Australian Commission on Safety and Quality in Health Care

NSQHS Standards

The Rationale for Change

NSQHS Standards (third edition) consultation

The Australian Commission on Safety and Quality in Health Care released the initial draft of the National Safety and Quality Health Service (NSQHS) Standards (third edition) for public consultation in July 2026.

This document outlines the rationale for changing the structure and emphasis of the NSQHS Standards to support the delivery of high-quality care across Australia.

This overview includes feedback received during the first consultation process, an introduction to the new structure and intent of the third edition, and further information about foundational elements underpinning the NSQHS Standards.

How to have your say

The initial draft of the third edition of the NSQHS Standards has now been released for public consultation.

The Commission welcomes feedback from boards, executives, leadership teams, clinical leaders, clinical and non-clinical staff, patients, families, carers, communities, government agencies and peak bodies. The consultation is open from **20 July to midnight, 25 September 2026**.

You can participate by:

- making a consumer or health sector 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.

Introduction

The Australian Commission on Safety and Quality in Health Care (the Commission) leads and coordinates national improvements in the safety and quality of health care to achieve better care, everywhere. The NSQHS Standards are central to this work, providing a quality assurance mechanism that tests whether expected standards of safety and quality are met in every hospital and day procedure service in Australia.

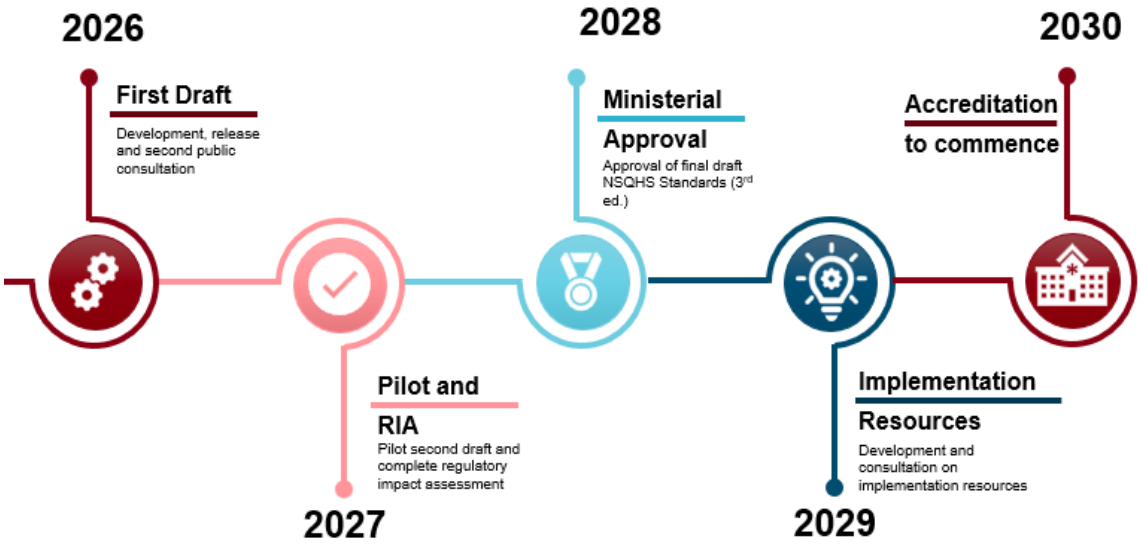
Developing a new edition of the NSQHS Standards involves a thorough and consultative process, underpinned by ongoing engagement with stakeholders from across the health system in Australia.

Timeline

The third edition is scheduled for release in 2028, followed by a period of transition before assessments against the new Standards begin in 2030. An overview of the timeline is provided in **Figure 1**.

There will be ongoing opportunities to provide feedback throughout the development of the Standards, accreditation scheme and supporting resources.

Figure 1 – Timeline for the development of the NSQHS Standards (third edition)



Building on the second edition

Health services are currently accredited to the second edition of the NSQHS Standards, which have been in place since 2017. Since that time, health services across Australia have embedded the Standards into everyday practice by building clinical governance systems, partnering with consumers and strengthening the safety of routine care.

Considerable resources, time and dedication have gone into implementing the current NSQHS Standards (second edition). During this time, the health system has seen marked

improvements in the safety and quality of patient care (see **Box 1**). The third edition of the Standards aims to build upon that work and the processes and systems established.

