Submission by the Australian Nursing and Midwifery Federation

Submission Title: Public Consultation NSQHS Standards (third edition)

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Australian Nursing & Midwifery Federation

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Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 345,000 nurses, midwives and care-workers across the country.

2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

5. The ANMF thanks the Australian Commission on Safety and Quality in Health Care for the opportunity to provide feedback on the public consultation overview – First consultation on National Safety Quality Health Service (NSQHS) Standards (third edition)

Overview

What existing and emerging safety and quality risks should the Commission be considering in the third edition?

6. The primary purpose of the NSQHS standards is to protect the public from harm and improve the quality of health service provision (ACSQHC, 2025a). The ANMF recommends that an existing safety and quality risk that the Commission should consider in the third edition relates to the delivery of culturally safe care. This aligns with the Commission's 2025-2030 Strategic Plan which states, "We prioritise leadership of Aboriginal and Torres Strait Islander peoples and communities to support culturally safe care" (ACSQHC, 2025b). As per the Closing the Gap report, healthcare access and outcomes for Aboriginal and Torres Strait Islander peoples continue to fall short. Key health indicators including healthy birth weights, life expectancy and child development show limited or worsening progress. We recommend that culturally safe care is embedded across all the standards in a similar way as Partnering with Consumers (Standard 2) has been embedded within all the NSQHS standards. Patient-reported outcome measures (PROMs) and Patient-reported experience measures (PREMs) could be developed, for example, to identify the extent to which culturally safe care is embedded across all standards, such as 'Communication at clinical handover' (Communicating for Safety Standard 6, ACSQHC [2021]).

7. The ANMF recommends that the Commission considers addressing and defining data security in digital health and establishing safeguards regarding the use of AI in healthcare during the development of the third edition of the standards. The ANMF would also recommend that the NSQHS Standards explicitly consider the safety of workers concurrently with the safety of patients, recognising that the two are deeply interconnected and mutually reinforcing. Despite this, worker safety is often treated as secondary, or less important. Worker safety (including cultural safety) is addressed inconsistently, deprioritised in risk management processes, and excluded from key safety governance frameworks.

8. The ANMF recommends that the Commission considers addressing the need to protect health workers' psychosocial safety in the third edition of the NSQHS standards. Psychosocial hazards can cause psychological harm and include factors related to job design, workplace culture and behaviours such as bullying, discrimination, harassment and violence (Safe Work Australia, 2022). Improving the quality of health service provision requires that health practitioners be appropriately supported within healthy and safe workplaces. Work Health and Safety laws and regulations require that persons conducting a business or undertaking must ensure, as far as reasonably practicable, that workers are not exposed to psychosocial hazards (Australian Government, 2024).

9. Healthcare workers in Australia have the largest number of serious injuries of any industry. Specifically, nurses and midwives positioned on the frontline routinely face significant physical and psychological hazards, including manual handling injuries, occupational violence, high workloads, exposure to infectious diseases and unsafe working environments. Therefore, the Commission must consider work health and safety in the third edition.

10. The ANMF is also concerned with key risks that have been identified with certain private hospitals and how information is shared between public and private facilities. Risk identification and safety information processes must be transparent. Feedback loops to ensure quality improvement projects can be developed and implemented to achieve better clinical outcomes are currently absent. Many private facilities have been identified as having inconsistent emergency and fire evacuation procedures with some lacking face to face training and routine evacuation drills.

11. The ANMF also suggest introducing standardised templates to assist health services with the implementation and embedding of new and emerging scopes of practice. The ANMF recommends improvements in specific data collection, which could be used to inform planning and future decision making to service development, including emergency workloads, models of care, access and demand and virtual care. This work should be incorporated into clinical governance frameworks, including policies, procedures, and

protocols to ensure they align with and enhance care delivery. We suggest that community settings are discretely included and embedded in the next version.

12. The ANMF suggests clearer integration of digital health practices within the NSQHS standards. There needs to be clearer integration of electronic medical records, telehealth, data security, and artificial intelligence governance. This will ensure that EMR supports clinical decision making, telehealth, when used, is safe and appropriate, and data exchange follows explicit pathways and reporting standards. The NSQHS standards should mandate strong cybersecurity, essential staff training and relevant systems that enhance patient safety, patient experience, and equity. Sustainability practices should also drive the responsible use of digital technologies. Care delays are commonly seen for patients moving between sectors (private, public, primary care, community, mental health, aged care) due to lack of digital patient record integration and accessibility.

