# Quality Innovation Performance Consulting

**Report prepared for**

**Barrett Commission of Inquiry – Recommendation 2 - Queensland Health review of NGO Service Agreements**

# Document Information

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| Authors | Mark Brommeyer and Gavin Axman-Friend | | |
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## Approvals

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| 1.2 | 6/717 | Gavin Axman-Friend | Requested amendments from Queensland Health |

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# Executive Summary

This report was written in response to the Barrett Commission of Inquiry Report into the closure of the Barrett Adolescent Centre. The government accepted all report recommendations including **Recommendation 2 -***that Queensland Health's Service Agreements with Non-Government Organisations be carefully drawn to ensure they deal explicitly and sufficiently with matters such as* (requirements *a.* to *e.* in the table below)

| Inquiry Requirements | Response in this Review |
|---|---|
| a. minimum standards/or staff employed to work in a particular facility | The 13 **mandatory** and 6 **supplementary** *Standards* recommended for NGO service delivery *Performance Assurance* – see **Recommendations 1 and 2** (and discussion in pages 24-28) |
| b. which entity may prescribe and monitor compliance with those standards | Department of Health as Systems Manager – see **Recommendation 3** |
| c. which entity may prescribe the extent and quality of the services to be provided by the NGO | Department of Health as Systems Manager – see **Recommendation 3** |
| d. which entity may monitor the quality of service delivery and give ongoing directions about it | Department of Health as Systems manager – The Community Services Funding Branch being responsible for services being delivered by the NGO Service Provider in relation to both: 1) the service agreements the Department of Health manages; and 2) oversight of compliance by other areas within the Department of Health that also manage service agreements with relevant external entities. |
| e. termination of the service agreement, whether by effluxion of time, for breach of contract, because of policy changes, tor any other reason. | See reasons for de-funding – pages 29 |

*Quality Innovation Performance Consulting Pty Ltd* (QIP Consulting) a wholly owned subsidiary of the AGPAL Group of Companies, including Australian General Practice Accreditation Limited (AGPAL) and *Quality Innovation Performance Limited* (QIP) was commissioned by Queensland Health on 25 January 2017 to undertake an assessment of the quality, safety and performance standards of funded service providers as well as to develop a framework for the future state of NGO standards and procedures for verification of compliance by Queensland Health. The framework is to be based on best practice and tested with Queensland Health NGO services and consumers as well as drawing from examples from other jurisdictions.

The report outlines the mapping process undertaken in the review of standards affecting the human service and health sectors. It also provides an analysis and evaluation of the current environmental scan impacting on NGOs. An overview of the mapping process can be found in the appendices.

Important consideration for this review was the reduction of duplication of effort and lessening of red tape for NGOs whilst maintaining the focus of ensuring the provision of delivery of effective, efficient and quality care to individuals is not compromised.

With this in mind this report provides 6 recommendations:

## Recommendation 1

Queensland Health adopts a quality framework that acknowledges the strengths of existing sets of quality standards within Queensland and National jurisdictions, as they have a logical alignment to the proposed thirteen (13) Standards that are seen as **core** requirements, as follows:

1. Corporate Governance
2. Service Delivery
3. Financial Management
4. Consumers
5. Risk, Safety and Quality Management
6. Human Resource Management
7. Information, Security and Privacy Management
8. Legislative Compliance
9. Asset Management
10. Continuous Quality Improvement
11. Diversity Responsiveness
12. Transfer of Care
13. Building capacity of external community

Therefore, Queensland Health could recognise that a Non-Government Organisation Service Provider is providing an efficient, effective, safe and quality service to its consumers if the organisation has

achieved accreditation to the following standards:

- Human Service Quality Framework (HSQF for Queensland);
- National Standards for Mental Health Services (NSMHS); or
- Quality Improvement Council Health and Community Services Standards (QIC).

For service models for children and young people, standards are to reflect the importance of carer participation and involvement in the well-being, treatment and recovery of individuals.

## Recommendation 2

In the instances where Queensland Health determines that a Non-Government Organisation Service Provider is undertaking clinical activities such as: administering medications and/or invasive procedures, Queensland Health could strengthen the framework by having these organisations assess against a clinical set of standards, i.e. the proposed six (6) **supplementary** Standards, as follows:

1. Clinical Governance
2. Health Records Management
3. Facilities and Equipment Management
4. Medication Management
5. Infection Prevention, Control and Management
6. Consumer Identification

As there would appear to be a logical alignment to the proposed six (6) supplementary Standards, Queensland Health could recognise that a Non-Government Organisation Service Provider is providing safe and quality clinical services to its consumers if the organisation has achieved accreditation to either the:

- National Safety and Quality Health Services (NSQHS) Standards; or
- Royal Australian College of General Practitioners (RACGP) Standards for general practices.

## Recommendation 3

That Queensland Health further articulates all aspects of the Queensland Health NGO Operating Framework used to ensure accountability of Non-Government Organisations for the expenditure of public funds. This framework should be inclusive of the mechanisms for:

- Quality Standards – prescribing and monitoring compliance
- Services – prescribing extent and quality
- Services – monitoring quality and giving directions.

## Recommendation 4

That Queensland Health consider a tiered approach (from self-assessment to three year external audit) in the assessment of Non-Government Organisations against the quality standards; and that this be undertaken according to a risk assessment, based on critical criteria such as vulnerability of target group and type of service delivered (as determined by Queensland Health) – recognising that participation in a tri-annual onsite accreditation survey, conducted by a licensed accreditation agency, is the industry standard, as this encompasses existing national and related human, health and community service standards accreditation procedures and practices. The risk assessment will be further articulated in the Queensland Health NGO Operating Framework.

## Recommendation 5

That during implementation, Queensland Health considers the resourcing impact upon service providers when they are embedding required accreditation processes and procedures and developing organisational competency, so that they are able to meet the changes to quality standards requirements.

## Recommendation 6

Queensland Health to also articulate the grounds for terminating a Services Agreement, recognising that consideration be given to both a legal and community impact perspective. Further, issues such as service continuity and in particular the maintenance of a response for existing clients are part of the essential planning in these circumstances. This needs to be included in the Queensland Health NGO Operating Framework.

# Background

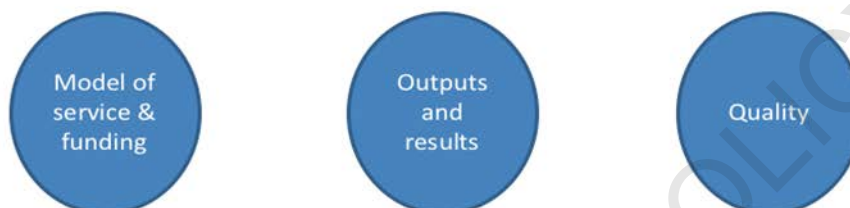Queensland Health Non-Government Organisation Service Agreements

Queensland Health has Service Agreements with non-government organisations (NGOs) for the delivery of health services across a range of funding programs, including mental health, alcohol and other drugs, Indigenous health, palliative care, communicable diseases, research and prevention. Most of these Service Agreements are managed centrally by the Department of Health, although some Hospital and Health Services (HHSs) and other statutory bodies within the health portfolio also engage NGOs to provide health services.

A standard Social Services Service Agreement is mandated for use with NGOs funded for social service provision across all Queensland Government agencies and is used for the majority of the relationships with Queensland Health and NGOs. There are some arrangements exempted from this requirement due to the speciality nature of the services provided, for example complex research programs. The Terms and Conditions of the social services agreement are maintained by the Department of Communities, Child Safety and Disability Services (DCCSDS) as the lead agent for the Whole of Government Social Services Category Council.

The relationship between Queensland Health and NGOs is prescribed by the Service Agreements. As illustrated in the following diagram there are three key components of the operating relationship or framework that comprise the Queensland Health NGO operating framework. The *first component* is the description of services funded. This may include a description of a service model or service type, target group and geographic coverage. This component identifies what is funded and how much is invested. The *second component* is best described as the results to be achieved by the investment. This can be described in a number of ways and can be a mix of outputs and outcomes measures and for some programs, national data collection requirements. The *final component*, the focus of this report, is the quality component. The standards identified as necessary to be in place for the delivery of an effective, safe and quality service.

# DoH NGO Operating Framework
## as captured by the Service Agreement

### Operating requirements:

Model of service & funding

Outputs and results

Quality

### Associated compliance requirements:

Report model of service and funding allocation

Report outputs and results

Meet prescribed standards

The majority of NGOs funded by the Department are required to report against a compliance framework that includes quarterly financial reports, six monthly reports against service delivery and performance standards as articulated in the '*Queensland Health NGO Performance Framework*' (see Appendix 1) as well as annual financial audits. In addition, some NGOs are subject to national data collection responsibilities and performance standards specific to the services that they are delivering, which may include clinical care standards, national and state standards, program-specific requirements and other legislated safety, quality and patient care requirements.

Some NGOs funded by multiple State and Commonwealth government departments often have to maintain accreditation or alignment to a number of different quality standards for each funding body. This has been highlighted repeatedly by the non-government sector as an issue requiring reform and also in various independent inquiries such as the 2010 Productivity Commission Research report into the Contribution of the Not-for-Profit Sector.

The Barrett Adolescent Centre Commission of Inquiry Report was provided to the Queensland Premier on 24 June 2016. The Commission made six recommendations, including **Recommendation 2**: that Queensland Health's Service Agreements with NGOs be carefully drawn to ensure they deal explicitly and sufficiently with matters such as:

1. minimum standards/or staff employed to work in a particular facility;
2. which entity may prescribe and monitor compliance with those standards;
3. which entity may prescribe the extent and quality of the services to be provided by the NGO;
4. which entity may monitor the quality of service delivery and give ongoing directions about it;
5. termination of the service agreement, whether by effluxion of time, for breach of contract, because of policy changes, or any other reason.

The Queensland Government accepted all six recommendations in its response to the Barrett Adolescent Centre Commission of Inquiry Report. In accepting Recommendation 2, Queensland Government agreed to '*review the Service Agreement arrangements for all Non-Government Organisations providing health services. This review will focus on the effectiveness of quality and safety provisions, performance monitoring arrangements, and the capacity to respond to poor performance or significant events'.*

# Methodology

An assessment of the quality, safety and performance standards of funded service providers was undertaken according to the following activities and phases:

- Consideration of the service types and target groups that Queensland Health fund.
- Consultation with stakeholders in Queensland Health, community managed mental health services, Alcohol and Drug Treatment Services, the Department of Communities, Child Safety and Disability Services (DCCSDS), the National Disability Insurance Scheme (NDIS), as well as other National and State Initiatives and whole-of-Government programs, as agreed and required.
- Consideration was given to the impact of implementation on the other recommendations made by the Commission.
- Liaison with and reporting to staff at the Department of Health.
- Completion of an assessment of the quality, safety and performance standards of NGOs funded by Queensland Health to deliver health services (adapting the Primary Health Care Research and Information Service (PHCRIS) *Regionally-based needs assessment in Australian primary health care* approach).
- Completion of the assessment considering the intersections with whole-of-Government responsibilities and programs, for example, DCCSDS is the owner of the Queensland Government's Social Services Category Council and is responsible for maintaining the Standard Terms of the Social Services Service Agreements.