Box 1 – Achievements observed since the implementation of the second edition

The Commission's national safety and quality programs, with the NSQHS Standards at their centre, have contributed to substantial and measurable improvements in Australian health care, including:

- approximately 370,000 episodes of patient harm avoided
- a fall in rates of hospital-acquired complications by 32% from 2016–17 to 2023–24
- a 35% decrease in delirium HAC rates
- a 32% decrease in healthcare associated infections
- a 63% reduction in medicine-related complications
- a 10% reduction in repeat colonoscopies
- reduced wastage and overall reduced issue of blood products.[1]

Developing the Third Edition

The first public consultation

The Commission recognises that the Australian health system has changed significantly since the second edition of the Standards was developed. Extensive public consultation was carried out between July and September 2025 to gather views on the challenges faced and how the Standards need to evolve. Through that process, the Commission collated, analysed and reviewed a large volume of feedback including:

- **193 written submissions** received from a mix of organisations, health professionals and community members.
- **1,046 survey responses** received through the health sector and consumer surveys.
- **107 information forums and focus groups** held in person and online to generate discussion on the direction of the Standards.

What you told us

Feedback showed that stakeholders broadly recognised the NSQHS Standards as a solid and credible foundation for safety and quality. There was strong support for retaining the core intent and role of the Standards.

The key themes and issues that emerged from the feedback included:

- models of care have evolved a lot in the last 10 years
- the demand for health care and the complexity of cases have increased
- workforce pressures have intensified, particularly since COVID-19
- inequities in access and outcomes persist

- challenges such as cybersecurity and climate-related events have increased in significance
- major national reviews and reforms have raised expectations for governance, accountability and person-centred care.

Stakeholders provided clear expectations for the third edition to:

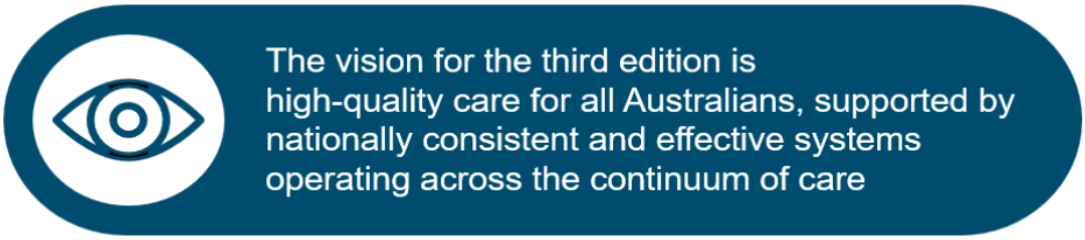
- strengthen clinical governance
- support workforce wellbeing and culture
- reduce duplication and administrative burden
- address emerging risks, including digital health, artificial intelligence, environmental sustainability and climate resilience
- strengthen consumer partnership and cultural safety
- strengthen the elimination of racism and all forms of discrimination
- move beyond a narrow compliance focus towards prioritising patient outcomes and quality improvement.

> The first public consultation focused on the issues and challenges facing the health system and its workforce. This second consultation in 2026 seeks feedback on whether the initial draft third edition will support health services and the workforce to meet these challenges going forward.

What is proposed in the 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 Commission acknowledges this is a significant shift in focus and evolution of the NSQHS Standards. The draft Standards follow global accreditation trends, moving organisations from a compliance to an outcomes and learning focus, with the intent of enabling high-quality health care.

Vision



Purpose

The NSQHS Standards (third edition) seek to move beyond the minimum safety requirements so that health services can develop their systems and become high-functioning learning organisations, equipped for achieving the highest performance in health care.

Learning organisations in health care:

- evaluate performance by using data and real-world experiences from both patients and staff
- drive continuous improvement through an ongoing cycle of measuring, analysing, and acting on insights
- use measurement as a learning tool, focusing on understanding and growth rather than just meeting compliance requirements
- prioritise outcomes and experiences as the ultimate indicators of success.[2]

The third edition of the Standards:

- reflect a maturing focus from specifying clinical processes to prioritising how patients experience care, measuring outcomes of care and acting on this information to improve care when required
- move towards building the culture of the whole organisation to support the consistent delivery of high-quality care.

