Australian Commission on Safety and Quality in Health Care

NSQHS Standards

Aboriginal and Torres Strait Islander Requirements Summary

NSQHS Standards (third edition) consultation

The initial draft of the National Safety and Quality Health Service (NSQHS) Standards (third edition) has been released for consultation. This document outlines the Aboriginal and Torres Strait Islander specific requirements in the third edition and can be read alongside the draft.

Overview

The NSQHS Standards are reviewed periodically to ensure they are fit for purpose and responsive to the health system. Following the first public consultation in 2025, the initial draft of the NSQHS Standards (third edition) has been developed to address emerging risks and issues in health care, reflecting the foundations needed for patients to receive high-quality care now and into the future.

The Commission's related work on cultural safety

In parallel with the development of the third edition of the NSQHS standards, the Commission is coordinating a First Nations-led project to analyse evidence on standards for cultural safety (including associated measures and indicators) to inform recommendations for national standards for cultural safety for hospitals.

The first stage of this project is currently underway and is focused on building the evidence and consulting with key stakeholders. The findings from this project and lessons from the co-design processes will be combined with feedback from the public consultation on NSQHS Standards, to help shape the requirements for the next draft of the third edition.

Consultation feedback

The feedback from the first public consultation demonstrated strong support for Aboriginal and Torres Strait Islander leadership and partnership across the health system. Participants emphasised the importance of Aboriginal and Torres Strait Islander leadership in governance as a key enabler of culturally safe, responsive and effective care.

Feedback highlighted opportunities to strengthen partnerships between Aboriginal and Torres Strait Islander peoples and health services, supporting self-determination, shared decision-making and greater community influence over the design and delivery of care.

Participants reinforced the importance of creating health systems that are free from racism and discrimination, recognising that inclusive and respectful environments are fundamental to improving access, experiences and outcomes.

There was strong support for embedding cultural safety as a core responsibility of the health system alongside clinical care, supported by clear accountability, trust building approaches and organisation wide commitment.

Feedback emphasised the value of care that is clinically appropriate and responsive to Aboriginal and Torres Strait Islander peoples' identities, cultures and languages. Participants highlighted the importance of supporting wellbeing, dignity, and connections to family, community and Country as integral elements of quality care.

Consultation participants also identified opportunities to further strengthen the Aboriginal and Torres Strait Islander health workforce through enhanced support, wellbeing initiatives, recognition, and expanded leadership and career development pathways.

Overall, feedback showed strong support for coordinated system-level action to Close the Gap, with a focus on measuring progress and improving health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.

Draft NSQHS Standards (third edition)

The third edition of the NSQHS Standards aims to equip health services to adapt to an ever-changing healthcare landscape by embedding continuous learning and improvement in everyday organisational culture. The NSQHS Standards (third edition):

- respond to known system pressures and gaps
- prioritise how patients experience care
- measure care outcomes
- move towards building a culture across the whole organisation to support the consistent delivery of high-quality care.

There is a need for an integrated whole-of-system approach that recognises everyone has a role to play in delivering high-quality care. The eight Standards in the second edition have been streamlined into three Standards in the draft third edition. They are designed to strengthen the link between clinical governance, workforce capability and patient outcomes, so there is a single system for safety and quality.

The initial draft consists of the following Standards.

Clinical Governance Standard - outlines the responsibilities of the board, executive and leaders for fostering an organisational culture and environment where everyone in the health service works together in delivering care that is consistently high-quality and improving.

Person-Centred Practice Standard - outlines the systems that support clinicians to provide high-quality care, so that patients receive care that is person-centred, safe, effective, accessible and integrated.

Safe Clinical Systems Standard - outlines the high-priority systems, policies and processes that keep people safe, prevent avoidable harm and support high-quality and sustainable care.

Aboriginal and Torres Strait Islander requirements

The NSQHS Standards are applied by health services. Seven of the requirements in the draft third edition relate to cultural safety and meeting the specific needs of Aboriginal and Torres Strait Islander peoples, health professionals and communities. These requirements have been woven throughout the Standards to embed cultural safety into everyday systems and processes within health services. A summary of the requirements is provided in **Table 1**, so you can see them back-to-back and assess their suitability.