# Activities

1. **Standards Reviewed**

   The following Standards were reviewed for relevant content, potential overlap and harmonisation opportunities:

   - National Safety and Quality Health Services (NSQHS) Standards
   - Human Service Quality Framework (HSQF for Queensland)
   - National Standards for Mental Health Services (NSMHS)
   - Quality Improvement Council Health and Community Services Standards (QIC)
   - ISO 9001 AS/NZS
   - Australian Service Excellence Standards (ASES)
   - Royal Australian College of General Practitioners (RACGP) Standards for general practices
   - National Standards for Disability Services (NSDS)
   - EQuIP5 (5th edition of the Australian Council on Healthcare Standards (ACHS) Evaluation and Quality Improvement Program)
   - Home Care Standards (HCS)
   - Attendant Care Industry Standards (ACIS)
   - Alcohol and Other Drug Service Standards (the Victorian alcohol and drug treatment principles and the Victorian alcohol and other drug client charter)
   - Palliative Care Australia's National Standards Assessment Program (NSAP)
   - Practice Accreditation Standards for the Diagnostic Imaging Accreditation Scheme (DIAS)
   - Rainbow Tick Standards

   The factors considered in the analysis include:

   - Standards Overview
   - Intent of the Standards
   - Assessment Areas (Standards, criteria, indicators, etc.)
   - Assessment Interviews
   - Market/Services
   - Regulator
   - Methodology
   - Review Period
   - Cycle Length
   - Mid Cycle Requirements
   - Reporting Requirements

There are a range of existing standards that govern the delivery of human services as evidenced by the sample analysed during this review. Comparison of standards is complex as there has been no uniformity in the initiation and development of the various suites of standards. Some have been developed to focus broadly on key business processes so they can be applied to a broad range of organisational contexts; some have been developed for specific settings like clinical environments and some developed with a focus on quality management systems.

Following the analysis of the current standards used within the health and human services sectors across Australia, a workshop was held to identify a list of appropriate standards that were reflective of contemporary thinking within the health and human service sectors. This list was formulated with the aim to create a comprehensive list of standards that address the quality, safety and performance needs of Queensland Health, without constraint of existing frameworks or existing sets of standards. The intent of these proposed standards is that they would potentially be the core standards that would be applicable to all NGO services funded by Queensland Health. However, they would not be representative of a new set of standards but would be the benchmark that Queensland Health could use to assess either individual organisational compliance or the alignment of established suites of standards. These options are explored later in the report.

| Proposed Core Standards |
| --- |
| 1. Corporate Governance |
| 2. Service Delivery |
|     a. Entry to service |
|     b. Exit from the service |
|     c. Escalation of care |
| 3. Financial Management |
| 4. Consumers |
|     a. Compliance |
|     b. Feedback |
|     c. Rights |
|     d. Outcomes |
|     e. Evaluation |
| 5. Risk, Safety and Quality Management |
| 6. Human Resource Management |
|     a. Capability |
|     b. Capacity |
|     c. Licensing, e.g. AHPRA |
| 7. Information, Security and Privacy Management |
| 8. Legislative Compliance |

| Proposed Core Standards |
|---|
| 9. Asset Management |
| 10. Continuous Quality Improvement |
| 11. Diversity Responsiveness |
| 12. Transfer of Care |
| 13. Building capacity of external community |

To further explore the diversity of program areas funded by Queensland Health and the complexity of applying a standards framework to this wide range of providers, the project team mapped the alignment of local government to the 13 proposed Core Standards. Unlike the majority of NGOs funded by Queensland Health, Local Governments are mandated through legislation and are obligated to meet a range of local government regulations. To determine how a Quality Standards framework applies in this context, the project team mapped the *Queensland Local Government Act 2009: Local Government Regulation 2012* against the 13 proposed **Core Standards.**

The result was that the majority of the 13 Core Standards were covered through regulation but that five standards would require further analysis to determine compliance. These five are:

- Risk, Safety and Quality Management
- Information, Security and Privacy Management
- Continuous Quality Improvement
- Diversity Responsiveness
- Transfer of Care

*See Standards Mapping Matrix in Appendix 3.*

Throughout the workshop it was acknowledged that some service providers would also be engaging in services that pose additional risks associated with the clinical activities they would be undertaking. As a result, through a similar process, a list of **supplementary** standards was created. The intent of these supplementary standards is that these would be used in addition to the core standards, thus addressing the benchmark required for clinical quality and safety needs.

| Proposed Supplementary Standards |
|---|

1. Clinical Governance
2. Health Records Management
3. Facilities and Equipment Management
4. Medication Management
5. Infection Prevention, Control and Management
6. Consumer Identification, e.g. for medication administration

Discussion also ensued regarding the linkages between standards, services delivered and results achieved. All are integral to the delivery of effective, quality and safe consumer focussed services. The current service agreement used by Queensland Health enables the necessary flexibility for the diversity of programs and services funded to be appropriately described and mapped to relevant outputs and outcomes. While many program areas within Department of Health are working with all stakeholders towards improvements in specifying service models and performance measures, there needs to be further clarification regarding the linkages between standards, service descriptions/service models and results as they constitute the compliance and monitoring framework or Operating Framework for NGOs. The Operating Framework needs to be inclusive of which entity may:

- prescribe and monitor compliance with those standards
- prescribe the extent and quality of the services to be provided by the NGO
- monitor the quality of service delivery and give ongoing directions about it.

The NGO Operating Framework must also identify the risk assessment process applied in key decision making points throughout the quality process and also best practice for managing the conclusion of a relationship with an NGO, importantly highlighting service continuity.

# Consultations

Key Stakeholder consultations were undertaken with a range of relevant organisations, as identified by the Department of Health for this Review, and the following approaches were used:

- Quality, safety and accreditation standards experts were consulted from AGPAL Group of Companies (internal stakeholders) in a *Review standards and determining their applicability to the service providers that are contracted to Queensland Health* workshop (Agenda attached in Appendix 3).
- A Key Stakeholder Questionnaire was electronically sent to fourteen stakeholders identified by the Department of Health, which included the following closed and open-ended questions:

1) Total funding provided to you by Queensland Health
2) Number of years over which this funding is provided
3) What percentage of your total budget is this Queensland Health funding?
4) Services you provide with this funding
5) What Standards must you accredit against to receive funding (not just from Queensland Health)?
6) What areas of *duplication* are there between these Standards?
   - Is this a concern (as against collect data once and report often)?
7) How long is your *period* of accreditation against these Standards, i.e. are they different?
8) How do you measure your *own* performance? Examples may include:
   - Outputs?
   - Outcomes?
   - Consumer feedback?
   - ROI measures?
9) Thinking about the Standards you use, what *don't* the Standards cover, e.g. any service delivery gaps?
10) Why did you choose *your* Accreditation/Performance Management Standard(s)?
11) Estimate of your yearly costs for accreditation against these Standard(s)
12) Estimate of your yearly *ongoing* costs to develop, prepare and maintain all your systems and processes for accreditation requirements against the Standard(s)
13) What is your Data Management System, i.e. how do you collect, store, process, analyse and report, using your data (e.g. paper, electronic, spreadsheets, set reporting templates, etc.)?
14) How do you measure and manage Staff Satisfaction?
15) Do you have blue cards/yellow cards for all of your staff? If so, what system do you have in place to keep this current?

- A follow-up phone call interview was offered for any one of the stakeholders wishing to have this interactive discussion.
- No follow-up phone calls were requested.
- A face-to-face interview was also conducted with the Queensland Alliance for Mental Health.

# Environmental Scan

From the data gathered and the information supplied and sourced, current environmental impacts affecting the human services sector include:

1.  The **Human Services Quality Framework** (HSQF) is the most widely used human services Standard in Queensland – which applies to:
    *   organisations funded by the Department of Communities, Child Safety and Disability Services (DCCSDS) to provide child and family (including out-of-home care services), community services and disability services.
    *   disability services delivered directly by DCCSDS.
    *   providers registered to deliver prescribed disability services in Queensland for the National Disability Insurance Scheme (NDIS) during transition.

The HSQF was developed in collaboration with the non-government sector to maintain important safeguards for people using services while streamlining quality requirements. It incorporates:

*   a set of quality standards, known as the Human Services Quality Standards, which cover the core elements of human service delivery
*   an assessment process to measure the performance of service providers against the standards (assessment occurs at organisation level across all in-scope services)
*   a continuous improvement framework, which supports the participation of customers in quality improvement.

(source: www.communities.qld.gov.au/gateway/funding-grants/human-services-quality-framework/overview-framework).

2.  The **National Disability Insurance Scheme** (NDIS) represents a fundamental change to how supports for people with disability are funded and delivered across Australia. In the past, the majority of supports were delivered through government agencies, and providers were 'block funded' by government agencies to deliver particular supports to a certain number of people with disability. In the NDIS, people with disability are at the centre of the system. People with a permanent and significant disability that affects their ability to take part in everyday activities and those who would benefit from early intervention receive individualised funding to access reasonable and necessary supports" (Department of Social Services. 2016. *National Disability Insurance Scheme (NDIS) Quality and Safeguarding Framework*, p.5).

Further, the "NDIS has potential to produce major benefits for people with disability, their families and the broader community, but it also holds some potential risks. A NDIS Quality and Safeguarding

Framework is needed to ensure that capability is built in the new market-based system, the rights of people with disability are upheld, and the benefits of the NDIS are realised.

Implementation will require a consistent national approach to quality and safeguarding. In addition to advancing the rights of people with disability, a National Quality and Safeguarding Framework is required to support choice and control in the NDIS by empowering individuals and driving quality improvement.

In the new market-based system, participants will choose their providers, rather than providers being contracted by government agencies. This means that many of the current quality and safeguarding measures—which are managed through funding agreements—will no longer apply. A new system is needed to replace these measures, which have enabled governments to meet their duty of care to people with disability accessing funded supports" (Department of Social Services. 2016. *National Disability Insurance Scheme (NDIS) Quality and Safeguarding Framework*, p.6).

To effect this change, components of the NDIS Quality and Safeguarding Framework will include three components:

1. **Developmental**: Building capability and support systems
2. **Preventative**: Preventing harm and promoting quality
3. **Corrective**: Responding if things go wrong

To guide and support:

- **Individuals**: supporting and empowering people with disability
- **Workforce**: promoting a safe and competent workforce
- **Providers**: encouraging safe, innovative, high-quality support provision

To ensure the provision of safe and quality services the Federal government will establish a NDIS registrar where all providers will be required to comply with an NDIS code of conduct, and providers of certain types of supports will be required to meet additional quality and competency standards. While legislation is yet to be drafted, the NDIS Quality and Safeguarding Framework indicates that registration requirements will be proportionate to both the risk inherent in the service delivery model, and the scale of the organisation (as per below):

| | Lower-risk supports | Higher-risk supports |
|---|---|---|
| **Larger providers** | **Provider types:** e.g. cleaning company (more than five employees). <br> **Requirements**: can choose verification of individual employees or certification of organisation. The latter will be more efficient (lower cost and address employee turnover). | **Provider types:** large organisation undertaking range of higher risk supports, including personal care, behaviour support or accommodation. <br> **Requirements**: quality assurance certification focused on compliance with practice standards and management of risks, including governance and internal quality systems. Requirements tailored to scope of supports offered. |
| **Smaller providers** | **Provider types:** e.g. sole operator doing gardening, cleaning; allied health professionals registered with AHPRA or that have full membership of a recognised professional association, where relevant to their scope of practice. <br> **Requirements**: verification of insurance, qualifications, employee screening. | **Provider types:** e.g. sole operator offering higher risk supports. <br> **Requirements**: proportionate quality assurance certification tailored to scope of supports. Includes: competence, training, experience and understanding of risks. Certification evidence requirements proportionate to the size of the organisation. |

All providers delivering higher-risk supports will be required to gain third party quality assurance certification against the core practice standards. These standards are likely to reflect the National Standards for Disability Services and will cover risk management, expected qualifications and competencies for employees, complaints systems, and effective and inclusive governance. For providers specialising in mental health services, the practice standards will also reflect the National Standards for Mental Health Services.