New structure and intent

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 (an overview of the intent of the Standards is provided in **Figure 2**).

Figure 2 – Overview of the Standards within the third edition

Each standard has a distinct role.

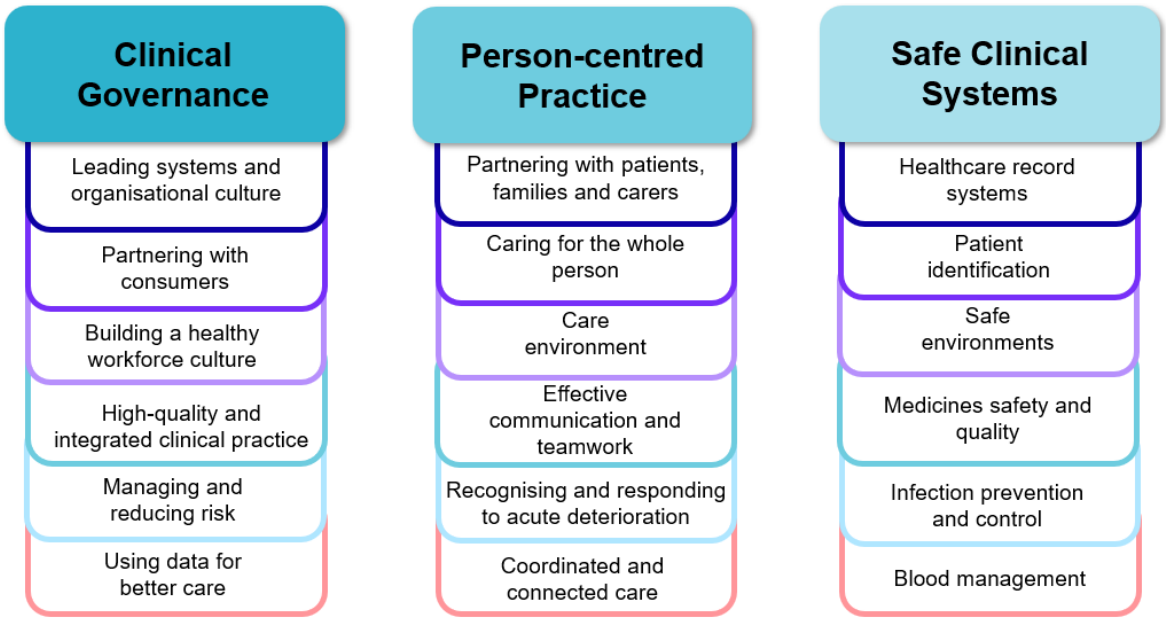
- **Clinical Governance Standard** outlines the responsibilities of the board, executive and leaders for fostering an organisational culture, systems and environment where everyone in the health service works together to deliver consistently high-quality and improving care.

- **Person-Centred Practice Standard** outlines the systems that support clinicians in providing high-quality care, so that patients receive care that is person-centred, safe, effective, accessible and integrated.
- **Safe Clinical Systems Standard** outlines the priority systems, policies and processes that keep people safe, prevent avoidable harm and support high-quality care.

Each standard contains key areas of focus, referred to as criteria in previous editions of the Standards. Each key area sets out the requirements that health services need to implement and evidence through accreditation. An overview of the key areas is provided in **Figure 3.**

A purpose statement has been included for each requirement to support health services in testing whether the actions they are taking to implement the Standard's requirements are effective in achieving the purpose.

Figure 3 – Key areas of focus within the third edition



The intent of the Standards is that the requirements established in the Clinical Governance Standard cascade through to the other two standards and reflect how organisational and cultural expectations permeate everyday decision-making and the delivery of care across the service.

> When implemented well, the Standards will support multidisciplinary care teams in managing risk, using data for improvement, and partnering with patients, families, carers and consumers at every step.

Defining high-quality care

In an evolving and complex healthcare environment, a shared understanding of high-quality care is needed to support a learning health system. Under the National Health Reform Agreement (NHRA), all Australian governments have agreed to establish a new health system performance framework, which contemporises and replaces the Australian Health Performance Framework. This requires a broader common definition of high-quality care to

provide a shared policy framework that supports governments, health system leaders and regulators in strengthening safety and quality across the Australian health system.

