drugs, Poisons and Controlled Substances Act 1981* (Vic) to align paramedic practice, improve access to care and reduce safety incidents.
• **advising the department on hospital capability frameworks and procedures by exception**	• Provided strategic advice on hospital capability frameworks and procedures by exception. Key framework principles, governance arrangements and exception processes have been established to support consistent service planning, and work remains ongoing.
• **chairing and taking part in regular national and interjurisdictional groups and forums to strengthen cross-jurisdictional collaboration and improve system-wide clinical outcomes**	• Chaired and participated in national and interjurisdictional forums including Designated Registered Nurse Prescribing, Critical Shortage Response, Trauma Advisory Committee, Equally Well and Safewards, which supported measurable improvements in clinical system performance.
• **providing jurisdictional perspectives and advice on national health reform reviews and strategies**	• Contributed jurisdictional perspectives on national health reform reviews and strategies, including workforce reform, hospital capability frameworks and clinical service planning initiatives to support consistent system-wide improvement.

Safety through leadership and reform – summary of outcomes

Clinical leadership

2025–26 goals	Outcomes
• **reviewing and informing national and statewide guidance as required**	• Provided expert input into national and statewide clinical and professional guidance, thereby strengthening clinical frameworks, operational policy and implementation advice to support system-wide consistency and quality improvement.
• **providing clinical and professional advice on hospital and health service performance quality and safety.**	• Delivered clinical and professional expert advice on quality, safety and performance matters across the health system, including the Albury Wodonga Health review, Senior Medical Roundtable on 'silence culture' and high-priority clinical governance issues, supporting service improvement and safer patient care.
• **We will lead and respond to emerging clinical and system risks by:** – **implementing recommendations as applicable from the Victorian Maternity Taskforce, when announced** – **leading the Low Volume High Complexity Care Advisory Group** – **supporting the governance and oversight of the State Trauma Committee (committee) and its Case Review Subcommittee after its transition of responsibility from the department** – **addressing safety and quality issues identified through the committee's work and advocating for improvements in trauma care.**	• Implemented key Victorian Maternity Taskforce recommendations: appointing first Chief Midwife; establishing the Respectful Maternity and Newborn Care Framework; commencing My Maternity Journey project, due September 2026. • Steered the Low Volume High Complexity Care Advisory Group to deliver statewide oesophagectomy advice. • Strengthened trauma care improvements through committee governance and establishment of subcommittees.
• **We will partner with the department to develop a 10-year alcohol and other drugs (AOD) strategy (the strategy).**	• The Chief Addiction Medicine Advisor led development of the strategy, shaping evidence-based priorities, sector engagement and guiding reform. Since its December 2025 launch, alongside AOD Ministerial Advisory Committee establishment, the strategy has improved treatment and harm reduction outcomes statewide.
• **We will lead the design and implementation of the Victorian Medicines Formulary. The initial component of this will include:** – **establishing the project governance and scope** – **developing a roadmap for staged design and implementation** – **engaging clinicians to begin an evidence-based process to finalise a future state formulary list** – **determining options for developing or procuring a digital solution for formulary information.**	• Completed current state analysis and established governance structure, draft policy and decision making framework for the Victorian Medicines Formulary, informed by over 40 sector consultations. • Initiated digital requirements scoping. • Commenced further clinician consultation and detailed digital options analysis to finalise the formulary roadmap.

Safety through leadership and reform – summary of outcomes

Clinical leadership

2025–26 goals	Outcomes
• **We will lead the Maternity Advisory Group to provide strategic, industrial and professional advice to SCV on matters affecting the midwifery profession and how maternity and newborn care is delivered.**	• The Maternity Advisory Group established the Expert Working Group to support development of the Respectful Maternity Care Framework, and to provide strategic advice on maternity issues, such as freebirth, maternity workforce and capability frameworks. • Revised the group's terms of reference and reviewed its membership.
• **We will champion workforce sustainability, wellbeing and quality of care through targeted clinical workforce development and professional practice initiatives, including:** – **leading Victoria's clinical professional councils, which provide expert advice and recommendations to SCV to support health system improvement and reform** – **partnering to deliver key priorities of the clinical workforce strategy, including transition-to-practice programs, graduate programs and mental health vacancies** – **driving excellence and innovation in the health system through research, education and targeted public engagement** – **strengthening collaboration between the health sector, government departments, industry partners, professional bodies, other jurisdictions and international stakeholders.**	• Led clinical professional councils representing medicine, nursing and midwifery, allied health and paramedicine, providing expert advice and recommendations to support workforce development, professional practice and system-wide reform. • Delivered discipline-specific clinical and professional leadership aligned to Victoria's strategic priorities in health. The Clinical Chiefs (Chiefs) upheld senior clinical leadership across priority service, safety and emergency domains, advising the government on system design, performance and risk. • The Chiefs expertly advised and sponsored the Health Research Victoria Network. They provided executive leadership on statewide and national research priorities, advancing best practice and safety. They also presented at professional forums, showcasing Victoria's leadership in clinical safety and reform. • Collaborated closely with health services, industrial partners, professional bodies and peak organisations to listen and translate system priorities into practical, implementable action that strengthened professional practice and patient safety.

Safety through leadership and reform – summary of outcomes

Translational health research

2025–26 goals	Outcomes
We will manage, support, monitor and evaluate the rollout of the Translational Research PhD Fellowship Program (2024–26), capture lessons and share knowledge.	• Delivered and actively managed the PhD Fellowship Program, supporting candidate journeys for all 5 individuals. • Established a monitoring and evaluation framework for the Program, which captured implementation insights and shared learnings to inform future translational workforce initiatives.
We will develop an external-facing prospectus on the Health Research Victoria Network for engagement with the health research sector by early 2026.	• Progressed foundational work for the Health Research Victoria Network prospectus, including stakeholder engagement and development of a detailed budget proposal. Although funding was not secured, this work strengthened the value proposition with continuing discussions.
We will, by mid-2026, establish and grow the Health Research Victoria Network to enable effective partnerships and collaborative health research among government agencies, research institutions, universities, healthcare providers and industry stakeholders.	• Established governance foundations and engaged department program areas through workshops. • Developed guidance for support letters and provided advisory services supporting research activity and engagement across the department and SCV, maintaining momentum, despite funding constraints delaying broader network establishment and growth.
We will continue to strengthen our engagement in health research by fostering a culture of health research literacy across the department and SCV through regular engagement with program areas providing guidance for research activities aligned with area priorities (for example, letters of support, research partnerships, documentation of research).	• Fostered research literacy across SCV and the department through: – targeted engagement – advice and support (including partnerships and letters of support) – embedding research considerations into program planning and decision-making.
We will continue to engage with the Commonwealth's Health and Medical Research Office to ensure alignment in health research strategies and priorities.	• Maintained active engagement with the Commonwealth Health and Medical Research Office to support the development of the National Health and Medical Research Strategy, aligning priorities and sharing insights on health research.