13. The ANMF also recommends that the NSQHS Standards should explicitly recognise environmental determinants of health including threats under the Triple Planetary Crisis, inclusive of climate change, pollution, and biodiversity loss, as critical safety and quality risks. The ANMF recommends that climate change and sustainability are identified as stand-alone issues in the planned third edition.

14. The World Health Organization (WHO) sets its global priorities every six years through a General Programme of Work (GPW). In its latest plan (the Fourteenth General Programme of Work) (2025–2031), climate change has been made the top priority. Historically, WHO's top priorities have profiled issues such as universal health coverage, infectious disease outbreaks and strengthening health systems. By making the response to climate change its first strategic priority in the 14th GPW, the WHO has institutionalised it at the core of its mandate - sending a signal that all other work must now be interpreted through a climate lens (Romanello et al., 2024).

15. While substantial gains have been made across health indicators (OECD, 2023), these gains are now at risk of reversal as the world approaches critical warming thresholds. 2024 was the hottest year on record reaching an average of 1.55°C warming above the 1850-1990 baseline (World Meteorological Organization, 2025). Although this may represent a temporary anomaly, there is 70% chance that 5-year average warming for 2025-2029 will be more than 1.5 °C (World Meteorological Organization, 2025). Globally if we continue the path set by existing policies and actions, the world is on track to 2·7°C of heating by 2100 (Climate Action Tracker, 2024).

16. Such warming, even at 1.5°C, will have catastrophic implications for human health. Extreme heat in particular, is already having profound health impacts worldwide: in 2023 nearly half of global land experienced extreme drought, which contributed to record levels of food insecurity affecting 151 million people, while heat-related deaths in older adults have surged by 167% since the 1990s (Romanello et al., 2024). Extreme weather events, occurring with increasing frequency and intensity, risk destabilising the infrastructures and systems that underpin health and wellbeing (Lee et al., 2023).

17. Climate change is not a discrete environmental issue but is interconnected with what is now termed the Triple Planetary Crisis: climate change, biodiversity loss, and pollution (Passarelli, 2021). Collectively, these environmental threats are destabilising the ecological foundations on which global health depends. Nurses and midwives are already witnessing the effects of climate change, biodiversity loss, and pollution in the communities they serve (Richards et al., 2023). As such, the health community, including the International Council of Nurses (International Council of Nurses, 2025), have called for a Planetary Health response to the growing destabilisation of earth's ecosystems (Myers et al., 2025). Planetary health refers to "the health of human civilisation and the state of the natural systems on which it depends" (Myers et al., 2025). The review of the NSQHS offers a critical opportunity to embed planetary health within the standards to address the health safety and quality risks imposed by the Triple Planetary Crisis.

How can the third edition have a greater impact on driving high performance?

18. To have a greater impact on driving high performance, the ANMF recommends the following for the planned third edition. Broaden each standard to explicitly include community settings ensuring requirements are relevant beyond hospitals. Also, the incorporation of workplace culture, psychosocial health, and reflective practice into the Clinical Governance Standard to improve staff wellbeing and, in turn, patient safety.

19. The Commission identifies that one of its strategic priorities is an improvement-driven workforce culture, which includes fostering accountability, continuous learning and a readiness to speak up, act and improve (ACSQHC, 2025b). Given this priority and the complex context in which health services are delivered, we recommend that the Commission considers incorporating the 'Safety-II approach' when developing the third edition of the NSQHS standards, as outlined in the 'From Safety-I to Safety-II' White Paper (Hollnagel et al., 2015) and following research papers (Cossul et al., 2025; Verhagen et al., 2022).

20. The 'From Safety-I to Safety-II' White Paper proposes that multiple perspectives can be adopted when seeking to improve healthcare safety and quality (Hollnagel et al., 2015). Safety-I represents a more traditional approach to addressing safety and quality where an underlying belief is that adverse outcomes (accidents and incidents) occur because something has failed. Therefore, a key focus within the Safety-I approach is on investigating what has gone wrong, with an underlying assumption being that causal factors can be identified and 'fixed' (Hollnagel et al., 2015).

21. A Safety-II perspective recognises the complexity and variability in health systems and considers safety as a consequence of collective efforts to adapt to dynamic conditions (Cossul et al., 2025). Therefore, a key focus when adopting a Safety-II perspective involves investigating the conditions that contribute to health systems working well. While moving towards and prioritising a Safety-II perspective can represent a paradigm shift for health

systems, Hollnagel and colleagues (2015) recognise that some actions aligned with a Safety-I perspective will continue to be necessary.

