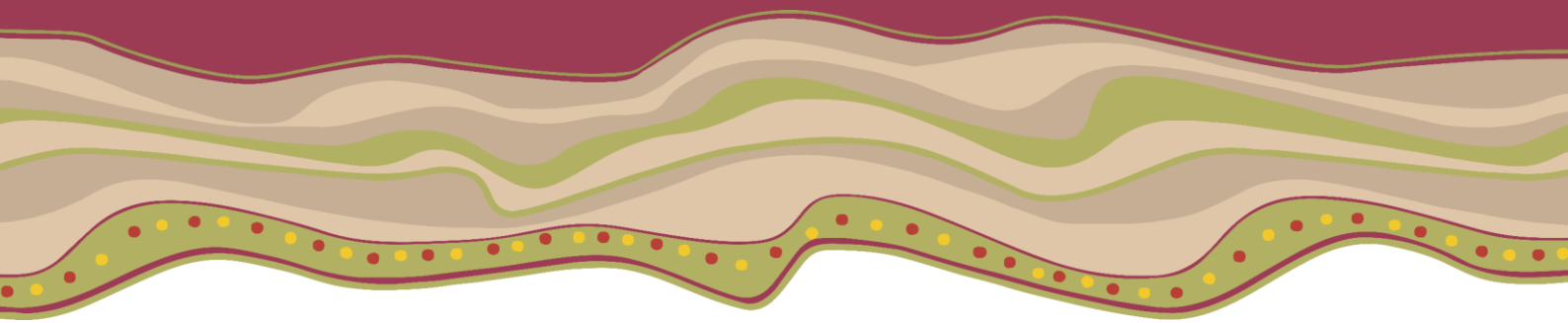


Scheme Requirements

National Standards for Mental Health Services
(NSMHS)



Scheme Requirements

National Standards for Mental Health Services

Name of Standards

The name of this standard is the National Standards for Mental Health Services (NSMHS).

The following is a summary of aspects of the NSMHS assessment process as detailed in requirements set out in approved procedures. Further detail is available from us on request.

Process Requirements

The assessment includes an assessment of the National Standards for Mental Health Services (NSMHS)

Assessments shall be planned allow enough time and resources for the assessment activities to fully comply with the reporting requirements in this standard. HDAA shall (a) begin assessment planning; (b) communicating the support needs of the selected client with the client; and (c) will send the client the list for client participation as early as possible. HDAA will aim to provide the client with adequate time to arrange for client participation, consents to access files, and prepare for the assessment. As part of the assessment planning, HDAA shall inform the client of the names of the members of the assessment team who will carry out the assessment, with enough notice to appeal against the appointment of any team member.

The assessment cycle commences with an initial assessment which is completed in two stages, as well as periodic maintenance and reaccreditation assessments of the client's policies, procedures, and practices relating to its services.

The Stage 1 assessment will generally occur on-site but may occur off-site if requested by the client. The stage 2 assessment shall take place at the client's site(s) and or outlet(s) as applicable. During the Stage 2 assessment, HDAA shall evaluate information and evidence of conformity with all requirements of the standard.

At on-site assessments the assessment team shall hold a closing meeting with the client's management and any people who wish to be involved, prior to concluding the on-site assessment.

The content of all reports shall include: (a) the client's service types, (b) the number and roles of stakeholders consulted at each site, and methods of consultation, (c) ratings of conformity against each standard in accordance with the rating scale, and (d) an adequate description of the main evidence and assessment trails used to support the rating of standards.

HDAA will provide a draft written report to you within 10 working days of completing the on-site component of the assessment. This will include any 'not met' actions and the basis for awarding the decision.

The client shall confirm the draft report and (as relevant) provide comments to us within 10 business days of receiving the report. You may challenge the improvements and discussions will occur with you with the aim of reaching an agreed position. If an agreement cannot be reached, we shall document the difference of opinion in the assessment report. You may use the appeals process if you wish to dispute this further.

Where 'not met' items occur you will complete the Corrective Action Plan and return it with your feedback to the draft report, showing improvement actions you will take within the relevant timeframe for minor or major non conformity. We will only recommend certification where you have demonstrated that all criteria are being met or where non-conformities have been identified and you have demonstrated that you have developed an acceptable corrective plan.

Minor non-conformity shall be addressed (closed/met) over a 12-month period from the date of the assessment. Failure to close out a non-conformity within 12 months of the date of issue will result in a major nonconformity being raised with a maximum timeframe of 3 months to close the major non-conformity. A minor non-conformity originating from the down grade of a major cannot be re-escalated to a major non-conformity - automatic suspension of certification shall occur.

Major non-conformity shall be addressed (closed/met or downgraded to minor) within 3 months from the date of the assessment visit.