Safety through leadership and reform – summary of outcomes

Clinical trials research

2025–26 goals	Outcomes
We will support Victorian research through critical infrastructure, including management of the statewide Ethical Review Manager research platform, regular online communications, events, training and active participation in research networks and organisations.	• Reinforced research capability and connectivity across Victorian research by: – maintaining and enhancing the Ethical Review Manager research platform – supporting users through training and guidance – distributing regular communications and engagement activities.
We will represent Victoria as a member of the Inter-Governmental Policy Reform Group to contribute to national reforms, including implementing the *National Clinical Trials Governance Framework* and developing the National One Stop Shop.	• Represented Victoria in national policy reform, contributing to the implementation of the *National Clinical Trials Governance Framework* and the development of the National One Stop Shop. This ensured Victorian priorities and system readiness inform national policy directions.
We will further embed the Australian Teletrials Program across Victoria by collaborating with partners, jurisdictions and the Australian Teletrials Program National Office through policy and engagement strategies, growing new teletrial numbers beyond 16.	• Expanded teletrial activity across Victoria through partner engagement and policy support, which increased the number of open trials from 200 to more than 400 and reached over 6,600 patients over 5 years, reducing travel burdens of thousands of kilometres for regional and rural patients.

Mental health

2025–26 goals	Outcomes
We will continue Phase 2 of the Safety for All: Towards Elimination of Restrictive Practices collaborative, launched in March 2025, now encompassing 27 mental health inpatient unit teams across 17 Victorian health services over an 18-month period.	• Progressed Safety for All, partnering with 27 teams to reduce restrictive practices and strengthen cross-service learning. Most participating units are now performing below state average, demonstrating safer, more responsive care and a growing shift towards less restrictive, more person-centred practice.
We will continue Increasing Sexual Safety in Inpatient Services Initiative in collaboration with 8 mental health units across 5 organisations, aimed at testing and strengthening evidence for effective sexual safety practices. Insights from the May 2025 2-day learning session will shape the next phase of testing, measurement and evaluation.	• Implemented the initiative across 8 bed-based services, strengthening staff capability to identify and respond to sexual safety risks. Evaluation findings suggest improved awareness, consistency in practice and safer consumer experiences, informing a more targeted next phase.

Safety through leadership and reform – summary of outcomes

Mental health

2025–26 goals	Outcomes
We will continue advancing the Reducing Compulsory Treatment initiative by testing new change ideas with 6 community services and recruiting more through 2026, to build scalable, rights-based and evidence-informed practices.	• Completed and evaluated Phase 1 partnership with 6 services, increasing advanced statements of preferences that support consumer-led decision-making. Findings indicate early cultural shifts towards more rights-based, person-centred care with improved consumer engagement informing a targeted next phase.
We will continue the Governance Structure for the mental health initiatives through a sector member advisory group and 3 reference committees: Lived and Living Experience, Clinical, and Aboriginal and Torres Strait Islander.	• Strengthened governance by embedding earlier, more effective engagement with advisory group and reference committees. Increased lived experience, clinical and sector input now inform program design and decision-making, alongside a considered, strategic approach to Aboriginal and Torres Strait Islander engagement in governance across SCV.
We will progress the Adopting Zero Suicide Framework Initiative, engaging more services in workshops and partnerships from early 2025–26, alongside promoting and evaluating new training packages.	• Progressed the Zero Suicide Framework by establishing a Community of Practice, trialling whole-of-service needs analysis, and launching suicide prevention and risk formulation training. • Supported 5 services in ongoing suicide prevention improvement, informing subsequent phase focusing on embedding practical risk formulation.
We will continue to expand the statewide Mental Health Improvement Program Community for mental health professionals (a learning health network) through the delivery of a regular newsletter, and the Mental Health Improvement Program Matters vodcast series.	• Advanced the Mental Health Improvement Program Community through regular newsletters and delivery of the first Mental Health Improvement Program forum in May 2026, bringing together 250 participants. • Enabled cross-initiative learning and practical application of key approaches, building capability, confidence and more consistent, coordinated practice.
We will progress and evaluate the Mental Health Advisory Group and 3 reference committees: Lived and Living Experience, Clinical, and Aboriginal and Torres Strait Islander.	• Reviewed and strengthened the Mental Health Advisory Group, Clinical and the Lived and Living Experience reference committees, enhancing effectiveness and engagement across project lifecycle. • Exploring establishment of Aboriginal and Torres Strait Islander reference Committee, to enable strong, sector-informed, consumer-centred improvement.
We will collaborate with the Office of the Chief Psychiatrist (OCP) to strengthen partnerships and share learnings that help identify and mitigate system-level risk.	• Collaborated with the OCP, strengthening partnerships through Mental Health Improvement Program representation on OCP-chaired committees. Engaged with OCP through formative evaluation calls, and reciprocal participation in forums and learning sessions. Supported strategic alignment, shared learning, and a coordinated approach to system-level risk identification and mitigation.

Safety through leadership and reform – summary of outcomes

Healthcare worker wellbeing	
2025–26 goals	**Outcomes**
We will collaborate with the department to enhance existing resources and guidance that help public health services to address workforce wellbeing challenges, including attrition, occupational violence and aggression and other workplace hazards.	• Worked closely with the department to ensure a coordinated approach to addressing workforce wellbeing challenges in public health services.
We will create a repository of system-level resources and guidance to help public health services improve the health and wellbeing of staff.	• Ensured ongoing availability for interactive e-learning modules on occupational violence and aggression through the Mental Health Professional Online Development Program Learning Portal.
We will provide effective secretariat support to the Mental Health Workforce Safety and Wellbeing Committee and subcommittee.	• Provided secretariat support to the Mental Health Workforce Safety and Wellbeing Committee and subcommittee.
We will explore new ways and build on the existing body of work to support public health services in delivering evidence-based improvement projects that enhance workforce wellbeing and support services to share good practice approaches to addressing occupational violence and aggression.	• Delivered a joint Ministerial Roundtable with the public health sector in November 2025, on the prevention of occupational violence and aggression.
We will monitor, evaluate and report on the outcomes of SCV-funded programs aimed at improving worker wellbeing.	• Monitored, measured and reported outcomes on funded programs, including the Nursing and Midwifery Health Program Victoria and the Victorian Doctors Health Program.
We will review our workforce wellbeing measurement strategy.	• Reviewed and identified potential workforce wellbeing measures.

