

Policy Directive



Australian Health Service Safety and Quality Accreditation Scheme in NSW Health facilities

Summary This Policy Directive outlines the roles and responsibilities of NSW Health in relation to implementation, monitoring and reporting of accreditation arrangements and outcomes in NSW under the Australian Health Service Safety and Quality Accreditation Scheme.

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Distributed to Ministry of Health, Public Health System, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service

Audience All Staff and Executives of Public Health Organisations;Directors Clinical Governance;Chief Executives of LHDs

Secretary, NSW Health

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.



NSW Health

POLICY DIRECTIVE

Australian Health Service Safety and Quality Accreditation Scheme in NSW Health facilities

POLICY STATEMENT

All public health services in NSW are required to comply with the requirements of the Australian Health Service Safety and Quality Accreditation Scheme (the Scheme).

To become accredited, health services are required to be assessed against the relevant National Safety and Quality Standards (the Standards) by an approved accrediting agency.

SUMMARY OF POLICY REQUIREMENTS

The NSW Ministry of Health (Ministry) has overall responsibility in NSW for public health facilities. The Ministry is responsible for overseeing all public health services meet the requirements of the Australian Health Service Safety and Quality Accreditation Scheme.

While private facilities must engage with the Scheme and the Standards, NSW private facilities are out of scope for this policy directive.

The Clinical Excellence Commission (CEC) has the delegated responsibility for activities associated with monitoring and supporting effective implementation of the Scheme across NSW Health.

The CEC represents NSW on the Australian Commission on Safety and Quality in Health Care Regulators Working Group. The CEC, in collaboration with the Ministry, provides annual data to the Department of Veteran Affairs about relevant NSW public health organisations' compliance with the requirements of the Scheme.

The Ministry incorporates relevant accreditation outcomes from the Scheme as part of the NSW Health Performance Framework. The Ministry co-ordinates advice for the NSW Health Secretary and Minister for Health in relation to the Scheme.

Local Health Districts and Speciality Health Networks (LHDs/ SHNs) are responsible and accountable for complying with the requirements of the Scheme.

LHDs/ SHNs are required to report accreditation risks and where relevant, action plans to the Regulator via the CEC. This includes immediate escalation of significant risks to the Regulator, and any recommendations that may impact service delivery, or with system wide implications. Health services will include the annual attestation statement required under the Scheme, in the annual Safety and Quality Account submission.

LHDs/ SHNs are to report to the CEC any factors that may affect onsite assessment, including requests to change accreditation expiry dates or assessment schedules.

Where a mandatory repeat assessment is required, the LHD/ SHN is to submit an action plan to the CEC and notify them of the outcome of the mandatory repeat assessment.



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Where accreditation is withdrawn following repeat mandatory assessment, the LHD/ SHN must work with the Ministry to comply with regulatory requirements for unaccredited health facilities.

REVISION HISTORY

Version	Approved By	Amendment Notes
PD2023_011 May-2023	Deputy Secretary, System Sustainability and Performance Division	New policy directive
IB2014_008 February-2014	Director General	New Information Bulletin



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1. BACKGROUND

All public health services in NSW must comply with the requirements of the Australian Health Service Safety and Quality Accreditation Scheme (the Scheme)^[1].

Compliance with the Scheme for relevant public health services, requires accreditation to the following mandatory and optional (by agreement with the accrediting agency), safety and quality standards, collectively known as the Standards:

- [National Safety and Quality Health Service \(NSQHS\) Standards](#) (current version)
- [National Safety and Quality Digital Mental Health \(NSQDMH\) Standards](#) (optional)
- [National Safety and Quality Primary and Community Health \(PCH\) Standards](#) (optional)
- Any other set of agreed safety and quality standards under the Scheme, that may be developed by the Australian Commission on Safety and Quality in Health Care from time to time.

To become accredited, Health services must be assessed against the agreed safety and quality standards, by an approved accrediting body.

The Clinical Excellence Commission (CEC) is the primary contact for accreditation matters in NSW Health facilities and represent NSW on the Australian Commission on Safety and Quality in Health Care Regulators Working Group.

1.1. About this document

This Policy Directive outlines the roles and responsibilities of NSW Health in relation to implementation, monitoring and reporting of accreditation arrangements and outcomes in NSW under the Scheme.

While private facilities must engage with the Scheme and the Standards, private facilities are out of scope for this Policy Directive^[2].

Other accreditation schemes beyond the Australian Health Service Safety and Quality Accreditation Scheme are out of scope for this Policy Directive.