The **Guidelines for Building the Capacity of Child-Safe Organisations** provides a Schedule, which identifies "nationally agreed characteristics of a child-safe organisation and promote best practice which takes account of the diverse range of community services. A Schedule for building the capacity of organisations to maintain child-safe environments is part of a developmental process which effectively links with a commitment to quality improvement. This means that organisations can remain engaged with these guidelines rather than view child safety as a set of expectations to be met once and forever". Accordingly, they are suggesting a set of standards or benchmarks that are used for good practice and continuous improvement, as "elements within this Schedule can be understood as benchmarks which organisations will seek to achieve and reference points against which organisations can assess their child-safe capacity. The strategies are not exhaustive but *represent nationally agreed good practice to guide organisational development".*

*Relevant to this Review, "The Schedule takes into account the scope of community services, encompassing large government organisations and non-government organisations with substantial infrastructure; organisations which rely upon volunteers for their survival; and private (for profit) providers. The governance of some organisations resides with management* committees and advisory bodies whose members are volunteers and therefore included within the scope of the Schedule". As sound logic would suggest, "The Schedule does not state precisely what organisations should do to protect children in every situation or prescribe a series of procedures which must be followed. The precise strategies and methods ('the how to') which organisations adopt are likely to be service specific, reflecting variations in the nature of activities, organisational structure and resources, and differences between jurisdictions". (Department of Social Services. 2016. *Guidelines for Building the Capacity of Child-Safe Organisations*).

Further, *The Royal Commission into Institutional Responses to Child Sexual Abuse (2016)* has indicated that, "The Royal Commission's final report [due late 2017] will include a volume dedicated to making institutions child safe. This will include a more detailed explanation of the proposed child safe elements and our recommendations on the way in which institutions, governments and communities can better protect children within Australian institutions including through:

- implementing the child safe elements
- building the capacity of institutions
- holding institutions to account through independent oversight and monitoring.


However, in advance of its final report, the Royal Commissioners considered it timely to publish this research study and disseminate the proposed child safe elements so that institutions can continue with their ongoing work to strengthen their child safe practices.

Each of the proposed child safe elements are intended to be of equal importance and are inter-related. They are framed in an outcome focused manner and allow institutions flexibility in their application. The ten elements are intended to be dynamic and responsive rather than static and definitive" (*The Royal Commission into Institutional Responses to Child Sexual Abuse: Creating Child Safe Institutions. 2016:2-3)*, and these include:

1. Child safety is embedded in institutional leadership, governance and culture.
2. Children participate in decisions affecting them and are taken seriously.
3. Families and communities are informed and involved.
4. Equity is promoted and diversity respected.
5. People working with children are suitable and supported.
6. Processes to respond to complaints of child sexual abuse are child focused.
7. Staff are equipped with the knowledge, skills and awareness to keep children safe through continual education and training.
8. Physical and online environments minimise the opportunity for abuse to occur.
9. Implementation of child safe standards is continuously reviewed and improved.
10. Policies and procedures document how the institution is child safe.

In the context of this Review, these 10 Child Safe Elements can be incorporated within the proposed thirteen (13) Standards that are seen as **core** requirements for all NGO Service Providers.

**Queensland Health Mental Health Strategy** – *Connecting care to recovery 2016–2021* builds on the vision of *My health, Queensland's future: Advancing health 2026* through supporting our mental health, alcohol and other drug system to work better for individuals, their families and communities by strengthening collaboration and more effective integration.

"Consistent with *My health, Queensland's future: Advancing health 2026*, the new plan builds on and re-emphasises the need for more effective collaboration, co-ordination and integration across and between programs, services and providers. *Connecting care to recovery 2016–2021* also recognises the need for effective partnerships with other health and social service sectors, to holistically meet the needs of individuals, their families and carers experiencing mental health, alcohol and other drug issues. We know that poor coordination, collaboration and integration in the service system not only results in increasing the complexity of the service system for individuals, families and carers but also results in inconsistent access to care and an inefficient distribution of financial and human resources". (Queensland Health. 2016. *Connecting care to recovery 2016–2021: A plan for Queensland's State-funded mental health, alcohol and other drug services*).

Relevant to this Review, the *Connecting care to recovery 2016–2021* acknowledges the Barrett Adolescent Centre Commission of Inquiry Report and the Government response to its recommendations. Further, the five priorities for action all have relevance to the NGO Service Providers performance assurance and performance management standards being discussed herein, including:

- **Priority 1** – Access to appropriate services as close to home as practicable and at the optimal time (directly relevant to the community-based NGO Service Providers' activities)
- **Priority 2** – Workforce development and optimisation of skills and scope (as this is also reflective of the NGO Service Provider workforce capability and professional development requirements)
- **Priority 3** – Better use of ICT to enhance clinical practice, information sharing, data collection and performance reporting (as this would also enhance NGO Service Providers' reporting capability)
- **Priority 4** – Early identification and intervention in response to suicide risk (as this would also be relevant to *consumer risk*)
- **Priority 5** – Strengthening patient's rights (and *consumer's rights*)

In 2016 the Federal Government announced its plan to introduce Stage One of a **Health Care Home** model to improve care for patients with chronic and complex conditions. Under this model, eligible patients will voluntarily enrol with a participating medical practice, known as their *Health Care Home*. This General Practice or Aboriginal Community Controlled Health Service will provide a patient with a 'home base' for the ongoing coordination, management and support of their chronic

and complex conditions. While general practice will be central to the *Health Care Homes* model, it is expected *that community service organisations* will also have a role to play, especially in relation to service integration, thus allowing the patient/consumer, family and health care team to more readily access important care within their own community.
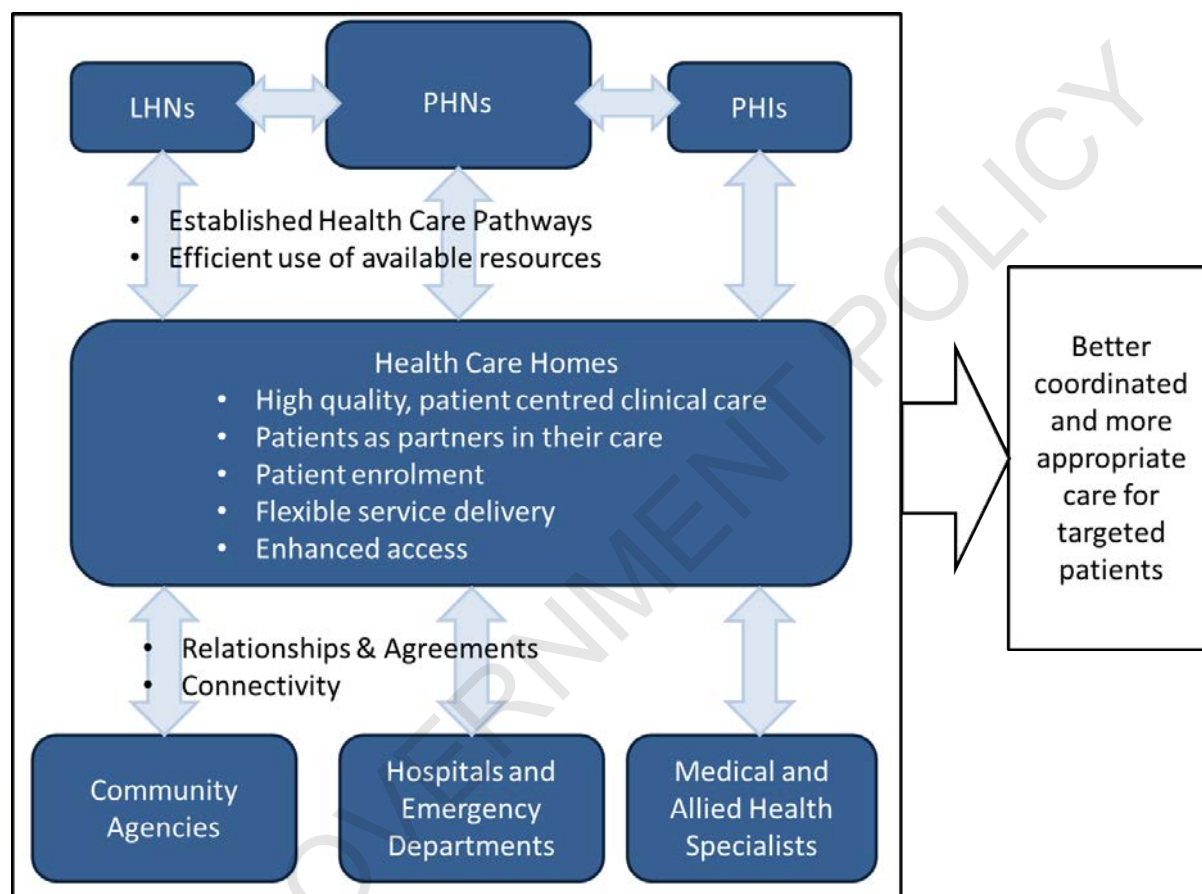


Further, the Royal Australian College of General Practitioners (2010) *Standards for general practices* (4th Edition) play an intersectoral role with the consumers of the Queensland Health funded NGO Service Providers, and can also guide development of relevant and required clinical standards of care necessary, particularly from a community-based, primary care perspective. Of note, the 5th Edition of the RACGP *Standards for general practices*, due to be released in October 2017, may well have a role to play in informing the future, required NGO Service Provider Standards.

Under the *National Ice Action Strategy*, endorsed by the Council of Australian Governments in December 2015, the Australian Government is progressing the development of a National Treatment Framework and a National Pilot Quality Framework. This work is being undertaken with State and Territory Governments under the governance of the National Drug Strategy Committee and Ministerial

Drug and Alcohol Forum, and is anticipated to involve further consultation and engagement with the non-government alcohol and other drugs treatment sector.

Key focus areas include the establishment of a new national treatment framework that clarifies government roles and improves planning; exploring options for the establishment of a national treatment framework; implementing a pilot quality framework to provide consistent and appropriate treatment in accordance with best practice and exploring options for implementation of a national quality mechanism that builds on previous work undertaken by the Commonwealth in 2014.

# Discussion

The focus on the provision of high quality services in human services and how government ensures the universal delivery of these quality services has been highlighted by the increased focus on individualised packaging as a preferred model of funding in the fields of aged care and disability. For consumer directed systems of funding to deliver effective, efficient and quality care to individuals, government has had to sharpen focus on mechanisms to regulate and monitor the quality of services to ensure appropriate safeguards are in place, often for the most vulnerable members of society. The challenge for government in doing this is to strike an effective balance between enabling services flexibility to innovate to meet local need and deliver different service models and the perceived simplicity offered by uniformly standardising assurance and monitoring frameworks.

The complexity in striking this balance is one of the variables that has contributed to the duplication of effort and increased administrative burden for many NGOs who struggle to keep pace with multiple demands to demonstrate accreditation against multiple suites of quality standards. There are many examples of NGOs required to report against multiple standards when funded by different government departments. This issue has been highlighted by the NGO sector for many years and has been the subject of many attempts by government to streamline reporting obligations for Non-Government Organisations.