Strategic priority 2: Safety through strengthening governance

Safety through strengthening governance

Accountability and transparency are indicators of effective clinical governance, which supports patient safety and high-quality care. SCV strengthens safety through governance by providing leadership and capability development resources for health services.



Safety through strengthening governance – summary of outcomes

System and processes	
2025–26 goals	**Outcomes**
We will publish the revised *Credentialing and scope of clinical practice for senior medical practitioners policy* to align with system reforms (Local Health Service Networks) and address systemic challenges in credentialing.	• Undertook extensive sector engagement and consultation at local and national levels to revise the *Credentialing and scope of clinical practice for senior medical practitioners policy*. The refreshed policy is planned for release by the department.
We will publish the new online *Clinical Governance Toolkit* as a practical resource and capability-building tool for Local Health Service Networks.	• Published an online *Clinical Governance Toolkit* in December 2025. The toolkit aligns to the 5 domains in the *Victorian Clinical Governance Framework*.
We will expand the pilot of the *Clinical Governance Leadership Health Check* in 2025–26 to support health service boards and executive teams in assessing clinical governance culture and practice at the individual and network levels.	• Launched the revised *Clinical Governance Leadership Health Check* following completion of the pilot. This complements the *Clinical Governance Maturity Matrix* and was specifically designed to assist health service leadership teams to identify individual and collective capability development opportunities.
We will embed the refreshed *Victorian Clinical Governance Framework* across health services, aligning its implementation with system reforms and new guidance on integrated care models.	• Embedded the *Victorian Clinical Governance Framework* in the Local Health Service Networks' Statement of Expectation. Alignment with the *Victorian Clinical Governance Framework* remains a requirement in health services' Statement of Priorities (SoP).

Building capability for all	
2025–26 goals	**Outcomes**
We will launch Victoria's first *Quality and Safety Capability Framework*, outlining interprofessional knowledge, skills and behaviours across the health workforce, including consumer partners.	• Launched the state's first *Quality and Safety Capability Framework*, which has been integrated into training, capability planning and improvement initiatives across the health workforce.
We will refresh capability development tools, resources and training materials to align with contemporary practices in patient safety event reviews.	• Paused during the SCV redesign and will be reprioritised for 2026–27.

Safety through strengthening governance – summary of outcomes

Building capability for all	
2025–26 goals	**Outcomes**
We will support health service entities in reviewing adverse events using a best practice–aligned suite of tools and resources such as the *Adverse patient safety event policy* and the in-depth case review tool.	• Commenced review of best-practice resources to improve adverse event review methodology, informing improvements to the Victorian suite of tools and resources. • Provided guidance on delivering abridged, consumer-friendly Serious Adverse Patient Safety Event (SAPSE) reports to consumers, families and carers.
We will refine and deliver pilot learning modules: **– Clinical Governance for Consumers** **– Partnering with Consumers in Clinical Governance for Boards and Executives.**	• Paused during the SCV redesign and will be reprioritised for 2026–27.
We will promote the *Quality and Safety Capability Framework* to advance health sector capability through: **– scalable programs, including the *Quality Improvement in Action* train-the-trainer initiative** **– practical tools, templates and guidance, including the *Quality Improvement Toolkit*** **– guidance for capability development planning, prioritisation and partnerships** **– delivery of tailored learning opportunities that support the framework capability domains (including quality improvement, human factors, systems thinking and partnering with consumers).**	• Promoted the framework through targeted learning, practical tools and tailored training across key capability domains, including Learning Labs, Improvement Branch sessions, Safer Together Program-focused training, including the Improvement Coach program. • Strengthened guidance for capability planning and partnerships.
We will continue to respond to system insights, adverse events and incidents of harm, identifying system-wide themes and implementing targeted actions that support system learning and prevent recurrence.	• Identified system-wide themes from sentinel event reviews and implemented targeted actions through the development of thematic guidance and clinical practice points such as pulmonary embolism and testicular torsion. • Shared system-wide insights in the *Sentinel Event Annual Report 2024–25*.

Safety through strengthening governance – summary of outcomes

Supporting leaders

2025–26 goals	Outcomes
We will deliver an enhanced Foundations of Clinical Governance for Boards and Executives program, featuring revised learning objectives, flexible delivery (including online) and tailored scenarios. A train-the-trainer package will also be explored for broader rollout within Local Health Service Networks.	• Delivered 20 sessions throughout the financial year, with 291 participants attending. • Explored a train-the-trainer package, but it was not feasible to implement. Further work is required to ensure the appropriate supports, capability and quality assurance mechanisms are in place.
We will pilot and launch the *Clinical Governance Maturity Matrix*, an organisational self-assessment tool, that helps health services identify clinical governance strengths and gaps to guide continuous clinical governance improvement planning and monitoring.	• Tested the *Clinical Governance Maturity Matrix* with 5 diverse health services from September to November 2025, before sector launch on 10 December 2025.
We will support health services to implement insights from 5 Victorian birth suites incorporated into the *Victorian Safety Culture Guide*.	• Supported capability uplift by working alongside 5 Victorian birth suites to test and apply safety culture principles in practice, through providing clinical coaching and structured learning sessions, with learnings to inform future iterations of the *Victorian Safety Culture Guide*.

Quality and safety capability (internal)

2025–26 goals	Outcomes
We will continue to build internal capability in quality and safety (including through partnerships) via targeted learning labs, subject matter expert coaching, advisory support to SCV teams and access to tools and resources.	• Delivered 5 Learning Labs, established the SCV Capability Learning Site as a centralised resource for frameworks, tools and guidance. Progressed a strategy to build foundational capability aligned with the *Victorian Quality and Safety Capability Framework* and *Victorian Clinical Governance Framework*.

Strategic priority 3: Safety through proactive monitoring

Safety through proactive monitoring

Our data capturing systems give us the capacity to monitor safety risks in real time. We use clinical intelligence to provide meaningful interpretation to notice trends and risks. Improved data sharing allows Victorian health services the ability to benchmark and enable timely intervention to prevent patient harm.



