



# National Safety and Quality Standards Accreditation Policy

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## 1. Purpose

This policy sets the requirements for health service providers (HSPs) to achieve and maintain mandatory accreditation to national safety and quality standards (the Standards) as required by the [Australian Health Service Safety and Quality Accreditation Scheme \(the AHSSQA Scheme\)](#). This policy also supports the System Manager safety and quality agenda to improve the safety and quality assurance functions and seek opportunities for better utilisation of accreditation data.

The *National Health Reform Act 2011* establishes the Australian Commission on Safety and Quality in Health Care (the Commission) which is responsible for formulating the Standards relating to health care safety and quality matters. This includes formulating and coordinating the AHSSQA Scheme which provides for the national coordination of accreditation processes.

Hospitals must be accredited to the [National Safety and Quality Health Service Standards \(NSQHS Standards\)](#). The Commission also develops other Standards under the AHSSQA Scheme that may be more applicable to some services provided by HSPs.

The AHSSQA Scheme defines the roles of:

- the Commission to develop and maintain the Standards and approve accrediting agencies to perform accreditation assessments.
- the state and territory governments to regulate health service organisations mandatory accreditation against these Standards for each jurisdiction; and
- health service organisations to implement the actions required to meet the Standards.

The Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations. The primary aim of these Standards is to protect the public from harm and improve the quality of healthcare. The Standards provide a quality assurance mechanism that test whether relevant systems are in place to ensure expected standards of safety and quality are met.

The Department of Health Licensing and Accreditation Regulatory Unit (LARU) is the state regulator responsible for regulating accreditation of all public and private hospitals, private day hospitals (Class A) and public dental services as per the AHSSQA Scheme in Western Australia.

This policy is a mandatory requirement under the *Clinical Governance, Safety and Quality Policy Framework* pursuant to section 26(2)(d) of the Health Services Act 2016.

## 2. Applicability

This policy is applicable to the following HSPs that deliver services as part of a public hospital, public mental health service, public health service and public dental health service:

- Child and Adolescent Health Service
- East Metropolitan Health Service
- North Metropolitan Health Service
- South Metropolitan Health Service
- WA Country Health Service.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or HSP. The State of Western Australia or HSP contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

## 3. Policy Requirements

HSPs must:

- achieve and maintain accreditation to the Standards under the AHSSQA Scheme in accordance with the [National Safety and Quality Standards Accreditation Procedure](#) (the procedure).

## 4. Compliance Monitoring

LARU, on behalf of the System Manager, will monitor compliance with the requirements of this policy and the procedure through analysis of assessment data and HSP adherence to timeframes for submission of accreditation information.

The System Manger may initiate the regulatory response process set out in sections 5.2 and 5.3 of the procedure in the event HSPs fail to comply with this policy and the procedure.

LARU will provide a report to the System Manager annually or as required on:

- compliance with this policy and the procedure
- outcomes of accreditation assessments
- instances of non-compliance with the Standards.

## 5. Related Documents

The following documents are mandatory pursuant to this policy:

- [National Safety and Quality Standards Accreditation Procedure](#)
- [LARU Public Health Service Facility Accreditation 2023 Registration Form](#)
- [Timeframes for submission of accreditation information and reporting to LARU](#)

## 6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this Policy:

- [Australian Commission on Safety and Quality in Health Care Fact sheet 17: Short notice accreditation assessment](#)
- [National Safety and Quality Health Service Standards Guide to Interim Accreditation](#)
- [LARU website](#)

## 7. Definitions

The following definition(s) are relevant to this Policy.

Term	Definition
Accrediting agency	An organisation approved by the Australian Commission on Safety and Quality in Health Care to assess health service organisations against AHSSQA Scheme Standards.
Contracted Health Entity	A non-government entity that provides health services to Western Australians under a contract or agreement with the Department of Health, a health service provider or the Minister for Health.
Health Service Organisation	Is a term used by the Australian Commission on Safety and Quality in Health Care to describe public and private healthcare facilities.
Health Service Provider	As defined in section 6 of the <i>Health Services Act 2016</i> , means a health service provider established by an order made under section 32(1)(b) of the <i>Health Services Act 2016</i> .
System Manager	The <i>Health Services Act 2016</i> established the Department of Health, led by the Director General, as the System Manager responsible for the overall management and strategic direction of the WA health system.

## 8. Policy Contact

Enquiries relating to this Policy may be directed to:

Title: Principal Consultant, Licensing and Accreditation Regulatory Unit

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## 9. Document Control

Version	Published date	Effective from	Review date	Amendment(s)
MP 0134/20	6 May 2020	6 May 2020	May 2023	Original version
MP 0134/20 v.1.0	4 July 2023	1 July 2023	July 2026	Policy review and amendments as listed below.
<ul style="list-style-type: none"> <li>• Insertion of information on the updated National and Safety Quality Standards in the Purpose section.</li> <li>• Updated contracted health entities statement.</li> <li>• Insertion of updated information on short notice accreditation within the Policy Requirements section.</li> <li>• Updated and refined the Compliance Monitoring section.</li> <li>• Inclusion of related document: National Safety and Quality Standards Accreditation Procedure to capture operational requirements previously in policy requirements.</li> <li>• Updated related document title and information to 'Timeframes for submission of accreditation information and reporting to LARU'.</li> <li>• Removed related document: 'LARU Accreditation Authorisation and or Reporting Schedule' as old version.</li> <li>• Inclusion of additional supporting information.</li> <li>• Removal of definitions not required.</li> </ul>				

## 10. Approval

<b>Approval by</b>	Nicole O'Keefe, Assistant Director General, Strategy and Governance Division, Department of Health
<b>Approval date</b>	5 May 2020

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