High-quality care consists of multiple interconnected domains: it is person-centred, safe, effective, accessible and integrated, provided in a way that is equitable, efficient and sustainable (see **Box 2**). Each domain focuses on an important aspect of health care needed to achieve high-quality care. Together, they describe how care should be delivered to achieve the best outcomes for individuals and populations.

The domains of high-quality care have informed the drafting of the third edition of the NSQHS Standards. Cultural safety, as determined by Aboriginal and Torres Strait Islander peoples, must be embedded in each domain of high-quality care to improve health outcomes for Aboriginal and Torres Strait Islander peoples.

Rather than being addressed as separate concepts, the domains are embedded throughout the requirements and are to be reflected by health services in how they lead, deliver and improve care. Together, the Standards provide a practical framework for achieving and continually improving high-quality care.

Box 2 – Domains of high-quality care[3]

People receive care that is:

- **Safe** – minimises risks of physical, psychological, psychosocial and cultural harms and factors that can contribute to actual or potential injury to the person receiving care
- **Effective** – evidence-based and results in outcomes that benefit the person receiving care
- **Person-centred** – respects the person receiving care, their family and carers, and responds to the person's preferences, needs and values
- **Accessible** – delivered at the right time and the right place
- **Integrated** – coordinated and continuous within and between all parts of the healthcare system and other care settings and throughout the person's healthcare journey.

In a way that is:

- **Efficient** – minimises cost and waste while achieving the best possible outcomes for people
- **Sustainable** – minimises environmental impact and reduces emissions while achieving the best possible outcomes for people
- **Equitable** – provides quality care to all people while responding to the needs of different groups to minimise differences in outcomes.

Quality Assessment Framework

The domains of high-quality care also provide a structured basis for developing and using quality assessment frameworks and indicators that reflect the complexity of care delivery and support balanced system measurement.

The development of a Quality Assessment Framework aligned to the domains will support the evolution of health system measurement, building on the importance of process measures to the development and use of outcome-focused measures and indicators.

To support the implementation of the third edition, a measurement framework will be developed to place greater emphasis on outcomes and enable clearer assessment of whether care is delivering the intended benefits for individuals and populations, with select process measures continuing to play a critical role in accountability, system learning and improvement.

The development of a Quality Assessment Framework will support a coordinated, systemwide approach to measurement and improvement by enabling the consistent identification of strengths, gaps and opportunities at national, state and territory levels, and be embedded in the revised Health System Performance Assessment Framework.[4]

Strengthening clinical governance

Effective clinical governance unites everyone in a health service to deliver high-quality care every day.

Clinical governance is central to providing the best possible outcomes for patients. It is the combination of organisational culture, systems and structures that enables everyone in a health service to deliver consistently high-quality care that continues to improve.

Effective clinical governance means that boards, executives, clinical leaders and the workforce are clearly accountable to patients and the community for providing high-quality care.[5]

The Commission recently released the National Model for Clinical Governance (national model). To support national consistency, the six foundations from national model form the structure of the Clinical Governance Standard in the third edition. The national model guides health services' approach to applying the NSQHS Standards in a meaningful way. By orienting every role and every system in the organisation to focus on high-quality care, and allocating resources to enable effective action, everyone in a health service can be confident that the Standards are being met every day, not just during accreditation assessments.

In developing the national model, the Commission reviewed the latest evidence and spoke with leaders and clinicians across Australia to understand how clinical governance is understood and applied, the gaps in capability and delivery, and what high-performing organisations do differently.

A targeted consultation was conducted between July and December 2025 to inform refinement of the national model. There was strong support for using the six foundations in the national model as the basis and structure of the Clinical Governance Standard in the third edition of the NSQHS Standards.

The Clinical Governance Standard in the third edition creates the conditions for high-quality care, underpinned by the national model's foundations of clinical governance.

Cultural safety

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families, carers and communities.

In health care, culturally safe practice is the ongoing critical reflection of knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

The Commission recognises that culturally safe and responsive health care is critical to improving equitable access and outcomes for Aboriginal and Torres Strait Islander peoples.

In the NSQHS Standards, cultural safety is applied in relation to Aboriginal and Torres Strait Islander peoples in recognition of their status as the First Peoples of Australia and the ongoing need to address the impacts of racism and inequity in healthcare.