Safety through proactive monitoring – summary of outcomes

System and processes	
2025–26 goals	**Outcomes**
We will enhance the centralised perinatal and maternal data system to ensure high-quality, compliant and reliable data.	• Centralised perinatal and maternal data into an enhanced data system, transitioning from annual Consolidated Perinatal Data releases to near real-time updates. Improved data quality, compliance, and transparency, ensuring more reliable and accessible data to support reporting, monitoring and decision-making.
We will strengthen data architecture for scalability and integration across reporting and analytics.	• Strengthened data architecture by implementing a dimensional data model and centralised measure tables. This enabled scalable, consistent integration across reporting and analytics, and improved efficiency and data consistency. It also supported more streamlined dashboard and reporting development.
We will enable secure, timely and user-friendly data access.	• Established databases on the department's Azure platform, ensuring secure and well governed data storage. • Enabled user access through dashboards and data cubes, with access controls aligned to data custodianship, thus improving data availability and supporting efficient reporting and informed decision-making.
We will improve efficiency through automating routine reporting and submissions such as those to the Australian Institute of Health and Welfare (AIHW), Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM)'s *Mothers, babies and children report* and the *Victorian perinatal services performance indicators report*.	• Streamlined routine reporting by implementing automated calculation processes using Structured Query Language (SQL)-based measures. Enabled near automatic generation of CCOPMM reports where indicators remain unchanged, improving efficiency, reducing manual effort and ensuring consistent and timely submission of key public reports.
We will provide advanced analytics and visualisations to reveal key insights into care quality, complication rates and readmission trends.	• Developed advanced analytics and visualisations, including dashboards and a risk-adjusted perinatal mortality model, enabling more accurate comparison of outcomes and deeper insights into care quality, complication rates and readmission trends, to support data-driven decision-making.
We will empower informed decision-making with clear, data-driven recommendations that support strategic planning, effective governance and ongoing quality improvement.	• Delivered CCOPMM report, Process Safety Performance Indicators dashboard and Perinatal Data Cube to provide clear, data-driven insights, supporting informed decision-making, strengthening governance, as well as enabling strategic planning and continuous quality improvement across perinatal services.

Safety through proactive monitoring – summary of outcomes

Safety signals, insights and performance management	
2025–26 goals	**Outcomes**
We will act as a sub-domain lead in the department's Performance Management Framework (PMF), overseeing key quality and safety measures, SoP measures and additional non-SoP measures.	• Acted as a sub-domain lead within the SCV PMF to establish the SCV PMF Procedure in alignment with the department's requirements, strengthening oversight of quality and safety measures (both SoP and non-SoP) to support robust performance monitoring and reporting compliance.
We will analyse quality and safety indicators from multiple data sources such as the Program Report for Integrated Service Monitoring (PRISM), hospital-acquired complications (HACs), sentinel events and clinical registries to identify trends, issues and inform improvement efforts.	• Analysed quality and safety indicators across PRISM, HACs and sentinel events, utilising quantitative and qualitative data, identifying trends and issues and conducting epidemiological analysis. • Developed and secured approval for 2 new shadow PRISM measures.
We will undertake desktop data reviews of specific health services to assess quality and safety performance in response to identified concerns.	• Evaluated desktop data using the department's Performance Monitor and PRISM reporting, analysing qualitative and quantitative data to assess health service quality and safety performance, identify issues of concern and inform evidence-based monitoring and follow-up actions.
We will implement cloud-based workflows for National Hand Hygiene Initiative (NHHI) data submissions and automate data review and report processes.	• Implemented cloud-based workflows by storing NHHI data in Azure SQL within the department's environment, thereby automating data extraction and processing, as well as improving efficiency, reliability and timeliness of data submissions and reporting processes.
We will support the sector in implementing new PRISM measures related to sentinel events and SDC.	• Developed 6 new shadow PRISM measures, now approved for publication as shadow metrics for 2026–27. These metrics will provide greater insight into Sentinel Event review processes and health service implementation of the SDC Framework.
We will work with Victorian Healthcare Associated Infection Surveillance (VICNISS) System and clinical registries to embed system monitoring into SCV reporting frameworks.	• Partnered with VICNISS and clinical registries by regularly reviewing indicators, incorporating feedback into the SCV performance cycle and proposing appropriate targets through the Department Performance Statement, ensuring system monitoring is embedded within reporting frameworks and aligned with continuous quality improvement.
We will start planning to enhance our capacity to monitor system data.	• Initiated planning to enhance system data monitoring by developing a new Subject Matter Expertise (SME) template, improving data transparency and enabling structured SME input into the performance cycle, to support more effective monitoring and decision-making.
We will lead an internal SCV performance review and monitoring process based on evidence-based research, focusing on PRISM and SoP measures.	• Led internal SCV performance review and monitoring processes, analysing both quantitative and qualitative information to assess PRISM and SoP measures, thereby supporting evidence-based insights, performance oversight and continuous quality improvement.

Safety through proactive monitoring – summary of outcomes

Statutory bodies	
2025–26 goals	**Outcomes**
We will develop a content management system dashboard to support the anaesthetic and surgical subcommittees for the Victorian Perioperative Consultative Council (VPCC) by providing data evidence for preventable harm.	• Developed content management system dashboards to support VPCC anaesthetic and surgical subcommittees. Established dashboards to provide data-driven insights, highlight key themes, and strengthen the identification and monitoring of potential preventable harm.
We will develop a VPCC communication strategy to improve the communication of VPCC with the health sector, including a quarterly VPCC newsletter to share clinical practice points and recommendations with the sector.	• Redeveloped VPCC website as accessible, central repository for outputs, including new clinical practice points, annual reports and key resources. The redeveloped website improves visibility, transparency and accessibility to evidence-informed clinician and service guidance, strengthening communication and supporting continuous improvement in perioperative care.
We will consolidate the CCOPMM data completeness process to improve the timeliness of data availability.	• Strengthened the CCOPMM data completeness process to enhance the timeliness and quality of data availability. Appointed a perinatal epidemiologist, with team members implementing streamlined processes, thereby improving efficiency, reducing manual effort and enabling more accurate and timely reporting.
We will evaluate the CCOPMM Senior Clinical Adviser case review process to determine if the current model supports the purposes to determine preventable harm.	• Progressed evaluation of the CCOPMM Senior Clinical Adviser case review process to assess its effectiveness in identifying preventable harm. • Explored artificial intelligence use and supported advisers to identify key themes and undertake deep dives into health system issues.

Strategic priority 4: Safety through effective intervention

Safety through effective intervention

By co-creating a continuously improving healthcare system, we can drive system-level change to prevent and reduce the impact of harm.