It was understood from discussions with the Department of Health, that reducing duplication of effort and red tape for NGOs were important considerations in reviewing the quality standards organisations are required to accredit against.

In addition, the regulation required to maintain currency of a suite of standards was also a consideration in designing a way forward for Queensland Health. Suites of standards are reviewed every 5-7 years and this requires a large commitment from the owners of such standards and frameworks to invest in a rigorous revision/update process. This includes assessing whether developmental (aspirational) standards, criterion, indicators would be an expected and achievable level of performance, just as some core standards may no longer be applicable. Given emerging trends within the sector, it is likely that future versions of these sets of standards will increasingly strengthen and update areas such as:

- Risk, Safety and Quality Management
- Information, Security and Privacy Management
- Continuous Quality Improvement
- Diversity Responsiveness
- Transfer of Care

These updates to quality standards will necessarily be informed by continued developments in practice standards, professional codes of conduct and contemporary service models. For example, transfer of care is an important therapeutic consideration in the delivery of human services and improvements to practice are appropriately driven by clinicians in the first instance. Quality Standards are one of the ways best practice standards are implemented.

Given there are a range of existing suites of standards that govern the delivery of human services as evidenced by the sample analysed during this review that are maintained effectively by other entities, and the identified issue of increased administrative burden on NGOs from expectations of government for compliance with multiple different sets of standards, it is the recommendation of this review that Queensland Health consider a framework that uses the core and supplementary standards in terms of a benchmarking tool rather than using these to create a Queensland Health specific suite of standards.

# Proposed Standards

The following thirteen (13) Standards are seen as **core** requirements for all NGOs and can be used to benchmark other suites of standards against.

| Core Standards | Definitions |
|---|---|
| 1. Corporate Governance | The organisation maintains accountability to stakeholders through the implementation and maintenance of sound governance and management systems. These systems should reflect the size and structure of the organisation and contribute to maximising outcomes for people using services.<br><br>The organisation is governed, led and managed effectively and efficiently to facilitate the delivery of quality and coordinated services that contribute to improving the health and well-being of the target group. |
| 2. Service Delivery<br>• Entry to service<br>• Exit from the service<br>• Escalation of care | The organisation makes their services available to their target group in fair, transparent and non-discriminatory ways and people seeking access to services are prioritised and responded to, with sound eligibility, entry and exit processes facilitate access to services, on the basis of relative need and available resources. |
| 3. Financial Management | The organisation's financial management reflects its goals and supports an efficient and sustainable service. |
| 4. Consumers<br>• Compliance<br>• Feedback<br>• Rights<br>• Outcomes<br>• Evaluation | Consumers and carers are actively involved in the development, planning, delivery and evaluation of services. |
| 5. Risk, Safety and Quality Management | The organisation identifies, assesses, monitors and manages risks to ensure continuous, safe, responsive and efficient services. |
| 6. Human Resource Management<br>• Capability | The organisation has human resource management systems that ensure people working in services (including carers and volunteers) are recruited appropriately and are safe, effective and competent in their roles within the |

| Core Standards | Definitions |
|---|---|
| • Capacity<br>• Licensing, e.g. AHPRA | organisation. Once appointed, people working in the organisation have access to support, supervision, opportunities for training and development and grievance processes. |
| 7. Information, Security and Privacy Management | The organisation has effective information management systems that maintain appropriate controls of privacy and confidentiality for stakeholders.<br><br>Knowledge (including research and the collection, storage and sharing of information) is managed in a systematic, ethical and secure way, and the organisation uses it to inform service review and development. |
| 8. Legislative Compliance | The organisation ensures compliance with all relevant laws, standards of practice, codes of conduct, professional ethics and regulations. |
| 9. Asset Management | The organisation's physical resources are managed to ensure an effective, safe and efficient service. |
| 10. Continuous Quality Improvement | Safety and quality systems are integrated and are managed systematically with clear lines of accountability to ensure continuously improving performance in organisational management and service delivery processes. |
| 11. Diversity Responsiveness | The organisation delivers services that take into account the cultural and social diversity of its consumers and meets their needs and those of their carers and community, throughout all phases of care, in a culturally safe and appropriate manner. |
| 12. Transfer of Care | The organisation collaborates with and develops partnerships within its own organisation and externally with other service providers to facilitate coordinated and integrated services for consumers and carers, including an effective and documented handover system that ensures safe and continuing service delivery. |
| 13. Building capacity of external community | The organisation works in partnership with its community to promote best practice service delivery for consumers and carers and to build the capacity of the community it serves and the professional community to which it belongs. |

The following six (6) Standards are also part of the benchmarking approach and are seen as **supplementary** requirements for NGOs who provide *clinical or related care and supervision* to consumers in their service. Adding the six (6) proposed Supplementary Standards would certainly strengthen Queensland Health's current NGO Performance Framework for the Non-Government Sector, particularly for those Service Providers who provide clinical or related care and supervision to consumers in their service. Based on the analysis of the RACGP and NSQHS standards, it would not be unreasonable to suggest that if a NGO is providing a clinical or related care and supervision to consumers in their service and has achieved accreditation to either: RACGP or NSQHS standards, then Queensland Health could be reasonably assured that the organisation is providing an efficient, effective, safe, quality clinical service to its consumers.

| Supplementary Standards | Definitions |
|---|---|
| 1. Clinical Governance | Service organisation leaders implement governance systems to set, monitor and improve the performance of the organisation and communicate the importance of the clinical experience and quality management to all members of the workforce. Clinicians and other members of the workforce use the governance systems. |
| 2. Health Records Management | The organisation collects and maintains personal health information and safeguards its confidentiality and privacy in accordance with the Australian Privacy Principles. |
| 3. Facilities and Equipment Management | The organisation provides a safe and effective environment for people working in the organisation with consumers and carers. Further, the organisation provides safe and effective equipment and resources that are well maintained and appropriate for the services they deliver. |
| 4. Medication Management | The organisation has mechanisms for the safe administering, storing and monitoring of the effects of medicines for consumers in their care. Further, the organisation implements systems to reduce the occurrence of medication incidents, and ensures people working in the organisation use the systems to safely manage medicines. |
| 5. Infection Prevention, Control and Management | The organisation demonstrates a risk management approach when implementing policies, procedures and/or protocols for effective infection prevention and control, to minimise the risks to their consumers, carers and people working in the organisation, of healthcare associated infections. |

| Supplementary Standards | Definitions |
|---|---|
| 6.  Consumer Identification, e.g. for medication administration | The organisation has documented systems to ensure the correct identification and correct matching of consumers with any clinical treatment or interventions, including at least three approved consumer identifiers being used when providing care, therapy or clinical services. |

Upon application of the benchmarking framework to a number of the existing suites of standards analysed for this review, it is further recommended that Queensland Health immediately recognise that if an NGO has achieved accreditation to the:

- Human Service Quality Framework (**HSQF** for Queensland); or
- National Standards for Mental Health Services (**NSMHS**); or
- Quality Improvement Council Health and Community Services Standards (**QIC**), then Queensland Health could be reasonably assured that the organisation is providing an efficient, effective, safe, quality service to its consumers. *See Standards Mapping Matrix in Appendix 3.*

Then these services are delivering efficient, effective, safe and quality services to consumers.

Many frameworks within the health and human service sectors acknowledge achieving accreditation for small organisations may be resource intensive and difficult to achieve. As a result, a tiered approach can sometimes be adopted where the accreditation requirements are based on service size and/or amount of funding. This assessment can be made with consideration of a range of factors such as complexity of program area funded, vulnerability of client group, service setting and service type. These factors are some examples of what may considered in a risk stratification framework. It is recommended this risk stratification framework is further outlined in the Queensland Health NGO Operating Framework.

The other consideration is for those organisations that operate from multiple locations, and have centralised systems and processes. In these instances, it is likely that the majority of the accreditation assessment for all locations is undertaken at the head office/primary location (such as document review, policy and procedure review, etc.); however, where clinical risks are involved, assessments could be conducted at each of the individual locations. Again the approach taken to accreditation of specific sites is based on risk assessment and needs to be outlined further in the Queensland Health and NGO Operating Framework.

It is important to acknowledge that a critical consumer safety requirement is the screening of all front line personnel working in NGOs. Screening includes all staff and volunteers and focuses on criminal history checking prior to employment and periodically thereafter. The mechanism to achieve this in

Queensland is through application for blue cards from the Queensland Government blue card Services. This approach is used as a key prevention and monitoring system for people working with children and young people in Queensland, as the:

- **past** is risk managed though the initial assessment, which determines a person's eligibility to work with children, based on known police or disciplinary information
- **present** is risk managed through police information of all blue card or exemption card holders, which is continuously monitored so any changes are actioned appropriately, and
- **future** is risk managed by service providers, who are required to implement child and youth risk management strategies and review them annually.

Furthermore, obtaining a yellow card is a necessary requirement for any person who has an agreement (written or unwritten) with an NGO to work at a place where disability services are provided. People who must apply for a prescribed notice include:

- employees
- volunteers
- people who have a contract with the non-government service provider
- members of a board, management committee or other governing body
- executive officers
- students.

The current Queensland Health performance framework identifies employment screening as a necessary requirement, especially for those services with a focus on services to children and young people. This will need to be a continued emphasis in the future.

There are significant resource implications for organisations in initially complying and then maintaining compliance with quality standards. Consideration will need to be given to the resource implications for those NGOs who may require significant levels of support to prepare their organisations for initial compliance with quality standards. Queensland Health will need to consider resourcing in the further development of a detailed state wide implementation plan.

The Queensland Health NGO Operating Framework needs to provide a comprehensive overview of mechanisms used by Queensland Health to ensure accountability of NGOs for the expenditure of public funds. This framework should be inclusive of the mechanisms for monitoring both performance and quality standards, which would need to include funded services' results, outputs and outcomes. In addition, the Queensland Health NGO Operating Framework will identify the risk stratification process to identify the best way forward in healthcare utilisation.

Given the practice framework for working with NGOs is significantly influenced by the whole of government agenda and given the application of the Whole-of-Government Standard Terms and Funding

and Service Details, the Queensland Health NGO Operating Framework will be reflective of practice standards and quality care and risk management processes as identified through the Whole of Government Social Services Category Council. To that end the Department of Health is the entity best placed to prescribe and monitor compliance with those standards; prescribe the extent and quality of the services to be provided by the NGO; and monitor the quality of service delivery and give ongoing directions about it.

A key consideration highlighted in recommendation 2 was further analysis of the complexity and processes for termination of the Service Agreements, whether by effluxion of time, for breach of contract, because of policy changes, tor any other reason.

Government has an obligation to ensure that it is accountable for the use of public funds. If a program is not achieving its objectives or its objectives change, a service provider does not perform to the standard expected, or if a program of funding comes to its expected end and achieves the desired outcome, it is important that government has mechanisms to address the impacts of all these scenarios. These scenarios may impact on funded and/or unfunded non-government providers, clients, the community, and government policy makers.

The termination of a relationship with a non-government provider is a complex process that requires consideration from both a legal and community impact perspective.

As the main instrument governing the relationship between the parties, the Service Agreement, outlines the legal process for termination in the standard terms and conditions.