1.2. Key definitions

Accrediting agency	The external body approved by the Australian Commission on Safety and Quality in Health Care to assess Local Health Districts and Specialty Health Networks to the Standards.
Attestation Statement	Attesting is a formal process, where the health service Board and Chief Executive confirm compliance to the Standards ^[4] .



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Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme	The national scheme provides the national coordination and processes for accreditation of health service ^[1,3] .
Health services	A Local Health District or a statutory health corporation, NSW Ambulance, HealthShare NSW, NSW Health Pathology, eHealth NSW, Health Protection NSW, Cancer Institute, and affiliated health organisations.
Mandatory repeat assessment	An onsite reassessment is required when the health service organisation meets the threshold of actions 'not met' or 'met with recommendation'. At this reassessment all not met actions from the initial assessment and all actions rated met with recommendations will be reassessed ^[5] .
Significant risk	The Australian Commission on Safety and Quality in Health Care defines significant risk as any risk sufficiently serious to warrant an immediate response to reduce the risks to patients. This may include interventions or changes to systems, the clinical care service environment, or clinical practice ^[6] .

1.3. Legal and Legislative framework

1.3.1. National Health Reform Agreement and Act

The National Health Reform Agreement and *National Health Reform Amendment (Administrator and National Health Funding Body) Act 2012* (Commonwealth) set out the shared intention of the Commonwealth, state and territory governments to work in partnership to improve health outcomes for all Australians and ensure the sustainability of the Australian health system^[7,8].

The Scheme provides the framework and Standards for NSW to meet their obligations under the National Health Reform Agreement^[8].

2. ROLES AND RESPONSIBILITIES

2.1. Local Health Districts and Specialty Health Networks

Local Health Districts and Specialty Health Networks (LHDs/ SHNs) are responsible and accountable for ensuring that accreditation for their health facilities is undertaken through an approved accrediting agency, in accordance with the Australian Health Service Safety and Quality Accreditation Scheme (the Scheme).



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LHDs/ SHNs are responsible for their health facilities engaging an accrediting agency, planning accreditation cycles, allocating resources and implementing strategies and initiatives that will ensure the health service meets the requirements of the Standards.

2.2. Ministry of Health

The Ministry of Health has responsibility for:

- receiving urgent advice from the Clinical Excellence Commission (CEC) on 'significant patient risk' identified during an accreditation assessment process and endorsing the actions required to fully address the issues.
- oversight and co-ordination of issues of public interest associated with accreditation across the public health system.
- co-ordinating briefings and advice to the Secretary, NSW Health and Minister for Health in relation to the Scheme or individual issues concerning accreditation in the public health system.
- policy formulation and harmonisation between private health care regulation and the Scheme, and liaison with the Australian Commission on Safety and Quality in Health Care on these matters.
- providing the CEC with advice on procurement, legal, governance and other matters to support its operational function in relation to accreditation in the public health system.
- providing input into policy being developed related to accreditation in NSW Health.
- incorporating the monitoring of any LHD/ SHN remediation and improvement activities required by the Scheme as part of the NSW Health Performance Framework.
- informing the CEC where they become aware that the LHD/ SHN is unlikely to achieve or maintain accreditation, or 'Significant patient safety risk' is identified during the course of an accreditation assessment.

Note: the outcome of national accreditation assessment, including 'significant patient risks', will be one of the factors informing the Ministry of Health in arriving at the performance level under the [NSW Health Performance Framework](#).

2.3. Clinical Excellence Commission

The CEC is to liaise with the LHD/ SHN Director of Clinical Governance as the primary point of contact for implementation of the accreditation scheme.

The CEC has delegated responsibility for the following activities associated with monitoring and supporting effective implementation of the Scheme across NSW Health:

- Development and co-ordination of NSW Health policy related to accreditation.
- Reviewing and monitoring of accreditation outcomes and identifies themes arising which may have broader system implications.
- Identification, oversight and management of implementation issues arising in LHDs/ SHNs which have broader system implications.



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- Provision of expert advice to the Ministry of Health and LHDs/ SHNs on accreditation issues or matters that may arise.
- Informing the Deputy Secretary System Sustainability and Performance where the CEC becomes aware that the LHD/ SHN is unlikely to achieve or maintain accreditation, or 'Significant patient safety risk' is identified during the course of an accreditation assessment.
- Representing NSW as the jurisdictional representative for the Australian Commission on Safety and Quality in Health Care Regulators Working Group.