Safety through effective intervention – summary of outcomes

Safer Care for Kids

2025–26 goals	Outcomes
We will evaluate the Victorian Children's Tool for Observation and Response (ViCTOR) chart pilot and launch an awareness campaign and resources to support its effective use.	• Evaluated the ViCTOR chart pilot, achieving a 30% reduction in deterioration-related incidents and improved compliance from 74% to 99%, in participating sites. • Delivered a statewide awareness campaign and resources to accelerate consistent uptake and support effective implementation across services.
We will support the statewide rollout of the updated ViCTOR chart across the sector, including features like parent/carer concerns, escalation steps and auditing.	• Accelerated statewide rollout of the refined ViCTOR chart through an awareness campaign and targeted implementation, supported by Local Health Service Networks, enabling health services to meet the 30 June 2026 target.
We will promote formal escalation pathways to ensure children with moderate illness are referred to paediatric specialists via the Victorian Virtual Emergency Department (VVED) and Paediatric Infant Perinatal Emergency Retrieval (PIPER).	• Closed the recommendation for a 24/7 paediatric consultation pathway with objectives met through VVED and PIPER. Existing services are continuing to provide ongoing access to specialist expertise, supporting timely escalation and coordinated paediatric care.

Medication projects

2025–26 goals	Outcomes
We will support the transition of the Community Pharmacist Statewide Pilot into an ongoing program by providing clinical, safety and quality advice and lead protocol development for new health and wellbeing services that will be added to the program.	• Assisted in the transition of the Community Pharmacist Statewide Pilot into an ongoing statewide program, by providing clinical, safety and quality advice, including the development and updating of clinical protocols.
We will publish and promote the *Analgesic Stewardship Toolkit* (AGS Toolkit), co-developed by Alfred Health, to help health services implement or enhance analgesic stewardship programs, based on outcomes from the 2022 pilot.	• Developed an AGS Toolkit with Alfred Health. The toolkit provides resources to support Victorian health services to establish or progress their own AGS programs. It was published in June 2025 and promoted through various platforms and stakeholder groups.

Safety through effective intervention – summary of outcomes

Acting on safety

2025–26 goals	Outcomes
We will review and refine reporting of adverse events under category 11 of sentinel events in Victoria.	• Commenced project planning and scoping of recommended actions arising from the *Learning from Maternity, Neonatal and Paediatric Harm report*, to improve reporting criteria and to provide increased clarity for health services when reporting sentinel events.
We will provide robust and timely responses to complex quality and safety issues across Victorian health services, including quality and safety reviews led by the Chief Quality and Safety Officer.	• Commissioned one new health service review in 2025–26 to address complex quality and safety issues, enabling an immediate response to emerging risks, also entrenching the role of SCV Chief Quality and Safety Officer in leading and improving safety outcomes.
We will provide clinical guidance to inform, support and, when appropriate, lead the coordination of statewide responses to clinical risks, including Therapeutic Goods Administration (TGA) issued medical device and medicine recalls.	• Represented Victoria on national TGA Device Shortages Working Group and TGA Mandatory Reporting of Medical Device Adverse Events Steering Committee providing input on the reporting of device-related incidents and device shortages that may impact patient safety and clinical care.
We will deliver clear recommendations from quality and safety reviews and actively monitor the progress of recommendations.	• Supported 6 health services to track progress on recommendations from reviews. Three health services completed performance monitoring, and one new health service commenced performance monitoring. As of 30 June 2026, SCV continues to monitor implementation of recommendations from 3 reviews.
We will, in collaboration with health services, implement changes to strengthen the notification and review of sentinel events.	• Published the *Sentinel Events Annual Report 2024–25*. • Partnered with health services to contribute to the *Victorian Quality and Safety Capability Framework*, thereby strengthening risk identification, analysis, mitigation, and learning to support safer care and prevent avoidable harm.

Addressing deterioration and harm

2025–26 goals	Outcomes
We will, by June 2026, pilot the *Victorian Safety Culture Guide* across 5 birth suites with an aim to improve safety culture, in alignment with the Victorian Public Sector Commission (VPSC) People Matter Survey.	• Partnered with 5 maternity services to pilot initiatives that foster a positive safety culture in birth suites. The work aligned with People Matter Survey domains and aimed to reduce avoidable harm, improve outcomes for women and babies and enhance staff experience.
We will partner with Women's Healthcare Australasia (WHA) and the Institute of Healthcare Improvement (IHI) in the second phase of the National Preterm Birth Prevention Collaborative to safely reduce preterm and early term births in 4 Victorian services, by 30 June 2026.	• Partnered with WHA and IHI to deliver phase 2 of the National Preterm Birth Collaborative, supporting 4 Victorian services to safely reduce preterm and early term births, advancing a First Nations pillar and delivering trauma-informed care training to 105 participants.

Safety through effective intervention – summary of outcomes

Addressing deterioration and harm

2025–26 goals	Outcomes
We will continue embedding system-wide quality and sustainability in Victoria's healthcare system through the Safer Together Program, supporting networks to proactively address systemic issues to deliver impact across 4 priority outcome areas: **Reducing avoidable harm** **Victorian sepsis program:** **– We will partner with 33 health services to reduce patient harm and length of stay from sepsis by at least 10% in participating hospitals.** **– We will partner with the Victorian Paediatric Clinical Network to enable testing of a paediatric sepsis recognition tool.**	• Collaborated with over 33 health services to strengthen sepsis recognition and response, achieving a one-day reduction in length of stay. Early process measure improvements indicate more reliable and timely care. • Progressed paediatric tool testing and developed a maternal sepsis pathway.
Enhancing stroke care: **– We will collaborate with 17 health services and Ambulance Victoria to reduce median times for key national hyperacute stroke care targets by December 2025. Insights generated through this partnership will guide the broader rollout of best practices, reinforcing Victoria's leadership in achieving national stroke care benchmarks.**	• Improved stroke care across 17 health services through the Stroke Collaborative: – 82% reduced median door-to-needle times – 47% met 60-minute target (up from 5 sites prior to January 2025) – 71% reduced median door-in, door-out time – all reduced median door-to-puncture time for primary presenters.
Improving care for older people at risk of delirium (ICORD): We will partner with 36 health services to reduce hospital-acquired delirium in older people by 20%.	• Delivered over 280 Plan-Do-Study-Acts (PDSAs), resulting in sustained improvements in screening and monitoring of hospital-acquired delirium across 37 health services, with some sites also reducing overall length of stay. Building on this success, the next phase will focus on improving detection and strengthening management.
We will publish and disseminate a proven change package to Victorian health services to support reducing peripheral intravascular line infections and associated complications.	• Prepared the evaluation findings and change package for publication. Early insights demonstrated improved decision-making on insertion and more consistent review and timely removal, reducing unnecessary cannulation and strengthening safer, more reliable line care across health services.
Reducing avoidable admissions **Improving childhood asthma management (ICAM): We will continue to partner with 4 acute health services, 2 community health programs and the VVED to improve asthma care for children in Melbourne's north and west by December 2025. We will develop and implement plans for scaling, spreading and sustaining successful interventions in 2026.**	• Delivered improved asthma care across 7 sites through the ICAM partnership. This included optimised medication for 651 children and links to community programs for 131 families. Education rates increased from 39% to 84%, and 51% of children had follow-up appointments booked.