22. It is the ANMF's experience that patient safety and quality units within Hospital and Health Services (HHSs) often take a reactive and retrospective approach to addressing safety concerns rather than establishing a workplace culture that prioritises continuous learning when health services are delivered safely (consistent with a Safety II perspective). The ANMF recommends that the Commission considers a safety approach when developing the third edition of the NSQHS standards to drive high performance.

23. The ANMF recommends strengthening coordination across healthcare services which is then reflected within the standards. This requires integration and or interoperability of digital systems and capabilities. There need to be comprehensive pathways and referral processes, with standardised documentation, developed, maintained, and mandated for use across all settings to ensure streamlined timely and safe patient care. Healthcare professionals must have real-time access to all patient records across their health continuum.

24. The ANMF also recommends a mandate for ongoing digital literacy support, education, and training for all relevant staff, to build self-efficacy and improve patient experience. In addition, we recommend integration of feedback loops and peer learning from incident reporting to help address current organisational cultures of blame, strengthen team cohesion, and promote uptake of best practices. Staff should be encouraged, educated, and included in quality improvement planning and initiatives.

25. The responsibility for accreditation success needs to be shared across all health disciplines and relevant healthcare staff. Feedback from ANMF members indicates that in certain healthcare settings, nurses and midwives are made to feel solely responsible for their workplace's accreditation which has led to episodes of anxiety, stress, and frustration

within their workplaces. Accountability for accreditation by all health professionals needs to be reflected within the third edition.

26. The third edition may have a greater impact on driving high performance by ensuring that all changes that are in the third edition are made known to the end users. This will require the Commission to be diligent in its communication of any changes and is at the forefront of the delivery of relevant education about any changes to end user stakeholders. Staff engagement will further support presently uncaptured opportunities for innovation and improvement.

How can the third edition support integration of services, within and across health services?

27. The ANMF recommends that incorporating learning simulations and strengthening and embedding governance at multiple levels would support the integration and application of the standards within and across health services. We also recommend that each standard applies to community settings as well as hospitals settings and that continuity of care is a required component of comprehensive care, ensuring seamless transitions between hospital, community, and specialist services.

28. The ANMF would also like to see a reduction in the variations in standards of care related to the use of digital systems for data entry and record keeping, including real time data storage and exchange. This could facilitate smooth transition of records/data between public, private, primary care community, mental health, and aged care services to uphold patient safety and promote information transfer at transitions of care. The ANMF recommends a change in focus from compliance to continuous learning, enabling services across the healthcare sector to share insights and innovations. This would be achieved by the promotion and integration of best practice processes and applicable documentation.

29. We also recommend that the Commission considers unintended consequences when health service organisations are expected to incorporate new and expanded standards without additional adequate resources. It has been the ANMF's experience that health services

often develop policies in response to needing to meet additional standards, with the effect that this creates more administrative work for nurses and midwives. Consequently, this reduces the time and resources available to devote to patient care and can exacerbate risks to patient safety and quality. We therefore propose that the Commission considers the additional resources that will be required by health services to incorporate the revised standards without compromising the provision of high-quality care.

How can the third edition support a continuous learning approach and minimise a compliance mindset?

30. The ANMF recommends that adopting a safety perspective would contribute to supporting a continuous learning approach and minimise a compliance mindset. Other strategies to complement this focus would be the incorporation of reflective practice into the Clinical Governance Standard as a method of ongoing professional growth, mental health support, and improved care delivery. The ANMF recommends that statements on health promotion, wellbeing, and alternative therapies prompt services to actively review and expand care approaches, rather than only meeting minimum requirements.

31. The ANMF suggests mandating protected nursing and midwifery education roles within the third edition. This will ensure consistent safe levels of education support across healthcare facilities (public and private) to ensure nursing and midwifery staff's learning opportunities are reflective of recent evidence and best practice. Staff education and skill-building must be ongoing and part of everyday practice, not just formal or "mandatory" training. Mandatory training—whether delivered online or in person—often risks becoming a compliance-driven, tick-box exercise. Such approaches do not guarantee that critical learnings are retained or translated into practice. Instead, education should be integrated with clinical workflows, enabling staff to apply knowledge in real-time, reflect on outcomes, and continuously improve.

32. A more effective approach would involve aligning mandated education with clearly defined clinical objectives and performance measures. By tailoring education to the specific needs of each health service and linking it to measurable outcomes, we can enhance learning retention, foster a culture of continuous improvement, and ultimately improve patient care.

33. With a primarily junior workforce, protected educator hours within healthcare standards will contribute to improving retention of healthcare staff. To support meaningful learning and improved patient outcomes, it is essential to embed clinical practice goals into education programs and platforms. Processes and measures should be designed to ensure that key skills are not only taught but actively implemented and reinforced within the clinical setting.