The third edition of the NSQHS Standards seeks to:

- embed cultural safety into everyday systems and processes within health services
- re-orient healthcare delivery to focus on models, practices and approaches that respect and prioritise First Nations ways of knowing, being and doing.

The requirements relating to cultural safety and First Nations health have been informed by consultation with key Aboriginal and Torres Strait Islander stakeholders. They are designed to contribute to the elimination of bias, discrimination and racism, and the delivery of better health outcomes for First Nations peoples.

In parallel with the drafting 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 regarding national standards for cultural safety for hospitals.

The first stage of this project is underway and is focused on building the evidence and consulting with key stakeholders. The Commission has established a First Nations Health team to lead and drive the standards for Cultural Safety Review Project.

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.

> We encourage Aboriginal and Torres Strait Islander peoples to pay particular attention to the updates to the Standards which have been added to address racism and improve cultural safety. A summary of the new requirements has been created so people can see whether they are fit for purpose.

Integration and applicability

The health system is becoming more interconnected, with multiple frameworks spanning tertiary and specialist care, mental health, primary care, aged care, paediatrics, pathology and imaging. This broader ecosystem is driving the development of modules and approaches that better reflect the diversity of service delivery across Australia. Accreditation pathways allow services to follow assessment approaches aligned to their size, scope and context. This

benefits hospitals as well as community-based, smaller or digital-first providers that require tailored processes.

Existing modules, including those for clinical trials, aged care and ambulance services, demonstrate how accreditation is adapting to diverse service types and emerging models of care. These shifts reinforce that quality and safety cannot be addressed in organisational silos. System improvement and accreditation must recognise the interconnected nature of care delivery and support system-level collaboration and governance.

The NSQHS Standards are designed to be clear, scalable and able to be applied consistently across different health service contexts. Implementation and assessment of these Standards should be proportionate to the size, scope, complexity, clinical risk profile, service model and digital maturity of the health service.

> The Commission welcomes specific feedback on the proportionality and scalability of the requirements within the first draft across different settings and service types. This nuance and understanding of sector-specific differences in requirements will help shape the next draft of the Standards and will be key to developing implementation and supporting resources.

Supporting genuine partnership with consumers

Person-centred care is one of the domains of high-quality care, which respects the person receiving care, their family and carers, and responds to the person's preferences, needs and values.[2] It's an approach to the planning, provision and evaluation of health care that is founded on partnership between clinicians, patients, families and communities, where care is tailored to the needs of the person, based on their expressed beliefs, hopes and expectations.[6]

Person-centred practice has a broader lens, shifting the focus from what clinicians do, to how organisations enable and sustain such behaviours through practitioner capability, care environments, and organisational culture. It's a model for providing health services that focuses on the provision of person-centred care. It is achieved through building effective collaborative relationships between clinicians who facilitate evidence-informed shared decision-making with patients and consumers.[6]

In previous editions of the NSQHS Standards, a separate Partnering with Consumers Standard combined with the Clinical Governance Standard to establish the Clinical Governance Framework for the health service. For the third edition, the requirements and expectations for partnering with consumers have been deliberately woven throughout all the Standards.

This approach is designed to strengthen expectations of genuine partnership at every level of the organisation, including through stronger expectations that patient rights are embedded in care delivery and reflected in governance and improvement activity. Engaging patients ensures that learning efforts meet their needs and draw on their experiences in care delivery.

The requirements in the Person-Centred Practice Standard are designed to recognise that person-centred care is enabled through effective partnerships, communication, teamwork, supportive care environments and systems that support the consistent delivery of high-quality care.[7] Evidence indicates that embedding person-centred approaches leads to improved

health outcomes, including better physical and mental health, higher patient satisfaction, and more efficient use of healthcare resources.[8]

The third edition represents a shift in focus by requiring health services to show that care is delivered in ways that consistently respect rights and improve lived experience.

More than half of the requirements in the third edition explicitly reference involving and partnering with patients, families, carers, consumers and communities. To assist with providing feedback on these requirements, the Commission has prepared a Patient and Consumer Requirements Summary.

Digitally enabled care

Digitally enabled care is the appropriate application and integration of digital health tools and technologies in clinical settings to deliver, coordinate or enhance patient care.

Digitally enabled care is no longer a supplementary aspect of healthcare delivery. It is a core component of contemporary clinical care. Effective clinical governance requires oversight of the digital systems, tools, technologies, data and workflows to achieve high-quality patient outcomes.