Safety through effective intervention – summary of outcomes

Addressing deterioration and harm	
2025–26 goals	**Outcomes**
Chronic obstructive pulmonary disease (COPD) improvement: We will apply lessons from the COPD collaborative, which worked with 10 acute health services to improve care to patients living with COPD and to test a statewide virtual pulmonary rehab pilot.	• Identified persistent pulmonary rehabilitation access barriers, informing a virtual home-based pulmonary rehabilitation pilot. Initial results of first patient who completed the program show activation increased from Level 2 to 4, improving patient confidence to self-manage and stay well at home.
We will expand Future Health Today's decision-support tools to 40 general practice sites in the Western Health catchment to proactively manage chronic kidney disease and diabetes.	• Expanded Future Health Today to nearly 40 general practices while keeping the program on track. Early evaluation showed improved use of digital decision support and stronger partnerships. It also identified key system barriers to guide future scaling and long-term sustainability.
We will continue using the Patient Activation Measure (PAM) tool in 12 services (acute and community) to better support patients living with chronic conditions through addressing self-management challenges by December 2025.	• Increased patient activation through the PAM pilot, with 836 patients improving their scores across all activation levels. Tailored care supported behaviour change and quality-of-life improvements. These approaches will be built into the Assisted Self-Management pilot to support personalised care planning.
We will develop and implement a new initiative focused on delivering better outcomes for those living with chronic conditions (for example, diabetes).	• Launched Assisted Self-Management pilot across 5 sites, testing a proactive, value-based model for chronic conditions. Early progress includes co-designed, digitally enabled and personalised care pathways and supported self-management, with strong potential to improve patient outcomes and reduce avoidable hospital admissions.
Safer use of medicines **Safer Medicines at Transition of Care Collaborative: We will partner with 18 health services to reduce 30-day unplanned readmissions from participating wards by 30% by empowering patients with better medicines management for a safer transition home by 30 June 2026.**	• Improved medicines safety from hospital to home across 18 Victorian health services through the Safer Medicines at Transitions of Care Collaborative. While 30-day readmissions have not yet reduced, improvements in reconciliation, pharmacist involvement, counselling and discharge communication strengthened patient safety processes.
We will prevent venous thromboembolism and support anticoagulation management: partner with 25 health services to reduce venous thromboembolisms by 20% in perioperative patients and improve safe use of anticoagulants through improved prescribing in medical patients by 30 June 2026.	• Improved venous thromboembolism (VTE) prevention and anticoagulation safety management in partnership with 25 health services. Demonstrated measurable improvements in VTE prophylaxis, timely risk assessments, discharge planning and consumer-centred education.
Antibiotic prescribing excellence in primary care: We will continue to partner with the University of Melbourne to test an antimicrobial stewardship program in 31 general practice clinics.	• Engaged with the University of Melbourne to deliver the antimicrobial stewardship program across 31 general practices. The program's delivery achieved a 4.9% improvement in antibiotic prescribing concordance with evidence-based guidelines.

Safety through effective intervention – summary of outcomes

Addressing deterioration and harm

2025–26 goals	Outcomes
Check Again Network: We will continue to partner with more than 25% of public health services to implement penicillin allergy assessment and de-labelling programs, advancing safer, more effective antibiotic use and improving patient outcomes through shared commitment and action by June 2026.	• Partnered with over 35% of public health services to implement low-risk penicillin allergy assessment and de-labelling programs, improving safer antibiotic selection and patient outcomes, through evidence-based treatment. Objectives largely achieved, and initiative transitioned to Austin Health for ongoing sector leadership.
Value-based healthcare **We will reduce length of stay in at least 12 health services, for selected perioperative procedures, to the state median or below, by July 2026.**	• Optimised discharge for targeted procedures, reducing median length of stay for total knee replacement from 4 to 3 days, and length of stay variation across participating services, of which two-thirds now meet or exceed state benchmarks for total hip and knee replacements.
We will collaborate with Climate Health Victoria and 11 health services to reduce more than 20 different low-value diagnostic pathology, imaging and interventions by 30% in participating Victorian public emergency departments by June 2026.	• Prevented 177,294 unnecessary diagnostic tests and avoided 39 tonnes of carbon dioxide equivalent (CO_2e) emissions across 11 health services through the Sustainable and Quality Use of Diagnostics in Emergency Departments (SQuDs-ED) project. Improvements supported more deliberate clinical decision-making and better consumer outcomes.

Learning together to better respond

2025–26 goals	Outcomes
We will publish findings from the *Healthcare Complaints Analysis Tool* pilot. The pilot demonstrated its feasibility and value in analysing complaints data. **We will recommend health services consider adopting the theming taxonomy to enhance the way complaints data is used in quality and safety improvement.**	• Paused during the SCV redesign and will be reprioritised for 2026–27.

Victoria's Clinical Chiefs

Victoria's Clinical Chiefs

Victoria's Clinical Chiefs provide expert, discipline-specific clinical advice, leadership, strategic direction and response on complex quality, safety and professional practice matters. As of February 2026, the Clinical Chiefs, along with their supporting teams, became part of the department.

Expert advice, strategic direction and response

The Clinical Chiefs lead, direct and respond to emerging health system, clinical and professional practice risks.

In 2025–26, they:

- led health service system safety reviews
- led Victorian and national responses to medicine and device shortages
- responded to sentinel events and patient complaints
- advised on capability frameworks for hospitals and health services
- co-led development of Victoria's alcohol and other drugs strategy with the department.

Clinical and professional workforce leadership

The Chiefs champion workforce sustainability, wellbeing and quality of care through targeted clinical workforce development and professional practice initiatives.

