

Statewide Services Implementation Standard

Department of Health Standard

QH-IMP-488:2021

1. Statement

This Implementation Standard details the Department of Health requirements, listed in the *Statewide Services Policy*^{*}, to support governance and commissioning of statewide services in Queensland. Statewide services can be broadly described as clinical and clinical support services that have a high degree of specialisation and complexity and are delivered by one or two Hospital and Health Services (HHSs) across the state. Together, the requirements respond to the 2016 *Barrett Adolescent Centre Commission of Inquiry Report* (BACCOI) (Recommendation One) and subsequent recommendations made by Department of Health (Department) executive committees.

*The Statewide Services Policy and other relevant documents, including processes and templates can be accessed from the QHEPS Statewide Services pages: <https://qheps.health.qld.gov.au/spb/html/statewide-services>

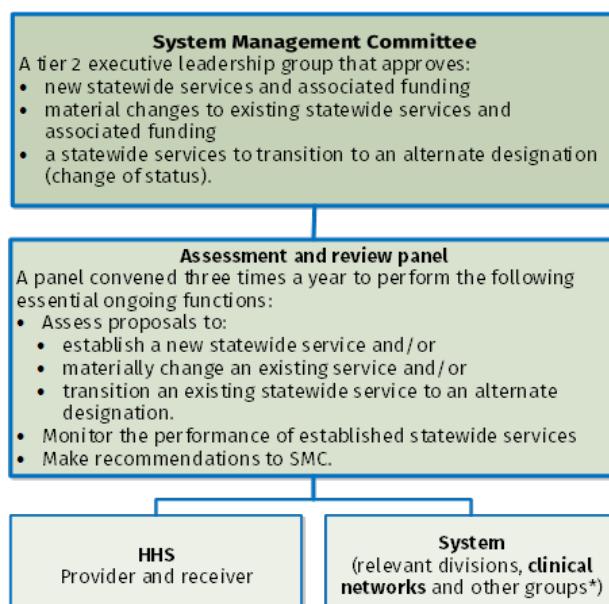
2. Scope

This standard applies to all employees, contractors and consultants within the Department of Health divisions and business units. It is recommended that this standard be used by the Hospital and Health Services.

3. Requirements

3.1 Governance

Table 1: **Strategic** governance requirements for statewide services



* where no natural alignment with an established clinical network exists another group will be identified
 * other groups may also include consumers/other identified groups to provide a system view

- 3.1.1** *Clinical* and *operational* governance of all statewide services is the responsibility of the host Hospital and Health Service (or the Department as specified in service level agreements).
- 3.1.2** *Strategic* governance of statewide services is the responsibility of the Department (**Table 1**) with governance arrangements to be followed when a relevant body (e.g. Hospital and Health Service, Clinical Network) proposes to:
- 3.1.2.1** establish a new statewide service, as per the *Statewide services: Process for submissions for new/changed services*;
 - 3.1.2.2** materially change an existing statewide service (e.g. model of care) as per the *Statewide services: Process for submissions for new/changed services*;
 - 3.1.2.3** transition a service from statewide to alternate designation (e.g. Business as Usual, regional);
 - 3.1.2.4** escalate risk to the Department when service continuity, or a risk to patient safety (or other high risks), are identified to an established service (and HHS continuity planning is exhausted) as per the *Statewide services: Process for risk management for services*;
 - 3.1.2.5** submit annual performance reports for established statewide services as per the *Statewide services: Process for annual reporting for services*.
- 3.1.3** *Strategic* governance arrangements for statewide services is the responsibility of two committees:
- 3.1.3.1** The System Management advisory Committee (SMC) (Tier 2 Committee) makes the final decision about a statewide service (i.e. new/changed/transitioned) in line with the recommendations of the Assessment and Review Panel and other strategic considerations (i.e. available resources, relative priorities).
 - 3.1.3.2** The Assessment and Review Panel (a sub-committee of the SMC) makes recommendations to the SMC for a statewide service (i.e. new/changed/transitioned).
- 3.1.4** Recommendations are supported by service proposals (summary submission - concept brief) and detailed proposal (detailed submission – service description) collaboratively developed by the HHSs (host and referring), relevant clinical network/s, relevant Departmental divisions, and other relevant bodies (i.e. consumers). Service proposals must include:
- 3.1.4.1** **Service/health needs assessment** to demonstrate the Queensland population health need for a service;
 - 3.1.4.2** **System needs assessment** to demonstrate whether the proposal can be supported from a resource, workforce, capital, other perspective;