The conclusion of a relationship with a provider also requires careful consideration of the impact on community and clients. Issues such as service continuity and in particular the maintenance of a response for existing clients are part of the essential planning in these circumstances. It is important therefore that cessation of Agreements is carefully managed to ensure appropriate processes are followed with sensitivity and professionalism.

The Service Agreement should identify an exit strategy as one of the deliverables in the initial stages of establishing the service. This exit strategy could include (but is not limited to): the steps and timeframe to ensure appropriate referral of clients; key transition points for staff management; transfer of records, information or equipment; and a communication strategy.

At the end of an Agreement, it is important to verify that all contractual obligations have been successfully met. This is a formal contractual process and must outline to the Non-Government Organisation the clauses of the agreement that identify their surviving obligations. Other areas that can be considered include ensuring the submission of all final reports from the funded organisation; submission of any reviews of evaluations to inform future decision making; ensuring financial reporting obligations are met and any unspent funds are appropriately acquitted.

The Queensland Health NGO operating framework would also need to articulate a practice framework for managing the complexities associated with the ending of a service agreement.

(Adapted from Australian Capital Territory Government (2012). *Guiding Partnerships – The Funding Managers Guide*. ACT Government, Canberra).

# Impact of implementation of the other recommendations made by the Commission

The Barrett Adolescent Centre Commission of Inquiry Report into the closure of the Barrett Adolescent Centre was provided to the Queensland Premier on 24 June 2016.

The Queensland Government accepted all six recommendations in its response to the Commission of Inquiry Report. In accepting Recommendation 2, Queensland Government agreed to 'review the Service Agreement arrangements for all Non-Government Organisations providing health services. This review will focus on the effectiveness of quality and safety provisions, performance monitoring arrangements, and the capacity to respond to poor performance or significant events'.

Of the five other recommendations below, Recommendations **1**, **5** and **6** have a potential impact on this review, as follows:

1. **Review legislation that establishes the devolved Hospital and Health Service model in Queensland Health** (with an independent review to be completed by 31 March 2017), as this reviews the role of Hospital and Health Services as statutory bodies with responsibility for delivering statewide *services across local communities through service agreements* entered into with the Department.

5. **Improve transitions for adolescents moving into adult services**, as this reviews the *alignment and transition arrangements* between adolescent and adult mental health services, i.e. transfer of care from one service provider to another.

6. **Improve co-ordination between services designed to support young people who have both an intellectual disability and mental illness**, as this undertake services mapping and review Guidelines for Collaboration between Queensland Health – Mental Health Services, Disability Services Queensland and Funded Disability Service Providers. The revised guidelines will include reference to *transition and care-coordination arrangements to ensure continuity of care for clients*.

**Summary of the Commission of Inquiry Recommendations and Findings, Conclusions and Comments**

The Government accepted in principle the six recommendations of the Commission of Inquiry. In summary the recommendations are to:

- Review legislation that establishes the devolved Hospital and Health Service model in Queensland Health;
- Improve Service Agreements that Queensland Health uses to contract services provided by Non-Government Organisations;
- Improve the availability and use of evaluations to inform clinical interventions in mental health;

- Consider a new building in south-east Queensland offering a range of mental health services for young people, including bed-based services;
- Improve transitions for adolescents moving into adult services; and
- Improve co-ordination between services designed to support young people who have both an intellectual disability and mental illness. In addition to the recommendations, the Commission made a number of findings, conclusions and comments. The Commission identifies that, overall, the individual patient transition arrangements on the closure of the Barrett were adequate. However, the Commission made criticisms of governance and decision-making processes associated with closing Barrett and cessation of and redirection of funding from the Redlands project. This table provides a response to the specific recommendations detailed in the Barrett Adolescent Centre Commission of Inquiry Report.

| No | Recommendation | Response |
|----|----------------|----------|
| 1 | Review legislation that establishes the devolved Hospital and Health Service model in Queensland Health<br><br>The Commission recommends that:<br><br>a. a review of the devolution of responsibilities to Hospital and Health Services under the Hospital and Health Boards Act 2011 (Qld) be undertaken by a party independent of Queensland Health, the HHSs and the Queensland Mental Health Commission;<br>b. the review be commenced by 30 September 2016; and<br>c. the review be completed within six months of its commencement. | **Accepted**<br><br>The Queensland Government will engage an independent party by 30 September 2016 to review the progress of implementation of the Hunter Review with regard to the delivery of statewide services.<br><br>This will include a focus on the functions and role of the Department of Health as a system manager and the role of Hospital and Health Services as statutory bodies with responsibility for delivering statewide services across local communities through service agreements entered into with the Department.<br><br>This review will be completed by 31 March 2017. |
| 2 | Improve Service Agreements Queensland Health uses to contract services provided by Non- Government Organisations. | **Accepted**<br><br>The Queensland Government will review the Service Agreement |

| | | The Commission recommends that service agreements be carefully drawn to ensure they deal explicitly and sufficiently with matters such as: | arrangements for all Non-Government Organisations providing health services. This review will focus on the effectiveness of quality and safety provisions, performance monitoring arrangements and the capacity to respond to poor performance or significant events. The review will be completed by June 2017. |
|---|---|---|---|
| | | a.  minimum standards/or staff employed to work in a particular facility; | |
| | | b.  which entity may prescribe and monitor compliance with those standards; | |
| | | c.  which entity may prescribe the extent and quality of the services to be provided by the NGO; | |
| | | d.  which entity may monitor the quality of service delivery and give ongoing directions about it; | |
| | | e.  termination of the service agreement, whether by effluxion of time, for breach of contract, because of policy changes, or any other reason. | |
| 3 | | Improve the availability and use of evaluations to inform clinical interventions in mental health<br><br>The Commission recommends:<br><br>a.  that the Queensland Centre for Mental Health Research investigate the extent of the clinical evaluation of mental health interventions;<br>b.  that the extent of clinical evaluation of mental health interventions be referred to the Council of Australian Governments (COAG) for possible development of a coordinated nationwide approach;<br>c.  the provision of funding to undertake ongoing in, and where practicable, independent evaluation and research;<br>d.  that services and/or independent evaluators be well resourced to enable research results to be published in a timely manner; and<br>e.  that service agreements relating to the delivery of Adolescent Mental Health Extended Treatment Initiative (AMHETI) services include a requirement to conduct ongoing evaluation and that this expectation be matched by targeted | **Accepted**<br><br>The Queensland Government will commission the Queensland Centre for Mental Health Research (QCMHR) to identify existing clinical and program evaluation frameworks for extended treatment for adolescents and young people with severe and complex mental health issues. This will inform the development of an ongoing evaluation process and approach, including data analysis and reporting, across AMHETI services.<br><br>The Premier will provide the findings and recommendations to COAG for consideration. |

| | | |
|---|---|---|
| | ongoing funding. | |
| 4 | Consider a new building in south-east Queensland offering a range of mental health services for young people, including bed-based services | **Accepted** |
| | The Commission recommends that consideration be given to the establishment of a bed-based extended treatment and rehabilitation unit for young people with severe and complex mental illness, as part of an adolescent non-acute mental health facility, on or adjacent to, the campus of a general hospital in South-East Queensland. | The Queensland Government will build a new bed-based treatment facility in south-east Queensland for young people with complex mental health issues, and ensure patients have access to an integrated education/vocational training program. |
| | The Commission envisages that such a facility might encompass: | The size, location and model of care provided in this facility will be informed by current research and consultation with health consumers, including families from the former Barrett Adolescent Centre. |
| | • a bed-based extended treatment and rehabilitation unit for 10-15 inpatients<br>• the local day treatment centre (for another 10 patients)<br>• supported accommodation (for day patients)<br>• and be the base for the local AMYOS service | |
| | The bed-based extended treatment and rehabilitation unit should have the following features: | |
| | • a non-medicalised environment, at ground level<br>• a multi-disciplinary approach<br>• careful and early discharge planning, from the time of admission<br>• a six month target length of stay<br>• a contemporary suite of interventions<br>• an integrated education/vocational training program<br>• flexibility with upper age limits<br>• admission of young people from all over Queensland. | |
| | The Commission does not suggest that the BAC should be replicated. | |

| 5 | Improve transitions for adolescents moving into adult services<br><br>The Commission recommends:<br><br>   a.  that a review of the lack of alignment of adolescent and adult mental health services be undertaken by a party independent of Queensland Health, the HHSs and the Queensland Mental Health Commission; and<br>   b.  that lack of alignment of adolescent and adult mental health services be referred also to COAG for possible development of a coordinated nationwide approach. | **Accepted**<br><br>The Queensland Government will engage an independent reviewer to review the alignment and transition arrangements between adolescent and adult mental health services.<br><br>The Premier will provide the findings and recommendations to COAG for consideration. |
|---|---|---|
| 6 | Improve co-ordination between services designed to support young people who have both an intellectual disability and mental illness.<br><br>The Commission endorses the recommendations of the Process Review Report undertaken by the Centre of Excellence for Clinical Innovation and Behaviour Support,<br><br>Department of Communities, Child Safety and Disability Services, namely:<br><br>   a.  that the Guidelines for Collaboration between Queensland Health – Mental Health Services, Disability Services Queensland and Funded Disability Service Providers be reviewed and revised<br>   b.  that the need for joint transition planning be addressed<br>   c.  that comprehensive risk assessment and post-discharge follow up responsibilities of the discharging organisation be included in the joint transition planning<br>The Commission recommends also:<br><br>   d.  that those Guidelines deal expressly with the respective responsibilities of Queensland Health, Children's Health Queensland HHS and | **Accepted**<br><br>The Queensland Government will undertake services mapping and review Guidelines for Collaboration between Queensland Health – Mental Health Services, Disability Services<br><br>Queensland and Funded Disability Service Providers.<br><br>This review will have regard to introduction of the National Disability Insurance Scheme and the role and function of the Department of Health, Hospital and Health Services, the Department of Communities, Child Safety and Disability Services/ National Disability Insurance Agency and Non- government organisations. The revised guidelines will include reference to transition and care-coordination arrangements to ensure continuity of care for clients. |

| | local Hospital and Health Services in collaborating with Disability Services Queensland and Funded Disability Service Providers<br><br>e.   that a service mapping exercise be undertaken to identify what services are needed | |
|---|---|---|

# Contact Details

**Quality Innovation Performance Consulting (QIP Consulting)**

Gavin Axman-Friend

General Manager, Strategy

AGPAL Group of Companies


Level 1, 20 Railway Terrace

Milton, Queensland, Australia 4064


**T:**    1300 652 101

**E:**    gaxmanfriend@agpal.com.au

**W:**    www.qipconsulting.com.au

# Appendix 1 – Queensland Health NGO Performance Framework

## Overview: Queensland NGO Performance Framework

### PERSPECTIVE 1: FUNDED SERVICE DELIVERY

| OBJECTIVES | INDICATORS |
|---|---|
| **Service Types**<br>**1.1** The organisation delivers the services as agreed with Queensland Health | **1.1a** The organisation describes its funded Service Types |
| **Service Statistics**<br>**1.2** Services and consumer data will provide Queensland Health with information to monitor an organisation's performance | **1.2a** The organisation collects and reports direct service delivery statistics to Queensland Health on a regular basis |