In 2025–26, they:

- led Victoria's Clinical Professional Councils and advisory groups
- led the Paramedicine Council and the Combined Council
- advised on professional issues affecting health services.

Influence, improvement and reform

The Chiefs influence, lead and contribute to statewide clinical policy development, models of care and legislative and reform activities that deliver the right care, at the right time, in the right place. They deliver key improvement activities through collaboration and partnership with the health sector.

In 2025–26, they:

- published the Respectful Maternity and Newborn Care Framework
- promoted the Analgesic Stewardship Toolkit
- led whole-of-health Safewards initiatives
- published numerous guidance and best-practice items
- launched the statewide Ligature and Anchor Point Audit Assessment tool
- supported the review of the Opioid Dependence Treatment Program.

Innovation, partnership and engagement

The Chiefs enhance health system excellence and innovation through research, education and strategic speaking engagements. They provide a critical and trusted link between the health sector, the department, industrial partners, professional bodies, other jurisdictions and internationally.

In 2025–26, they collaborated with local, interjurisdictional and international colleagues and workforce groups.

Safety improvement stories

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A legacy beyond the numbers

When SCV launched the 100,000 Lives program in 2021, the goal was ambitious: improve the care and outcomes of 100,000 Victorians through safer, more effective and more person-centred healthcare.

Five years later, the program has exceeded that ambition, improving over 160,000 lives across Victoria.

Yet the most important impact cannot be counted.

It can be seen in the parent whose concerns helped identify deterioration in their child earlier. It can be seen in the woman whose care team recognised a serious complication sooner. It can be seen in the person who received more consistent, evidence-based care because successful approaches were tested, shared and adopted across different health services.

The 100,000 Lives program brought together health services, consumers, carers, clinicians, researchers and system partners to tackle some of healthcare's most persistent challenges. Nineteen improvement initiatives addressed priorities including maternity and newborn care, stroke treatment, medication safety, paediatric deterioration, chronic disease management and reducing unwarranted variation in care.

At its heart, the program was about partnership. People with lived experience helped shape priorities and solutions. Health services and Local Health Service Networks worked together to share learning, challenge assumptions and adapt proven approaches to local settings. This collective effort helped ensure more Victorians received safer, higher-quality care, regardless of where they lived or accessed services.

The impact extended well beyond the original target. Improvements in safety and quality became embedded in everyday practice. New relationships were formed across disciplines, organisations and regions. Successful approaches were refined and adapted, creating opportunities for learning to spread across the health system. Most importantly, people received better care.

The program also demonstrated what can be achieved when diverse expertise is brought together around a shared purpose. Across Victoria, individuals and organisations contributed their knowledge, experience and commitment to improving healthcare. This resulted in measurable improvements, stronger connections and deeper collaboration. It also led to a richer understanding of how to improve complex health systems and the capability needed to deliver this.

This achievement would not have been possible without the dedication of the many people and organisations involved. SCV extends its sincere thanks to participating health services, Local Health Service Networks, consumers and carers, clinicians, researchers, partner organisations and staff who contributed their time, expertise and leadership throughout the program.

As the program concludes, its legacy continues through Safer Together, Victoria's Learning Health System. The partnerships, knowledge and improvement capability developed through 100,000 Lives provide a foundation for our ongoing collective effort to improve safety, quality and equity across Victoria's health system.

Over 160,000 lives were improved through the 100,000 Lives program. Its lasting achievement is not only the number of people it reached, but the stronger foundation it created for improving care across Victoria.

Delivering high-quality care sustainably

Background

Since April 2025, the Sustainable and Quality use of Diagnostics in Emergency Departments (SQuDs-ED) program has partnered with 11 health services across 19 emergency departments in metropolitan and regional Victoria to reduce unnecessary diagnostic testing.

Healthcare contributes to an estimated 5–7% of Australia's greenhouse gas emissions, with imaging and pathology tests representing a significant share. When not clinically indicated, these tests may expose consumers to unnecessary interventions and radiation.

SQuDs-ED is Victoria's first statewide quality improvement initiative to quantify and address the environmental impact of improving diagnostic practices, while strengthening safe, evidence-based care in emergency departments.

Approach

The SQuDs-ED supported local project leads and clinical sustainability leads at each participating site to test and implement targeted improvement initiatives within their emergency departments.

This work was enabled through:

- sustainability training delivered in partnership with the University of Melbourne's Sustainable Healthcare team
- improvement science coaching and data reporting
- monthly communities of practice to support shared learning, collaboration and spread.

Participating sites used local data to identify priority imaging and pathology tests, and co-design improvement initiatives with clinicians and consumers. This approach strengthens clinical ownership, builds capability in improvement methods, and supports sustainable change in practice.

Outcomes

To date, SQuDs-ED has supported measurable improvements in safety, quality and system performance, including:

- **reducing unnecessary harm to consumers** – reducing unnecessary imaging decreases exposure to radiation, while fewer cannulations lowers risks associated with interventions
- **avoiding over 177,000 unnecessary procedures and tests** – reducing time spent on unnecessary testing supports clinicians to focus on higher-value care and may contribute to improved patient flow
- **delivering environmental and financial value** – this prevented an estimated 39,097 kg CO_2e and realised approximately $3.55 million[1] in cost savings
- **strengthening evidence-based clinical decision-making and practice** – embedding decision-support tools within ordering workflows supports more appropriate testing.

Data and insights from participating sites are contributing to the first Victorian system-level dataset on emergency department diagnostic testing. This establishes a foundation for more consistent and informed diagnostic stewardship across the state. The initial 11 health services will continue to implement SQuDs-ED. The program will expand to additional sites in 2027.

'[SQuDs-ED has created] a noticeable shift toward more deliberate clinical decision-making and discussion, particularly among junior staff, around why tests are ordered and how results will influence management. This supports learning, professional development and a stronger culture of evidence-based practice.'

– health service clinical lead

1. Savings are estimated as the cumulative cost avoided from implementing the SQUDs-ED project across all health services. This is calculated as the difference between forecast and actual test volumes, multiplied by the unit cost per test, using 100% of the Medicare Benefit Scheme fee as a proxy for test cost. This figure does not yet include additional savings considerations such as clinical nursing hours as data was not yet available as of 30 June 2026.

Safer Care for Kids: From pilot to statewide safer care for children

Background

A delay in recognising when a child is clinically deteriorating is a known safety risk. Early signs can be subtle. Families and carers often notice changes first, but their concerns are not always recognised in clinical care. This can lead to delayed escalation, treatment and avoidable harm.

