

# Overview of licensee compliance requirements

## *under the Private Health Facilities Act 1999 (Qld)*

As a licensee<sup>1</sup> of a private health facility (a private hospital or day hospital) in Queensland you are required to comply with a large body of legislation, standards and guidelines. The *Private Health Facilities Act 1999* (Qld) (the Act) and associated regulation and standards specify certain requirements which must be met by licenced facilities.

## Complying with accreditation, standards and the Clinical Services Capability Framework

Your facility must maintain accreditation to the Australian Commission on Safety and Quality in Health Care's National Safety and Quality Health Service (NSQHS) Standards and comply with the Queensland Private Health Facilities Standards<sup>2</sup>. These standards set out performance expectations for hospitals in key areas, such as:

- quality improvement, including incident reporting
- credentialling staff
- infection control
- record keeping
- staffing and patient care
- building and equipment safety.

Your facility must also comply with the requirements of the Clinical Services Capability Framework (CSCF), which outlines minimum criteria for safe provision of specific health services.

The Queensland Private Health Facilities Standards and CSCF also refer to other industry standards and legislative sources you must be aware of to ensure compliance.

Additional legislation may also apply to your facility, depending on the nature of your services (for example the *Medicines and Poisons Act 2019*, *Radiation Safety Act 1999*).

## Notifying us when certain changes occur

You must notify us when certain details of your facility change<sup>3</sup>, including any change to:

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<sup>1</sup> or an authority holder

<sup>2</sup> s48 of the Act

<sup>3</sup> s48 of the Act; s5 of the Private Health Facilities Regulation 2016

- the day-to-day manager of the hospital (however titled) or the nurse in charge of the nursing staff (however titled)
- a chief executive, director, or other officeholder of a licensee company
- the shareholder structure of a licensee company
- a change in the name of the licensee if the licensee is an individual (NOTE: if you wish to change the name of the licensee and the licensee is a company, please contact the Private Health Regulation Unit)
- the licensee's address
- the organisation that conducts the hospital's accreditation or a change to the timing of the hospital's accreditation assessments.

There is no fee associated with changing this information, but you are required to provide us with written notice within **21 days** of the change.

A [notification form](#) is available online. You are required to provide supporting documents when you submit the notification. These requirements are outlined on the form.

More information about notifications is provided in the [notification responsibilities](#) information sheet.

## Submitting applications for certain changes

You must apply and receive approval before you can make certain changes to your facility, including the licenced health care services provided at the facility<sup>4</sup>.

You must apply to:

- change the types of clinical services, or level of services, that the facility offers (add or cease)
- change bed numbers (increase or decrease)
- alter, renovate or change the physical structure of, or use of rooms (prescribed alteration) within, the facility
- vary the details on the licence, such as change the name of the facility
- renew or transfer the licence for a private hospital or day hospital.

You must pay the prescribed fee prior to submitting your application. The [current fee list](#) is available online.

[Application forms](#) are available online. You are required to provide supporting documents when you apply. These requirements are outlined on the application forms.

More information about applications is provided in the [application requirements for existing facilities](#).

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<sup>4</sup> s51, s55, s63, s68,

## Submitting reports and information

You must provide regular reports<sup>5</sup> about key information and events connected to the operation of your facility.

Report	Is required
Admitted patient information (QHAPDC)	Within 35 days of the end of each month <b>(These must be provided directly to Department of Health's Statistical Services Branch.)</b>
Accreditation assessment outcome	Within 35 days of receiving written notice of the outcome
Clinical indicators	Within 35 days of the end of each reporting period
Fire compliance	Every 3 years
Reportable events	Within two working days of the event
Root Cause Analysis (if required)	As soon as practicable after receiving the report
Temporary <sup>6</sup> CSCF change notification form	Prior to temporary change
<i>Authorised mental health services only</i> - Critical incidents notification	As soon as practicable after becoming aware of the incident

More information about reporting is provided in the [reporting responsibilities](#) information sheet

## For further information

If you are unsure about your obligations at any time, or need guidance about completing any of the forms or applications, please contact the Private Health Regulation Unit on 07 3708 5325 or email [Private\\_Health@health.qld.gov.au](mailto:Private_Health@health.qld.gov.au).

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<sup>5</sup> These reports are required by the Private Health Facilities Act 1999 (Qld), Private Health Facilities Regulation 2016; Fire and Emergency Services Act 1990, Part 9A; Building Fire Safety Regulation 2008; the Mental Health Act 2016, Section 305(2)(l) and the Hospital and Health Boards Act 2011.

<sup>6</sup> A temporary suspension or change to the level of health service means the service is reduced or ceases for a period less than 4 weeks.