Recognising this shift, the third edition integrates digitally enabled care requirements across the Clinical Governance, Person-Centred Practice and Safe Clinical Systems Standards. This approach is designed to strengthen governance, support safe and effective use of digital technologies, promote person-centred and equitable care, and ensure a nationally consistent approach to digitally enabled care across Australia.

There are 19 digitally enabled care requirements across the third edition. They were developed through an evidence-informed and highly consultative approach, recognising the growing influence of digital technologies on the safety and quality of healthcare. The first public consultation identified key issues relating to digital health, including artificial intelligence, cybersecurity, interoperability and emerging models of care.

The Commission's Digital Health team undertook additional targeted workshops on digitally enabled care in the third edition, involving more than 180 participants. Stakeholders included the Commission's Digitally Enabled Care Expert Advisory group (DECAC), national organisations, state and territory health services, digital health leaders and safety and quality experts.

Requirements for high-quality digitally enabled care are embedded throughout all the Standards in the third edition, reinforcing that quality and safety principles should apply consistently regardless of whether care is delivered face-to-face, virtually or through other digitally enabled models.

Virtual care

Virtual care is any interaction between a patient and clinician (or clinicians) that occurs remotely with the use of information technologies.

Virtual care has grown rapidly across all parts of the health system. While this has improved access for many Australians, the absence of nationally consistent safety and quality standards has created variability in how virtual care is governed, delivered and monitored.

Strengthening virtual care quality is one of the Commission's four priorities of high quality digitally enabled care.[9] As part of a broader program to strengthen the quality of virtual care, it was recently announced that the Commission will develop national standards for virtual care. The Commission will seek views from across the health system through a separate national consultation process to review and comment on draft standards for virtual care later this year.

The standards for virtual care will align with the third edition of the NSQHS Standards and are based on the National Model for Clinical Governance. They will be designed to complement rather than duplicate existing requirements, providing specific guidance on interactions between a patient and clinician, or between clinicians, that occur remotely using information technologies.

Clinical research

The National Clinical Trials Governance Framework (NCTGF) enables clinical trials to be delivered as part of routine care within health services. Embedding the principles of the NCTGF within the NSQHS Standards supports a proportionate, risk-based and participant-centred approach that is adaptable across diverse organisational contexts and promotes equity, cultural safety and the inclusion of Aboriginal and Torres Strait Islander peoples.

Clinical research has been included within the scope of the third edition of the NSQHS Standards to encompass all research conducted in clinical settings.

The integration of clinical research within the NSQHS Standards establishes research-enabled care as a routine component of healthcare delivery and governance. It responds to stakeholder expectations by elevating the profile of clinical research within organisational safety and quality systems, improving visibility at the leadership level and strengthening executive oversight and accountability.

Integrating clinical research within the NSQHS Standards represents a significant and strategic shift in Australia's healthcare system. It addresses stakeholder reported concerns around duplication, administrative burden, proportionality and scope creep.

Have we got it right?

The first consultation focused on the issues stakeholders were experiencing and the identification of how the NSQHS Standards need to evolve. The second consultation is an opportunity to review the initial draft of the third edition and share your specific feedback.

Consultation questions

The Commission is keen to hear your feedback on whether the draft Standards:

- reflect key safety and quality priorities
- could be strengthened to better support the delivery of high-quality care and improved health outcomes
- adequately support care delivery and coordination across services, settings and providers, or whether this area requires strengthening
- are easy to understand, free from duplication, and where they could be clearer or simpler
- help health services learn, reflect and improve over time, and whether this area requires strengthening
- reduce compliance burden while maintaining safety and quality, and what changes could further support this objective
- contain any requirements that may present challenges in terms of feasibility, applicability or assessability.

What happens next

Feedback from this consultation will inform the next draft of the NSQHS Standards, which will be piloted with health services ahead of finalisation. If your health service would like to take part in a pilot program of the second draft of the NSQHS Standards (third edition) in 2027, please get in touch with the third edition team.

Your feedback will help shape Standards that support high-quality care for all Australians.

For more information

Visit safetyandquality.gov.au/nsqhss-thirdedition or contact the Safety and Quality Advice Centre on **1800 304 056**.

References

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