- 3.1.4.3** Relevant areas of the Department will progress arrangements for funding and/ or updates to the service in relevant documents e.g. service agreements, upon SMC endorsement of a) a new statewide service, or b) a change to, or transition of a service from statewide designation.
- 3.1.5** The Assessment and Review Panel will meet a total of three times per year (*plus as required*) to undertake the following tasks:
- 3.1.5.1** **biannual** assessment of, new submissions, i.e. summary submission via a *concept brief*, or detailed submission, via a *service description*; and/or proposals to materially change a statewide service, i.e. *template*, and/or transition, i.e. *template* a statewide service;
- 3.1.5.2** **annual review and monitoring** the performance of established statewide services against the Key Performance Indicators, aligned to the seven domains of the *Hospital and Health Service Performance and Accountability Framework*, as described in each statewide service *Service summary*;
- 3.1.5.3** **as required** to address risks to service continuity/ sustainability and patient safety, as identified and reported by the host HHS, Health Service Chief Executive to the Assessment and Review Panel secretariat detailed in the [Statewide services: Process for risk management for services](#).

3.2 Assessment criteria (clinical and clinical support)

- 3.2.1** Proposals to establish a new statewide service will be collaboratively assessed (by the applicant body e.g. HHS/other) in consultation with the Department against the statewide clinical assessment criteria (**Table 2**) and/or the statewide clinical support assessment criteria (**Table 3**).
- 3.2.2** Based on this assessment, a collaborative decision will be made whether to progress proposals, for a new service, to the submission phase.
- 3.2.3** Proposals to transition a service, from ‘statewide’ to an alternate designation, will be collaboratively assessed (by the host HHS/other) in consultation with the Department, to collaboratively agree that the service no longer meets the statewide clinical assessment criteria or the statewide clinical support assessment criteria.

Table 2: Clinical statewide service criteria

<p>Statewide services are clinical* services that are assessed by the Department of Health as requiring:</p> <ol style="list-style-type: none">1. service provision by one or two networked# Hospital and Health Services or providers to all residents across the state and there is no other service of its kind in the state plus2. system governance and service model to ensure patient safety and quality, and equity of access that supports high complexity patients and/or high complexity services, plus3. a system view^ and system oversight to ensure service sustainability, efficiency and affordability, and mitigate system risk due to more than one of the following factors:<ol style="list-style-type: none">a. low volume, high costb. highly skilled workforce availabilityc. highly specialised equipment and/or support servicesd. highly specialised infrastructure requirementse. emerging/innovative treatment.
<p>*Direct patient contact, treatment or procedure</p>
<p>#Networked to ensure services are consistent i.e. operational pathways and patient outcomes to maintain patient safety and quality.</p>
<p>^System view, that is verification that the service is statewide (measured against the agreed criteria), is in the optimal location to meet population need, has been subject to a thorough needs assessment, service will be affordable, feasible, safe and sustainable.</p>

Table 3: Clinical support statewide service criteria

<p>A clinical support* statewide service is a service that:</p> <ol style="list-style-type: none">1. is provided by one Hospital and Health Service (HHS), for the state, and there is no other service of its kind in the state <u>plus</u>2. has a primary purpose that is categorised as:<ol style="list-style-type: none">i. either <i>directly</i>[^] <u>or</u> <i>indirectly</i>[#] supporting clinical service delivery and carries a moderate to extreme risk[†] to patient safety, quality or sustainability should the service become disrupted <u>and</u>ii. requires system oversight** because it could impact patient care, safety, quality or sustainability if the service is disrupted.
<p>* Does not provide direct clinical care.</p>
<p>[^] Recognised in the Clinical Service Capability Framework v 3.2 as an essential support service.</p>
<p>[#] A support service would be unable to operate without the indirect/feeder service (e.g. radiopharmaceutical statewide service to support HHS nuclear medicine services).</p>
<p>[†] Moderate to extreme risk is categorised as disruption or inability to deliver the service+ as described in the Risk Analysis Matrix (2013): Part 1 Department of Health Consequence Table.</p>
<p>^{**} System oversight = system governance and annual system performance monitoring.</p>
<p>Note that this criterion only pertains to HHS-led statewide clinical support services as governance of departmentally led services is already in place.</p>