### PERSPECTIVE 2: CONSUMER AND COMMUNITY

| OBJECTIVES | INDICATORS |
|---|---|
| **Consumer Focus**<br>**2.1** The project's consumers are satisfied with services delivered. | **2.1a** The project has a process for monitoring consumer satisfaction and improves its service according to the feedback collected.<br>**2.1b** The project has documented, advertised and accessible complaint mechanism. |
| **2.2** The project ensures its consumers are aware of their rights and responsibilities and upholds those rights. | **2.2a** The project ensures workers inform consumers of their rights and responsibilities, and assist them to exercise those rights and meet their responsibilities.<br>**2.2b** The project has systems in place to ensure the confidentiality, privacy and consent of consumers. |
| **Accessible Services**<br>**2.3** Services are provided with consideration for the target group's social and cultural needs and expectations. | **2.3a** The project develops strategies to ensure that its services are culturally appropriate and non-discriminatory to the target group. |
| **2.4** The project addresses physical and knowledge barriers that may prevent the target group from using its services. | **2.4a** The project addresses barriers to access its services by consumers, including hours of operation, publicising service availability, and service delivery location and environment. |
| **Engagement and Participation**<br>**2.5** The project encourages participation by members of its target group and the broader community. | **2.5a** The project has a process in place to allow its consumers and representatives of the community to participate in service planning, delivery and evaluation. |
| **Appropriate Services**<br>**2.6** The project plans its services in accordance with the needs of its target group. | **2.6a** The project develops and implements specialist activities that are appropriate to its target group's needs. |
| **Collaboration**<br>**2.7** The project collaborates to enhance service delivery for its target group. | **2.7a** The Management Committee identifies priorities and documents how it will collaborate with other agencies to improve the health and well being of the target group.<br>**2.7b** The project actively collaborates with other agencies to improve its service delivery. |

## PERSPECTIVE 3: CONTINUOUS QUALITY IMPROVEMENT

| OBJECTIVES | INDICATORS |
|---|---|
| **Innovation and Learning**<br>**3.1** The project is committed to ongoing development of its service activities and workers. | **3.1a** The project n provides workers with opportunities for education and professional development.<br>**3.1b** The project supports learning about best practice approaches to service delivery, management and operations. |
| **Workplace Health and Safety**<br>**3.2** The health and safety of all persons within the organisation is protected. | **3.2a** The organisation has a strategy to ensure safe management of work practices and physical and psychological aspects of the environment. |
| **Risk Management**<br>**3.3** The organisation monitors organisational risks and controls these where possible. | **3.3a** the organisation develops, documents and implements a risk management process. |
| **Evaluation**<br>**3.4** The project regularly evaluates its activities. | **3.4a** The project has developed valid systems or processes for evaluating and improving its service activities and outcomes.<br>**3.4b** The project participates in research by other parties that relates to health services for the target group. |

## PERSPECTIVE 4: MANAGEMENT & RESOURCING

| OBJECTIVES | INDICATORS |
|---|---|
| **Leadership and Governance**<br>**4.1** The Management Committee provides leadership and takes responsibility for ensuring that the organisation's achievements and services contribute to improving the health and well-being of the target group. | **4.1a** The Management Committee meets its obligations under its incorporation legislation, including matters relating to corporate governance, financial administration and insurance.<br>**4.1b** The Management Committee leads the identification of the organisation's service priorities and development of the strategic plan. |
| **Operational Management**<br>**4.2** The organisation's management is accountable for how services are delivered. | **4.2a** The organisation has an operational plan that clearly identifies its goals and strategies, and assigns workers responsibilities and accountabilities.<br>**4.2b** Management involves the organisation's stakeholders in decision making. |
| **Efficient Use of Resources**<br>**4.3** Services are delivered to the target group with an efficient use of resources. | **4.3a** The organisation's human resource policies and practices comply with requirements of the Queensland Health Service Agreement and relevant legislation.<br>**4.3b** The Management Committee is accountable for the efficiency of service delivery. |
| **Sustainability**<br>**4.4** The Management Committee has identified ways to maintain or enhance the sustainability of the organisation. | **4.4a** The Management Committee addresses issues of sustainability and quality improvement in the organisation's strategic plan.<br>**4.4b** Business cases are developed to assist the Management Committee with decisions that may significantly affect service delivery and resources. |
| **Transparency and Accountability**<br>**4.5** The organisation is accountable to key stakeholders. | **4.5a** The organisation ensures that workers comply with the applicable codes of ethics, standards of practice and registration requirements.<br>**4.5b** The Management Committee holds an appropriately convened Annual General Meeting and ensures that its Annual Report is distributed to key stakeholders.<br>**4.5c** The organisation has a documented set of principles that guide the delivery of services to the target group. |

# Appendix 2 - Staged implementation plan for the proposed framework and recommended processes

## Staged implementation plan for the proposed NGO Service Providers Standards framework

| Queensland Health Funded Service Providers | Day 0 | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 | Month 13 | Month 15 | Month 18 | Month 24 | Month 27 | Month 30 | Month 33 | Month 36 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Standards in Action** | | | | | | | | | | | | | | | | | | | | | |
| Standards accreditation teams and personnel identified, role requirements and accountability clarified | | ■ | | | | | | | | | | | | | | | | | | | |
| Follow-up education regarding the Service Delivery Standards and what this means to the Board/executive, other staff, carers and consumers | | | ■ | | | | | | | | | | | | | | | | | | |
| Information sessions regarding the Service Delivery Standards accreditation process and what this means to the Board/executive, other staff, carers and consumers | | | ■ | | | | | | | | | | | | | | | | | | |
| Timelines published regarding the Service Delivery Standards accreditation process and what this means to the Board/executive, other staff, carers and consumers | | | ■ | | | | | | | | | | | | | | | | | | |
| Service Delivery Standards accreditation self-assessment tools and processes trialled across the organisation, including the Board/executive, other staff, carers and consumers | | | | ■ | | | | | | | | | | | | | | | | | |
| Review of the Service Delivery Standards accreditation self-assessment tools and processes trialled across the organisation - areas for improvement documented | | | | ■ | | | | | | | | | | | | | | | | | |
| Areas for improvement from the Review of the Service Delivery Standards accreditation self-assessment tools and processes are actioned across the organisation | | | | | ■ | ■ | | | | | | | | | | | | | | | |
| **Standards Auditing and Compliance** | | | | | | | | | | | | | | | | | | | | | |
| Random internal-audits of the Service Delivery Standards accreditation compliance undertaken across the organisation | | | | | | | ■ | | | | | | | | | | | | | | |
| Review of the results of the random internal-audits of the Service Delivery Standards accreditation compliance undertaken across the organisation completed | | | | | | | ■ | | | | | | | | | | | | | | |
| Results from the random internal-audits of the Service Delivery Standards accreditation compliance documented - with a quality improvement plan - submitted to Executive and the Board | | | | | | | ■ | | | | | | | | | | | | | | |
| Quality improvement plan actions, from the random internal-audits of the Service Delivery Standards accreditation compliance report - implemented across the organisation | | | | | | | | ■ | ■ | ■ | | | | | | | | | | | |
| Internal re-auditing of the Service Delivery Standards accreditation compliance and improvement activities undertaken across the organisation | | | | | | | | | | | | ■ | | | | | | | | | |
| Review of the results of the random internal-audits of the Service Delivery Standards accreditation compliance undertaken across the organisation completed | | | | | | | | | | | | ■ | | | | | | | | | |
| Results from the random internal-audits of the Service Delivery Standards accreditation compliance documented - with a quality improvement plan - submitted to Executive and the Board | | | | | | | | | | | | ■ | | | | | | | | | |

**Monitoring and Reporting**

| Task | Year 1 | Year 2 | Year 3 |
|---|---|---|---|
| Annual self-auditing of the Service Delivery Standards accreditation compliance undertaken across the organisation | ■ | ■ | |
| Review of the results of the self-auditing of the Service Delivery Standards accreditation compliance undertaken across the organisation completed | ■ | ■ | |
| Results from the self-auditing of the Service Delivery Standards accreditation compliance documented – with a quality improvement plan – submitted to Executive and the Board | ■ | ■ | |
| Reporting to Queensland Health on results of Standards Accreditation Self-Audit with quality improvement plan | | | |

**Assurance, Measurement and Review**

| Task | Year 1 | Year 2 | Year 3 |
|---|---|---|---|
| Queensland Health reviews the results of the NGO Service Provider's Standards Accreditation Self-Audit Report with quality improvement plan | ■ | | |
| Feedback and/or discussion provided by Queensland Health in response to the NGO Service Provider's Standards Accreditation Self-Audit Report with quality improvement plan | ■ | | |
| NGO Service Provider's response to feedback and/or discussion provided by Queensland Health regarding their Standards Accreditation Self-Audit Report and quality improvement plan | ■ | | |
| Quality improvement plan actions, from the Queensland Health review of NGO's Standards Accreditation Self-Audit Report – implemented across the organisation | ■ | | |

**Monitoring, Improving, Auditing and Compliance**

| Task | Year 1 | Year 2 | Year 3 |
|---|---|---|---|
| Random internal-audits of the Service Delivery Standards accreditation compliance undertaken across the organisation | | ■ | |
| Review of the results of the random internal-audits of the Service Delivery Standards accreditation compliance undertaken across the organisation completed | | ■ | |
| Results from the random internal-audits of the Service Delivery Standards accreditation compliance documented – with a quality improvement plan – submitted to Executive and the Board | | ■ | |
| Quality improvement plan actions, from the random internal-audits of the Service Delivery Standards accreditation compliance report – implemented across the organisation | | ■ | |
| Internal re-auditing of the Service Delivery Standards accreditation compliance and improvement activities undertaken across the organisation | | | ■ |
| Review of the results of the random internal-audits of the Service Delivery Standards accreditation compliance undertaken across the organisation completed | | | ■ |
| Results from the random internal-audits of the Service Delivery Standards accreditation compliance documented – with a quality improvement plan – submitted to Executive and the Board | | | ■ |
| Organisational preparations for the onsite accreditation survey to be undertaken by a licensed accreditation agency | | | |

**Accreditation Assessment, Decision and Monitoring**

| Task | Year 1 | Year 2 | Year 3 |
|---|---|---|---|
| Licensed accreditation agency makes an accreditation decision based on the outcomes of the onsite assessment and advises the organisation | | | ■ |
| Queensland Health reviews the accreditation agency's decision regarding the NGO Service Provider's Standards Accreditation Report with quality improvement plan | | | ■ |
| Feedback and/or discussion provided by Queensland Health in response to the NGO Service Provider's Standards Accreditation Report with quality improvement plan | | | ■ |
| NGO Service Provider's response to feedback and/or discussion provided by Queensland Health regarding their Standards Accreditation Report and quality improvement plan | | | ■ |
| Quality improvement plan actions, from the Queensland Health review of the NGO Service Provider's Standards Accreditation Report – implemented across the organisation | | | Ongoing |

# Appendix 3 – Workshop Agenda

## Meeting Agenda

| Meeting Subject: | Review of standards for Queensland Health project | Date: | 30.1.17 |
|---|---|---|---|
| Purpose of Meeting: | Review standards and determining their applicability to the service providers that are contracted to Qld Health | Start Time: | 12:30 |
| Location of Meeting: | Meeting Room 1 | Finish Time: | 16:30 |