HDAA shall ensure that in the instance of a major non-conformity: (a) evidence of a corrective action plan shall be presented to HDAA within 10 working days of the date of issue of the major non-conformity; and (b) close out shall normally require a follow-up visit by HDAA within three months. Failure to close/downgrade a major non-conformity shall result in automatic suspension of certification. If a major non-conformity is downgraded to a non-conformity, that non-conformity shall be closed out within a further nine months.

We shall provide a copy of the final report document to you within 30 days of finalising the report. Ownership of the assessment report shall be maintained by HDAA.

The Maintenance assessment is conducted as an on-site assessment (like the Stage 2 assessment described above) at the mid-point of a three-year accreditation cycle. It is planned so that confidence can be maintained that your service continues to fulfil the requirements of accreditation. The date of the maintenance assessment shall not be more than 18 months from the date of the last day of the on-site component of the accreditation or reaccreditation assessment.

The maintenance assessment shall include a review of (a) NSMHS 1, 2 and 3, (b) a review of actions taken on Observation identified during the previous assessment. (c) treatment of complaints, (d) progress of planned activities aimed at continual improvement, (e) internal audits and management reviews undertaken since previous assessment visit, (f) review of any changes, and (g) use of HDAA Marks (if relevant).

Assessment Planning and Sampling

A client with multiple site and or outlets may be comprised of different types of services.

In determining the assessment duration, HDAA shall consider the requirements of the NSMHS and will consider the following: a) the requirements of the relevant management system standard; b) size and complexity of the client; c) technological and regulatory context; d) outsourcing of any activities included in the scope of the standards; e) the results of any prior assessments; f) the number of sites and multi-site considerations; g) the risks associated with the activities of the client; h) when assessments are combined, joined or integrated.

The minimum number of non-central office sites and or outlets to be visited per assessment is: (a) initial assessment and reaccreditation assessment: not less than the square root of the total number of full-time and part-time sites and/or outlets ($y=\sqrt{x}$), rounded to the upper whole number; (b) maintenance assessment: not be less than the square root of the total number of full-time and part-time sites and/or outlets with 0.6 as a coefficient ($y=0.6\sqrt{x}$), rounded to the upper whole number.

In all assessments, the central office shall be visited at least once, in addition to a sample of sites or outlets.

The size of the sample may be increased where there are special circumstances such as might apply to any of the site and or outlet selection criteria.

HDAA aims to have direct discussions with up to 5 consumers per service, per assessment (or for WA Commission funded services HDAA aims to have direct discussions with the square route of total consumers accessing funded services to a maximum of 40 total consumers). HDAA shall be mindful of the possibility of others accessing conversations and shall take steps to ensure confidentiality is maintained.

For client file sampling the size of the sample of files is the rounded up square root of 25% of the total number of clients accessing services ($y=\sqrt{x} * 25\%$)

HDAA will require access to a sample of a minimum of 2 staff files per site.

When the result of the reports that the Standards have been met the Assessment Team will make a recommendation in relation to Accreditation and the HDAA Accreditation Panel (which is independent of the Assessment Team) will make the Accreditation decision.

For sites undertaking assessment under the NSMHS, the Accreditation Certificate awarded when the NSMHS have been met will use the wording:

- 'Accredited to the National Standards for Mental Health Services, with documented exclusions.

For health services undertaking the NSMHS, the following information will be included on your Accreditation documents for Accreditation to the NSMHS:

- Service name(s);
- The period of Accreditation (date awarded and expiry date);
- A description of the service covered by the award;
- Confirmation of the Standards that have been assessed; and
- Unique certificate number (issue number and client identification).

Information and Communication Technology Auditing (MD4:2018)

HDAA is authorised to complete assessments to MD4:2018 which enables a greater use of information and communication technologies (ICT) in the auditing activities. ICT is the use of technology for gathering, storing, retrieving, processing, analysing and transmitting information. It includes software and hardware such as

smartphones, handheld devices, laptop computers, desktop computers, drones, video cameras, wearable technology, artificial intelligence, and others. The use of ICT may be appropriate for auditing both locally and remotely. The use of ICT during audits may include but is not limited to:

- a) Meetings; by means of teleconference facilities, including audio, video and data sharing,
- b) Audit of documents and records by means of remote access, either synchronously (in real time) or asynchronously (when applicable),
- c) Recording of information and evidence by means of still video, video or audio recordings,
- d) Providing visual/audio access to remote or potentially hazardous locations.

The use of ICT shall be mutually agreed upon with you by HDAA prior to the audit commencing. HDAA and the service provider shall ensure that security and confidentiality is maintained throughout audit activities and activity is in accordance with information security and data protection measures and regulations before ICT is used for audit purposes. In the event systems to be used, security and or data protection measures are not able to be fulfilled or agreed the assessment will be conducted on site.

Assessment sample

Sampling has been determined based on the Service Description provided to us by you and the Scheme sampling rules. In establishing this agreement for services, it is very important that the Service Description directly aligns with scope of services to be assessed. This is because services not included in the Service Description cannot be included in the scope of certification.