3.3 Submission, reporting and risk management processes

- 3.3.1** The **Statewide services: Process for submissions for new/changed services** provides guidance to stakeholders on:
- 3.3.1.1** a proposal for an entirely new service that currently does not exist in Queensland, and that would be provided by the applicant HHS to all residents of Queensland irrespective of their HHS of residence. This may also include a proposal to establish a second, networked statewide service to complement an existing statewide service;
 - 3.3.1.2** material change to a statewide service that currently exists in Queensland. ‘Material change’ may include altering the service scope, geographical catchment, patient cohort or service delivery model. This may also include changes to service delivery that are the result of embedding a new technology or other innovation into the service.
- 3.3.2** The **Statewide services: Process for annual reporting for services** provides guidance to the host HHS on:
- 3.3.2.1** submitting **annual** performance reports through the department to the Assessment and Review Panel and
 - 3.3.2.2** by-exception reporting of statewide service performance issues via the Healthcare Purchasing and Performance **monthly** relationship meetings.
- 3.3.3** The **Statewide services: Process for risk management for services** provides guidance to a range of stakeholders on the process to escalate high risk to a statewide service to the Assessment and Review Panel so that appropriate response/s to the risk can be identified, implemented and monitored.

4. Legislation

- The *Hospital and Health Boards Act, 2011*
- The *Human Rights Act, 2019*

5. Supporting documents

5.1 Authorising policy

- *Statewide Services Policy*

5.2 Related processes

- Statewide services: Process for submissions for new/changed services
- Statewide services: Process for annual reporting for services
- Statewide services: Process for risk management for services

5.3 Related templates

- Statewide services: summary submission (concept brief)
- Statewide services: detailed submission (service description)
- Statewide services: service summary for performance monitoring
- Statewide services: system assessment (TBC)
- Other as identified

6. Definitions

Term	Definition
<i>Statewide Assessment criteria</i>	Two criteria ('Statewide Clinical' and 'Statewide Clinical support'), developed by the Department in 2020, in consultation with stakeholders, to better define services that warrant 'statewide' service designation.
New statewide service proposal	May include a proposal for either a new, one-of-a-kind statewide service, or a second, networked statewide service.
Networked statewide service	Two services, that operate under a shared, strategic clinical governance model, to ensure there is clinical consistency across two sites.
Materially changing a statewide service	'Material change' may include altering the service scope, geographical catchment, patient cohort or service delivery model. Excludes minor service changes such as changes to service practices, workforce and/or resources that do not adversely affect patients (access, safety) or the service (quality, sustainability).
Transitioning a statewide service	A statewide service assessed as no longer meeting the statewide service criteria. The service may become business as usual or may be designated an alternate status (e.g. regional service).
High (or above) risk rating	A high (or above) risk is when (a) the likelihood of the risk occurring is rated as possible, likely, almost certain; (b) the consequences of the risk are rated as moderate, major, extreme; and (c) together these yield an overall risk rating of 'high' or 'very high'.
Service summary	A document developed by the Department of Health, that links to the service agreements to support performance monitoring by the Assessment and Review Panel.

Term	Definition
Service description	<p>A document that details the requirements of a statewide service (e.g. service overview/rationale, service catchment, workforce profile, governance and continuity planning) in the:</p> <ul style="list-style-type: none"> • detailed development (service description) phase <u>and</u> • once a statewide service is endorsed/formalised.

Version Control

Version	Date	Comments
1.0	29 September 2021	New standard