Table 1 – Aboriginal and Torres Strait Islander specific requirements in the initial draft of the NSQHS Standards (third edition)

Page	Key area	Purpose	Requirements
1 – Clinical Governance Standard			
12	Leading systems and organisational culture	The board is accountable for high-quality care	**1.01:** The board governs organisational systems that: e. embed Closing the Gap Priority Reforms into governance systems
13	Leading systems and organisational culture	The board, executive and leaders are accountable for working with Aboriginal and Torres Strait Islander leaders to deliver cultural governance and systemic reform	**1.05:** The board, executive and leaders work in formal partnership with Aboriginal and Torres Strait Islander leaders to establish accountability for: a. embedding a robust cultural governance framework including actively recruiting and effectively supporting Aboriginal and Torres Strait Islander leadership at all governance levels b. undertaking system and business model reform to mitigate practices that limit Aboriginal and Torres Strait Islander peoples'

Page	Key area	Purpose	Requirements
			empowerment, shared decision making, co-design, and high-quality care c. recognising Aboriginal and Torres Strait Islander peoples' ways of knowing, being and doing as valid methodologies and integrating Aboriginal and Torres Strait Islander cultural knowledges as foundational to high quality care d. implementing evaluation mechanisms, designed and led by Aboriginal and Torres Strait Islander peoples, that demonstrate monitoring and evaluation to ensure systemic change
16	Partnering with consumers	Partnerships with Aboriginal and Torres Strait Islander peoples and communities shape health care	**1.11:** The board, executive and leaders have organisational systems to: a. build respectful and reciprocal partnerships with Aboriginal and Torres Strait Islander peoples, organisations and community-controlled healthcare organisations b. co-design, share power and authority with Aboriginal and Torres Strait Islander peoples and community members to ensure their voices shape planning, design, delivery and evaluation of care c. use Aboriginal and Torres Strait Islander research methodologies, where appropriate, and establish and support mechanisms, developed in partnership with Aboriginal and Torres Strait Islander peoples, to enable their involvement in the planning, delivery and evaluation of clinical research, including the use of flexible and decentralised research delivery

Page	Key area	Purpose	Requirements
			models to improve accessibility, participation and equity.
18	Building a health workforce culture	The health service is culturally safe for the Aboriginal and Torres Strait Islander workforce	**1.16**: The executive and leaders have organisational systems in place to: a. enable the Aboriginal and Torres Strait Islander workforce to actively lead and meaningfully influence leadership decisions at all levels of the organisation b. effectively support strategies to enable the Aboriginal and Torres Strait Islander workforce's wellbeing c. eliminate bias, discrimination and racism in workforce recruitment and training programs, including in orientation, supervision and performance review
24	Using data for better care	The right data are collected and used to assess and improve healthcare quality	**1.29:** The board, executive and leaders have organisational systems to review and use clinical quality and risk data that: a. recognise Aboriginal and Torres Strait Islander peoples and communities' right to own and govern the creation, collection, access, analysis, interpretation, management, dissemination and reuse of Aboriginal and Torres Strait Islander data b. collaborate with Aboriginal and Torres Strait Islander peoples and communities to interpret, respond to and act on data in culturally appropriate and safe ways
2 – Patient-centred Practice Standard			

Page	Key area	Purpose	Requirements
32	Care environment	Practice is inclusive and culturally respectful	**2.10**: The clinical and non-clinical workforce: a. work in partnership with Aboriginal and Torres Strait Islander peoples to support culturally safe care and environments
3 – Safe Clinical Systems Standard			
43	Safe environments	Care environments are safe, culturally welcoming and therapeutic	**3.01:** The health service maximises the provision of high-quality care: a. by formally partnering with local Aboriginal and Torres Strait Islander peoples and communities to co-design, implement and evaluate welcoming and culturally safe environments
45	Patient identification	Aboriginal and Torres Strait Islander patients are respectfully identified and connected to culturally appropriate care	**3.03:** The workforce: a. understands the importance of appropriately identifying Aboriginal and Torres Strait Islander patients and related care needs b. applies culturally safe practices when identifying Aboriginal and Torres Strait Islander patients by i. routinely asking all patients using a standard identification question ii. asking the question in a respectful, non-judgmental way iii. explaining in a respectful, culturally appropriate, non-judgemental manner, when asked, the purpose of the question iv. ensuring privacy when asking the question v. respecting that some patients may not wish to answer the question c. uses the patient's identification as an Aboriginal and Torres

Page	Key area	Purpose	Requirements
			Strait Islander person to trigger culturally safe and appropriate models of care, to inform clinical decision-making and to support improved patient experiences, care and outcomes

The Commission recognises that culturally safe and responsive health care is critical to improving equitable access and outcomes for patients, their family, carers and communities.

Have Your Say

The initial draft of the third edition of the NSQHS Standards has now been released for public consultation. The consultation is open from **20 July to midnight, 2 October 2026**.

You can participate by:

- making a written submission
- completing a consumer or health professional survey
- taking part in a forum.

Your feedback is critical in shaping the third edition of the Standards and the future of health care in Australia.

For more information

Visit the Engagement Hub or contact the Safety and Quality Advice Centre.