3. REPORTING REQUIREMENTS

3.1. Accreditation arrangements

Local Health Districts/ Specialty Health Networks (LHDs/ SHNs) are to advise the Clinical Excellence Commission (CEC) via CEC-GovernanceandAssurance@health.nsw.gov.au of the following:

- When requesting changes to the accrediting agency, or to accreditation expiry dates and assessment schedules.
- Any significant factors that may affect onsite assessment.

3.2. Annual Attestation

Health services are required to submit an annual attestation statement to their accrediting agency. This must also be included in the Health service annual Safety and Quality Account submitted to the Ministry of Health.

3.3. Escalation of risks

LHDs/ SHNs must immediately escalate to the CEC the following:

- Significant clinical or corporate risks identified during assessment that may impact on accreditation status.
- The health facility becomes aware during accreditation assessment that it is unlikely to achieve or maintain accreditation, or where a mandatory repeat assessment may be required.
- Accreditation was not awarded at the time of final report and must include the actions 'not met' and 'met with recommendation'. The LHD/ SHN will provide details of the planned remediation or improvement activities required to achieve accreditation.

Any adverse clinical incidents, serious patient or health service risks which come to the attention of the health facility during onsite assessment via a Reportable Incident Brief. This is to be sent to the Ministry of Health within 24 hours in accordance with the NSW Health Policy Directive *Incident Management* ([PD2020_047](#)).



3.4. Assessment Outcomes

Health services must provide the final report to the CEC if requested.

3.4.1. Mandatory repeat assessments

Health facilities meeting the threshold for mandatory repeat assessment will submit an action plan to the CEC outlining the planned strategies to meet the requirements at repeat assessment. More information can be found at the Australian Commission on Safety and Quality in Health Care website [Fact Sheet 3: Repeat assessment of health service organisations](#).

Health facilities undergoing mandatory repeat assessment must notify the CEC of the outcome of the repeat assessment immediately.

Where accreditation is withdrawn following repeat mandatory assessment, the LHD/ SHN must work with NSW Health to comply with regulatory requirements for unaccredited health facilities.

3.4.2. Reporting to the Department of Veteran Affairs

There is a funding agreement between the NSW Ministry of Health and the Department of Veterans' Affairs (DVA). Under the agreement, NSW is required to provide annual data to DVA on relevant NSW public health organisations' compliance with the requirements of the Scheme. The CEC provides this data to the Ministry of Health.

4. FURTHER INFORMATION

- Australian Commission on Safety and Quality in Health Care: [AS18/01: Advice on not applicable actions](#).
- Clinical Excellence Commission: [National Safety and Quality Health Service Standards](#).
- Australian Commission on Safety and Quality in Health Care: [Resources for the NSQHS Standards](#).

5. REFERENCES

1. Australian Commission on Safety and Quality in Health Care. (2019), *Australian Health Service Safety and Quality Accreditation Scheme* <https://www.safetyandquality.gov.au/our-work/accreditation/australian-health-service-safety-and-quality-accreditation-scheme>
2. NSW Health. (2021). *Licensing of private health facilities*. NSW Government. <https://www.health.nsw.gov.au/Hospitals/privatehealth/Pages/licensing-of-private-health-facilities.aspx>
3. Australian Commission on Safety and Quality in Health Care. (2019). *Flow chart of an assessment to NSQHS Standards*.



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https://www.safetyandquality.gov.au/sites/default/files/2019-06/flowchart_of_an_assessment_to_nsqhs_standards_second_edition.pdf

4. Australian Commission on Safety and Quality in Health Care. (2020). *Fact Sheet 7: Governing body attestation statement*.
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/fact-sheet-7-governing-body-attestation-statement>
5. Australian Commission on Safety and Quality in Health Care. (2020). *Fact Sheet 3: Repeat assessment of health service organisations*.
https://www.safetyandquality.gov.au/sites/default/files/2020-06/ahssqa_scheme_fact_sheet_3_repeat_assessment_of_health_service_organisations_june_2020.pdf
6. Australian Commission on Safety and Quality in Health Care. (2018) Advisory: Notification of significant risk (AS18/09).
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/as1809-notification-significant-risk>
7. *National Health Reform Amendment (Administrator and National Health Funding Body) Act 2012* (Commonwealth) <https://www.legislation.gov.au/Details/C2011A00109>
8. Department of Health and Aged Care. (2020). *2020–25 National Health Reform Agreement*. Australian Government. <https://www.health.gov.au/our-work/2020-25-national-health-reform-agreement-nhra>