### Attendance List:

| Name | Position | Name | Position |
|---|---|---|---|
| Mark Brommeyer | Managing Director Brommeyer Consulting | Gavin Axman-Friend | GM Strategy |
| Louise Kuiper | National Manager QA&AS | Renee Balak | Quality Analyst |
| Simon Kuut | Manager QIP Community | Sue Francis | National Manager QIP Health |

| Item No | Details | Facilitator | Action items |
|---|---|---|---|
| **1. Introduction to Project/Team** | | | |
| 1.1 | Overview of project | GAF | |
| 1.2 | Confidentially agreements | GAF | |
| 1.3 | Consultancy process | MB | |
| 1.4 | Participants role | GAF - MB | |
| **2. Standard review** | | | |
| 2.1 | Overview of relevant standards - intent, topics, regulator | All | |
| 2.2 | Mapping of HSQF – NMHQS | GAF | |
| 2.3 | Core versus secondary/additional | MB | |
| 2.4 | Other standards? | MB GAF | |
| **3. Framework** | | | |
| 3.1 | Performance assurance | MB | |
| 3.2 | Performance management | MB | |
| 3.3 | Implementation directions | MB | |
| **4. Reporting** | | | |
| 4.1 | Requirements | MB | |
| 4.2 | Timelines | GAF | |
| 4.3 | Other – inputs | MB | |
| 4.4 | Action plan | MB | |

# Appendix 4 – Key Stakeholder Questionnaire

**Queensland Health Non-Government Organisation Service Agreements Review Consultation**

Queensland Health Non-Government Organisation Service Agreements Review Consultation Questionnaire

**Brommeyer Consulting Pty Ltd and QIP Consulting have been commissioned by Queensland Health to undertake an assessment of the quality, safety and performance standards of NGO funded service providers. Your expert inputs and considered feedback to these 16 questions will inform and actively contribute to this review.**

1. What is the *total* funding provided to you by Queensland Health?

2. What is the number of *years* over which this Queensland Health funding has been provided?

3. What percentage of your *total* budget is this Queensland Health funding?

4. Please list the range of *services* that you provide with this funding.

5. What Standard(s) must you accredit against to receive *any* of your funding (not just from Queensland Health)?

6. What areas of *duplication* are there between these Standards? (please be as specific as you can)

7. Are these areas of duplication a *concern* to your organisation (as against collect data once and report often)?

○ Yes

○ No

Please explain

8. How long is your *period* of Accreditation against these Standards, i.e. are they different?

9. How do you measure your own *organisational performance*?

☐ Outputs

☐ Outcomes

☐ Consumer feedback

☐ Return on Investment (ROI) measures

☐ Other

Please list as many of the above measures you use.

10. Thinking about the Standards you use, what **don't** the Standards cover, e.g. any service delivery *gaps*?

11. Why did you choose *your* Accreditation/Performance Management Standard(s)?

12. What is the estimate of your *yearly* costs for accreditation against these Standard(s)

13. What is the estimate of your yearly *ongoing* costs to *develop*, *prepare* and *maintain* all your **systems** and **processes** for accreditation requirements against the Standards(s)

14. What is your Data Management System, i.e. how do you collect, store, process, analyse and report, using your data (e.g. paper, electronic, spreadsheets, set reporting templates, etc.)?

15. How do you measure and manage Staff Satisfaction?

**16. Do you have blue cards/yellow cards for all of your staff?**

○ Yes

○ No

If so, what system do you have in place to keep this current?

# Appendix 5 – Key Stakeholder Questionnaire Feedback

Nine responses were received to the Key Stakeholder Questionnaire that was electronically sent to all thirteen stakeholders identified by Queensland Health, which included the following closed and open-ended questions:

1) **Total funding provided to you by Queensland Health**
   a. $30,791
   b. $697,694
   c. $6,738,766
   d. $565,000
   e. $4,017,708
   f. $2,965,000
   g. $644,374
   h. $1.1 million
   i. 580,000

2) **Number of years over which this funding is provided**
   a. 3.5
   b. 5
   c. 20
   d. 6
   e. 3
   f. HASP - 20 years CMMHP - 3 years PSS - 3 years
   g. 3
   h. 5
   i. 40 years (total years of funding that has been provided by Queensland Health)

3) **What percentage of your total budget is this Queensland Health funding?**
   a. 5.6%
   b. 34%
   c. 9.96%
   d. 95%
   e. 20% of our Queensland budget
   f. 65%
   g. 1.45%
   h. 16%
   i. 10%

4) **Services you provide with this funding**

   a. Independent advocacy for people with mental health

   b. Group activities, family and carer support, mutual support and self help, and personalised support

   c. Transitional accommodation – Logan and Gold Coast with inreach and outreach Resident recovery program Ipswich, Consumer Operated Service Sunshine Coast Housing and Support Program all regions

   d. Community Access and in Home Support

   e. Residential Services, Personalised Support, Mutual Support and Self Help, Group Support and Family and Carer Support

   f. PSS; HASP; CMMHP

   g. Individualised support; mutual support and self help; family and carer support and group work activities.

   h. Personalised support – other Psychosocial intervention and support; Group facilitation; Complex care coordination

   i. Mutual Help Groups for people with mental illness


5) **What Standards must you accredit against to receive funding (not just from Queensland Health)?**

   a. National Standards for Disability Services

   b. Human Services Quality Framework

   c. Human Services Quality Framework Standards, going through accreditation for National Standards for Mental Health Services March 2017

   d. Human Services Quality Framework

   e. QIC Health and Community Services Standards, Human Services Standards – Qld Department of Communities, NDIA Standards – to be advised

   f. Human Services Quality Framework, NGO Performance Framework (Queensland Health funding)

   g. ISO9001 and Human Services Quality Framework

   h. Footprints has a Quality Management System founded in the requirements of Home Community Care Standards, the Human Services Quality Framework and National Mental Health Standards. The QMS is aligned with the ISO9001

   i. ISO 9000 and National Mental Health Standards


6) **What areas of *duplication* are there between these Standards? Is this a concern (as against collect data once and report often)?**

   a. Exempted from all other standards – No

b. The above standards provide us with an exemption from Queensland Health Performance Framework Standards, thus duplication is not an issue – No

c. Unsure at the moment – No

d. None – No

e. Some standards are mental health specific others are more relevant for the human services and disability sectors generally – No. At this stage there is no agreed standards for the NDIS. National Standards for Mental Health Services may provide some specific standards for Community Mental Health Organisations to guide their work; however, the overall QIC Health and Community Services Standards are more helpful to the organisation as a whole.

f. NGO Performance Framework and Human Services Quality Framework have duplication across the entire framework; it is too detailed to collate in this survey – No

g. Human Services Quality Framework is inclusive of the ISO 9001 Standards; however, is more expansive and covers service delivery – Yes, duplication of reporting and auditing.

h. Standards relating to Governance/Service Delivery – No, information is able to be provided from each of these accreditation standards. Only concern is if extra standards are required by the funding body.

i. Financial; Safety; Quality Improvement; Human Resources; Service management – Yes, but it has been this way for a very long time. It has improved over time with less funding agencies now requiring standards validation and happy to use a selection of nationally recognised standards. We use an online standards system that links the duplicated information so we don't have to repeat ourselves.

7) **How long is your *period* of Accreditation against these Standards, i.e. are they different?**
   a. 18 months
   b. 3 years
   c. 3 years
   d. 3 years and no
   e. 3 years
   f. 1 year
   g. Three yearly with different renewal dates
   h. 3 years
   i. 4 years

8) **How do you measure your *own* performance? Examples may include:**
   a. Outputs, Outcomes and Consumer feedback
   b. Outcomes, Consumer feedback and we undergo a three yearly international accreditation by Clubhouse International to ensure we are adhering to the best practices under the Clubhouse model of rehabilitation

c. Outputs, Outcomes, Consumer feedback and Return on Investment (ROI) measures

d. Outputs, Outcomes and Consumer feedback

e. Outputs, Outcomes and Consumer feedback – Staff Retention; Financial Growth; Relationship Management; Relationships with government, PHNs and other community managed mental health organisations

f. Outputs, Outcomes and Consumer feedback – Contract deliverables: caseload numbers, hours of support provided, FTE numbers per service, percentage of participant direct service delivery hours provided, budget expenditure

g. Outputs, Outcomes, Consumer feedback and Return on Investment (ROI) measures

h. Outputs, Outcomes, Consumer feedback, Internal audits and benchmarking

i. Outputs, Outcomes, Consumer feedback and Return on Investment (ROI) measures

9) **Thinking about the Standards you use, what *don't* the Standards cover, e.g. any service delivery gaps?**

a. No response

b. No response

c. National Mental Health Standards should cover the gaps

d. Service Delivery Gaps

e. N/A

f. Budget, consistent output data sets

g. None

h. Consumer and Care involvement – Community engagement is included

i. If the standard includes continuous improvement, it covers most things.

10) **Why did you choose *your* Accreditation/Performance Management Standard(s)?**

a. We did not choose, it is mandatory to receive government funding

b. They encompass our organisational values and goals and allow us to remain under the umbrella of Clubhouse International

c. Aligns with Disability within the organisation

d. Because we have always had great dealings with them

e. The national coverage and broadly covers and is relevant to both state and federally funded programs

f. State based accreditation requirements and fit with organisational service types

g. It was a funding requirement, however HSQF is also renowned for its Quality Framework

h. Standards requirements are set by the funding body, not by the organisation – exemptions can be obtained if service is using the above accredited standards

i. NMHS – required for NDIS and WA funding; ISO 9001 due to familiarity.

11) **Estimate of your yearly costs for accreditation against these Standard(s)**

    a. $4,500
    b. $3,750
    c. unable to cost this out at this time
    d. $4,500 we try to book so we share costs with other organisations for flights and accommodation
    e. $100k/year plus staff contributions (time)
    f. $5,000
    g. $150,000
    h. $5,000
    i. $10,000


12) **Estimate of your yearly *ongoing* costs to develop, prepare and maintain all your systems and processes for accreditation requirements against the Standards(s)**

    a. $12,000
    b. $5,000
    c. Huge!! not able to cost this at the moment
    d. $6,000
    e. Total staff ongoing contribution to the standards are unclear however in the 6 months lead up to accreditation, this would be conservatively equivalent to $300,000 in terms of staff input across all levels
    f. $500,000
    g. $150,000
    h. $20,000
    i. $15,000


13) **What is your Data Management System, i.e. how do you collect, store, process, analyse and report, using your data (e.g. paper, electronic, spreadsheets, set reporting templates, etc.)?**
    a. Access and excel spreadsheets, electronic reporting
    b. Electronic
    c. Traacs
    d. Flow Logic / Data Nova cloud based program
    e. Carelink, Fixus, Mastercare and Supportability
    f. Smartsheet, spreadsheets, budget system, Client Management System, manual collation of data
    g. Our primary Data Management System is CSNet, however spreadsheets and reporting templates are also utilised for record keeping, analysis and reporting. For our mental health programs alternate Data Management Systems are being investigated
    h. All of the above – no stand alone system – information gathering via TRACCS – client information

system

i. BNG NGO services on line

14) **How do you measure and manage Staff Satisfaction?**
    a. Verbal and written feedback
    b. Monthly supervision
    c. Yearly survey, Appraisals, Exit interviews
    d. Performance appraisals and Supervision
    e. Yearly staff surveys
    f. Team and individual surveys
    g. Staff Satisfaction Surveys
    h. Bi-annual survey to all employee and stakeholders
    i. Star survey

15) **Do you have blue cards/yellow cards for *all* of your staff? If so, what system do you have in place to keep this current?**
    a. Yes – excel register
    b. Yes
    c. Yes
    d. Yes
    e. Yes
    f. Yes – HR system/process
    g. No – only client facing staff require Blue Cards; office (non-client facing) do not have Blue Cards. A secure Probity Register is maintained and weekly probity checks are conducted.
    h. Yes to Yellow Cards. No to Blue Cards – staff are expected to have yellow cards, as Footprints provides services to adults only – Database spreadsheet
    i. No