34. Evidence suggests that when staff are adequately supported, they are more likely to stay with their current employee and or advance within their profession. This change will also contribute to rebuilding a capable nursing and midwifery workforce that is responsive to change. Continuous professional development needs to be embedded into a safety culture, based on quality improvement activities. While nursing and midwifery education should be developed with the primary intention of protecting consumer safety, it must also have the intention of increasing the skill and knowledge base of nurses, midwives, and care-workers.

What needs to change in the current format and structure of the standards for the third edition to be easier to understand and act on?

35. The ANMF suggests a stronger streamlined approach to the standards to reduce duplication and overlap. Certain actions and criteria in the current edition are repetitive and are cross referenced in ways that create confusion or make it more challenging to ensure understanding. The ANMF recommends that the format is improved to allow usability with digital tools which embed the NSQHS standards into electronic systems. A simple example would be when a falls risk assessment is complete, this triggers certain care planning activities and safety checks in line with the standards.

36. As outlined previously if we are to focus on a safety approach of care for all standards there needs to be stronger evidence of how culturally safe care is actioned with real life workable solutions embedded into the standards. Where new standards are developed and prepared for this third edition, practice exemplars need to be provided to healthcare organisations to ensure that any change is easy to understand and actioned once in place. We recommend that if the Commission prioritises taking a Safety-II perspective, the standards for the third edition would need to be re-written to be easier to understand and implement. We also recommend embedding the delivery of culturally safe care across all the standards, as outlined in our response to question 1.

Are there areas of duplication or redundancies that could be removed from the current standards?

37. The ANMF considers that the order in which the standards are presented can be confusing. An example being that "Partnering with Consumers" is embedded across all standards, there would be justification in this standard for presenting this as the first standard. There are also inconsistencies in the breadth or scope of material covered by the Standards. For example, Comprehensive Care (Standard 5) covers a wide range of areas of practice compared with other standards that have a comparatively narrow focus. While recognising, for example, that Medication Safety (Standard 4) and Blood Management (Standard 7) are distinct, we recommend consideration is given to combining some of the standards that have a reasonably narrow focus. Explanatory notes for each standard could be included to improve ease of navigation.

Please provide any additional comments you think will assist the Commission with the development of the third edition of the NSQHS Standards.

38. The ANMF recommends that each standard be accompanied by a more descriptive explanation of its intent making it easier for consumers and workers to interpret. The ANMF suggests that psychosocial health, workplace culture, and reflective practice should be

recognised as core components of safe, high-quality care and reflected succinctly in third edition of the NSQHS standards.

39. Healthcare organisations must commit to cultural safety and cultural responsiveness to ensure positive experiences for consumers and staff alike. Standardised language should be incorporated regarding diversity, equity and inclusion and its application to both healthcare consumers and staff. Wording within the standards needs to be strengthened and clarified regarding marginalised population groups. This includes Aboriginal and Torres Strait Islanders peoples and all marginalised populations, which often face systemic disadvantage and vulnerabilities leading to poorer health outcomes, discrimination, and misdiagnosis. This prejudice and discrimination is extremely problematic within Australian healthcare. Healthcare institutions have a responsibility to recognise and address these biases to improve care and reduce the incidence of discriminatory behaviour for impacted consumers and staff.

40. The ANMF has long advocated for expanding women's access to evidence-based maternity services. This includes support for a variety of midwife-led models of care, underpinned by safe workplaces as outlined above in this submission. Growing the midwifery workforce is essential to meeting future needs and depends on improved retention across all models of care, supported by culturally safe workplaces that provide flexibility, career development and leadership opportunities.

41. The Midwifery Futures Report (Homer et al., 2024) highlights proven benefits of continuity of midwifery carer models (CoMC), including Birthing on Country models of care, imperative to Closing the Gap between Indigenous and non-Indigenous health outcomes for women and babies. While not all midwives wish to work in CoMCs, demand for such roles exceeds the number of available positions, reinforcing the need for broader access to these models of care.

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42. We recommend that factsheets and guidance documents to support the current standards are revised, evaluated, and updated where required, or to support any amendments made in the third edition.

Conclusion

43. The ANMF would like to thank the Australian Commission on Safety and Quality in Health Care for the opportunity to provide feedback on the first consultation for the NSQHS Standards (third edition). The ANMF involvement in these submissions is essential due to their ongoing implementation by our members, who are directly involved in accreditation practices and processes. By updating these standards, we are ensuring consistency in how safe patient care is provided by all health professionals within Australian healthcare.

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