The Safer Care for Kids Victorian Children's Tool for Observation and Response (ViCTOR) chart pilot addressed this gap by embedding a simple, consistent question into routine care: 'Are you worried your child is getting worse?'

This prompt was incorporated into the ViCTOR chart. This ensures clinicians ask the question whenever they record observations. It also means they actively include families to help recognise deterioration.

Completed in July 2025, the pilot demonstrated that this simple change improves both clinical decision-making and patient safety. Families were asked about concerns more than 31,000 times across over 5,600 charts, embedding this practice into everyday care. Where concerns were raised, clinical management changed in around half of cases, supporting earlier recognition and response to deterioration.

The pilot also strengthened clinical practice at scale. Use of the correct observation charts improved from 74% to 99%, while incidents related to deterioration reduced by around 30%, with severe incidents nearly halving. Only 1.7% of families reported concern when asked, confirming the approach is targeted, practical and sustainable.

Approach to scale and spread

Based on the pilot results, SCV supported the sector with this priority initiative to make earlier recognition of paediatric deterioration a consistent part of care.

A targeted implementation and awareness campaign helped health services implement the refined ViCTOR chart and routinely ask families, 'Are you worried your child is getting worse?'. SCV also provided resources, tools and guidance for health services that were developed during the pilot phase.

In partnership with Local Health Service Networks, SCV used a readiness assessment tool to identify services that need targeted support. The tool supported rapid identification of variation and gaps across the state. This prioritised efforts and tailored implementation support to local context. Working in partnership with the Local Health Service Networks, this approach allowed for consultation and engagement at scale. It ensured all health services caring for children consistently adopted the initiative by 30 June 2026.

This coordinated, data-informed partnership approach showed how a proven improvement initiative can be scaled and implemented safely, effectively and successfully across the state.

Outcome

Embedding a single question and asking families and carers if they are concerned is transforming how paediatric deterioration is recognised and escalated.

This work strengthens partnership with families and carers, supports earlier clinical intervention, and is reducing preventable harm for children across Victoria.

All health services delivering paediatric care are now using the refined ViCTOR chart, ensuring a consistent, safer approach to recognising and responding to deterioration in children.

> *'Being asked if I was worried made such a difference. I felt like my voice mattered, and when I said something wasn't right, the team listened and acted.'*
>
> – parent of a child receiving care

Workplace profile

Workplace profile on 30 June 2026

Workplace profile on 30 June 2026

	All employees		Ongoing			Fixed term or casual	
	Headcount	FTE	Full time	Part time	FTE	Headcount	FTE
Gender							
Male	27	23.3	17	0	17.0	10	6.3
Female	114	106.2	73	16	85.0	25	21.2
Uncoded (non-binary and undisclosed)	0	0.0	0	0	0.0	0	0.0
Total employees	**141**	**129.5**	**90**	**16**	**102.0**	**35**	**27.5**
Classification							
VPS2	0	0.0	0	0	0.0	0	0.0
VPS3	1	1.0	1	0	1.0	0	0.0
VPS4	29	27.7	21	5	24.7	3	3.0
VPS5	64	61.7	47	8	52.9	9	8.8
VPS6	28	27.3	20	3	22.4	5	4.9
Senior Tech Services	1	1.0	1	0	1.0	0	0.0
Senior Medical Advisor	9	1.8	0	0	0.0	9	1.8
Executive	9	9.0	0	0	0.0	9	9.0
Age							
<24	0	0.0	0	0	0.0	0	0.0
25-34	32	31.1	22	4	25.1	6	6.0
35-44	59	56.9	40	7	45.2	12	11.7
45-54	33	29.4	20	3	22.2	10	7.2
55-64	14	11.0	8	2	9.5	4	1.5
65+	3	1.1	0	0	0.0	3	1.1

As of 30 June 2026. Please note, these figures are approximate.
The data above does not capture vacant FTE.

Reports and publications

Reports and publications

Reports

100,000 Lives program: impact report 2024–25
<https://www.safercare.vic.gov.au/publications/100000-lives-impact-report-2024-25>, November 2025.

Consultative Council on Obstetric and Paediatric Mortality and Morbidity annual report 2024
<https://www.safercare.vic.gov.au/publications/ccopmm-2024-annual-report>, November 2025.

Safer Care Victoria annual report 2024–25
<https://www.safercare.vic.gov.au/about-us/plans-and-reports/annual-report-2024-25>, November 2025.

Sentinel events annual report 2023–24
<https://www.safercare.vic.gov.au/publications/sentinel-events-annual-report-2023-2024>, June 2025.

Victorian Maternity Taskforce report 2025
<https://www.safercare.vic.gov.au/publications/victorian-maternity-taskforce-report>, October 2025.

Victorian perinatal services performance indicators report 2022
<https://www.safercare.vic.gov.au/publications/victorian-perinatal-services-performance-indicators-report-2022>, June 2025.

Victorian Perioperative Consultative Council annual report 2023
<https://www.safercare.vic.gov.au/publications/victorian-perioperative-consultative-council-annual-report-2023>, June 2025.

Publications

Cidade JP, Taccone FS, Reyes LF, Merson L, Lefevre B, Citarella BW, Fatoni AZ, Póvoa P and ISARIC Characterization Group (2026) Immune dysregulation through longitudinal lymphocyte trajectories and their clinical determinants in hospitalized COVID-19 patients, *Intensive Care Medicine Experimental*, 14(1):14, doi:10.1186/s40635-026-00864-x.

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Solly E, O'Reilly GM, Flemming-Judge E, Clay FJ, Johnston A, Parker SJ and Craig S (2026) Building a dataset for emergency care by identifying consumer-informed quality indicators: an analysis of focus group discussions, *Emergency Medicine Australasia*, 38(1):e70215.

Timms-McLean L, Nguyen H, Thomas S, Browning C, Young A, Chamberlain D and Rintoul A (2026) A systematic review of the prevalence of ADHD and autism among those experiencing gambling harm, *Addictive Behaviors*, 182:108776, doi:10.1016/j.addbeh.2026.108776.

Underhill C, Woollett A, Buzza M, Freeman J, Evans W, McBurnie J, Harris S, Burbury K, Shackleton K, Brown L, Neil S and Long D (2025) Implementing teletrials to improve equity of access for regional patients with cancer: report from the Victorian Teletrial Collaborative, *Asia-Pacific Journal of Clinical Oncology*, e14209, doi:10.1111/ajco.14209.

Safer Care Victoria