## Appendix 6 – Standards Mapping Matrix

| Core Standard | HSQF | NSMHS | QIC | QH PF |
|---|---|---|---|---|
| Corporate Governance | Meets | Meets | Meets | Partial |
| Service Delivery<br>• Entry to service<br>• Exit from the service<br>• Escalation of care | Meets | Meets | Partial | Does not meet |
| Financial Management | Meets (part of gov'n) | Meets (part of gov'n) | Meets | Partial |
| Consumers<br>• Compliance<br>• Feedback<br>• Rights<br>• Outcomes<br>• Evaluation<br>• Transfer of care | Meets | Meets | Meets | Meets |
| Risk, Safety and Quality Management | Meets (part of gov'n) | Meets | Meets | Partial |
| Human Resource Management<br>• Capability | Meets | Meets | Meets | Partial |

| | | | | |
|---|---|---|---|---|
| • Capacity<br>• Licensing, e.g. AHPRA | | | | |
| Information, Security and Privacy Management | Meets (part of gov'n) | Meets (part of gov'n) | Meets (not IT) | Meets (not IT) |
| Legislative Compliance | Meets | Meets (for MH) | Meets | Partial |
| Asset Management | Meets (part of gov'n) | Does not meet | Meets | Does not meet |
| Continuous Quality Improvement | Meets (part of governance) | Partial (part of gov'n) | Meets | Meets |
| Diversity Responsiveness | Meets | Meets | Meets | Meets |
| Transfer of Care (please note this is also captured in consumers above) | Partial | Meets | Partial | Partial |
| Building capacity of external community | Meets | Meets | Meets | Meets |

| Supplementary Standards (clinical) | NSQHS | RACGP | QH PF |
|---|---|---|---|
| Clinical Governance | meets | meets | Partial |
| Health Records Management | meets | meets | Partial |

| | | | |
|---|---|---|---|
| Facilities and Equipment Management | Partial | meets | Does not meet |
| Medication Management | meets | meets | Does not meet |
| Infection Prevention, Control and Management | meets | meets | Does not meet |
| Consumer Identification, e.g. for medication administration | meets | meets | Does not meet |

## Mapping against Queensland Local Government Act 2009: Local Government Regulation 2012

| Core Standard | Qld Legislation Local Government Regulation 2012 | QH PF | Areas that apply to the standards within the regulation |
|---|---|---|---|
| Corporate Governance | Meets | Partial | <ul><li>Commercialisation</li><li>Competitive conduct</li><li>5 year corporate plan</li><li>Operation plan</li><li>Strategic contracting</li><li>Meetings and committees</li></ul> |
| Service Delivery<br>• Entry to service<br>• Exit from the service | Meets | Does not meet | <ul><li>Local government areas</li><li>Service delivery (e.g. water and sewerage, roads etc.)</li></ul> |

| | | | |
|---|---|---|---|
| • Escalation of care | (green) | (red) | |
| Financial Management | Meets | Partial | • Rates<br>• Financial planning and accountability<br>• Annual budget<br>• Financial statements<br>• Auditing |
| Consumers<br>• Compliance<br>• Feedback<br>• Rights<br>• Outcomes<br>• Evaluation<br>• Transfer of care | Meets | Meets | • Complaints<br>• Public notices<br>• Committees |
| Risk, Safety and Quality Management | Does not meet | Partial | |
| Human Resource Management<br>• Capability<br>• Capacity<br>• Licensing, e.g. AHPRA | Meets | Partial | • Local government employees (disciplinary actions)<br>• Authorised persons<br>• Delegation of power<br>• Superannuation |
| Information, Security and Privacy Management | Does not meet | Meets (not IT) | |

| | | | |
|---|---|---|---|
| Legislative Compliance | Meets | Partial | • Act<br>• Court proceedings |
| Asset Management | Meets | Does not meet | • Asset management plan (long term) |
| Continuous Quality Improvement | Does not meet | Meets | |
| Diversity Responsiveness | Does not meet | Meets | |
| Transfer of Care | Does not meet | Partial | |
| Building capacity of external community | Meets | Meets | • Committees<br>• Notices<br>• Community grants |

# Appendix 7 – Performance Management discussion

The following five (5) **Output Measures** could be foundational requirements for NGO service providers to ensure good governance, value for money and that continuous improvement measures are measured, monitored and reported against.

These five output measures (detailed below) could coalesce with the existing Queensland Health (2015) *Performance Framework for the Non-Government Sector: Reference Manual*, with the Four Perspectives listed (including their Objectives and Indicators), which are self-assessed in the **NGO Performance Framework Report: Template C,** as follows:

- Perspective 1: Funded Service Delivery
- Perspective 2: Service User and Community
- Perspective 3: Continuous Quality Improvement
- Perspective 4: Management and Resourcing

| Output Measures | Definitions |
|---|---|
| 1. Human | 1. The number and type of **Consumer** interactions including:<br>  a. Activity targets<br>  b. Evaluation of services provided<br>  c. Information received on the organisation's performance<br>  d. Contributions made to the ongoing monitoring, measurement and evaluation of performance<br>2. The number and type of **People working in the organisation** and **volunteer** interactions including:<br>  a) Staff and volunteer feedback<br>  b) Personal satisfaction ratings<br>  c) Satisfaction with workload<br>  d) Satisfaction with professional support<br>  e) Satisfaction with pay and prospects<br>  f) Satisfaction with training provided by the organisation. |
| 2. Financial | The number and type of:<br>  1. Payments from the Funds provided being correctly made and properly authorised<br>  2. Adequate financial controls being maintained over the incurring of liabilities<br>  3. Measures to ensure there is no misappropriation of, or dishonest dealings with, the Funds<br>  4. Audited, annual financial reports. |
| 3. Information | The number and type of: |

| | |
|---|---|
| | 1. Information Technology systems used to manage the business<br>2. Security measures for electronic information and consumer records<br>3. Consumer engagement and access tools, e.g. electronic portals<br>4. External entities able to engage electronically with the funded NGO Service Provider. |
| 4. Physical Assets | 1. The number and type of **Asset procurement** activities including:<br>  a) Staff and consumer equipment needs identification<br>  b) Equipment required to provide services<br>  c) Procurement practices employed for best-value purchases<br>2. The number and type of **Asset management** activities including:<br>  a) Asset lifecycle management<br>  b) Use of an asset maintenance schedule<br>  c) Retire, recycle, reuse and repurpose equipment<br>3. The number and type of **Facilities management** activities including:<br>  a) Emergency preparedness and business continuity<br>  b) Environmental stewardship and sustainability<br>  c) Property management. |
| 5. Safety and Quality | 1. The number and type of:<br>  a) Risks reported<br>  b) High risk areas identified<br>  c) Identifiable and reportable issues<br>  d) Incident and near misses<br>  e) Critical incidents managed<br>2. The number and type quality improvement activities undertaken to improve quality and safety for consumers, including:<br>  a) Improvement measures taken/changes made<br>  b) Tools and processes used, e.g. Plan Do Study Act (PDSA Cycle)<br>  c) Improvement register maintained. |

The following *discussion* regarding **Outcome Measures** focusses on **what to pay for** (performance or outcomes) which must be tailored to each organisation, based on Service Delivery types and detailed in any Service and Funding Agreement.

| Outcome Measures | Definitions |
|---|---|
| | |

| 1. Payment for Performance | Payment for Performance incentivises performance, defined in terms of reaching a *minimum threshold* for quality of services provided, including the way services are provided, and improvements in measures related to consumer outcomes. |
|---|---|
| 2. Outcome Based Funding | Outcome-based contracts in public human services are defined as those where some proportion of payment is triggered by some *measure of change* in the lives of consumers. |

**Payment for Performance**

Payment for Performance, also known as value-based purchasing, "aims to encourage practitioners to provide better quality care. Such incentives define performance in terms of reaching a minimum threshold for quality of care provided; including the way treatments are provided as well as improvements in clinical measures related to health outcomes" (Masters, S. and Brown, L. 2016. *Pay for performance-Australian landscape, international efforts, and impact on practice*. Primary Health Care Research and Information Service).

Partel (2014) at the Deeble Institute (Australian Healthcare and Hospitals Association) indicates that "Australia and other advanced healthcare systems are moving toward greater efficiency, transparency and accountability, and health policymakers are increasingly reforming payment systems and using various financial incentives programs, most notably pay-for-performance, to try and achieve these goals. While the research evidence cannot confirm the value of pay-for-performance it does outline a number of lessons to keep in mind when developing, rolling out and running a pay-for-performance program:

**Program design**
- Build on what already exists
- Formulate a clear business case that defines the objectives of the program in terms of the desired outcomes
- Define performance using absolute and relative thresholds, ensure target can be adjusted over time and attribute credit for performance to participants in ways that foster care across serviced populations and not on a case-by-case basis
- Ensure methodologies for risk adjustment are developed prior to the program's introduction
- Model and evaluate the program carefully before implementation and at regular intervals afterward. Pilot the program before rolling it out in a phased approach
- Consider regional disparities when modelling and evaluating the program prior and post implementation
- Design the program to drive improvement and quality across a range of service providers performing at various levels and not just reward current high performers
- Performance targets must be perceived as being achievable although not without some additional effort
- Allow room for innovation and flexibility.

**Data collection**

- Ensure strong health information systems are in place
- Use rigorous and verifiable data collection methods and analysis, allow for health service providers to review/correct/supplement data and determine rewards using long-term data trends.

**Incentives**

- Incentives should be sufficient, equitable and transparent in order to have any effect
- Incentives should reach various levels within an organisation
- Financial incentives are more likely to have the intended effect where there is one single funder.

**Stakeholders**

- Secure strong political and management support
- Design the program collaboratively with health service providers and professional health associations and organisation.

**Keep in mind**

- Pay-for-performance can yield small gains at large costs, particularly when targets are set in the absence of a good baseline
- Potential perverse and unintended consequences need to be carefully considered
  Not everything can be measured. Current pay-for-performance programs focus on clinical and organisational measures, which may be relatively easy to measure through objective data or observation, but there are other aspects that are less easily quantified and are only briefly considered in many pay-for-performance programs such as: continuity of care, ease of access to care, strength of the patient-doctor relationship and patient satisfaction.

As Partel (2014) reminds us, "The question of whether to expand pay-for-performance programs in Australia remains a political decision because there is not enough high-quality evidence to guide policymaking. Currently, a small number of pay-for-performance schemes exist. There would be substantial costs and risks involved with expanding the use of pay-for-performance that must be measured against the potential quality, safety and financial benefits, which are not guaranteed. Policymakers should carefully consider the lessons found in the literature before expanding pay-for-performance in Australia" (Partel, K. 2014. *Can we improve the health system with pay-for-performance?* Deeble Institute, Issues Brief No 5).

**Potential implications for NGO Service Providers**

1. Pay-for-performance frameworks should stimulate Service Provider performance, improve quality and control costs.
2. Ensure the payment incentives define performance in terms of reaching a minimum threshold

for quality of service provided, as well as improvements in performance measures related to consumer outcomes.

3. Pay-for-performance should not increase the administrative burden; the targets should be adjusted for consumer age groups, risk factors and service access challenges – payments should be targeted to the complexity and intensity of services that are required.
4. Pay-for-performance targets should be achievable, easy to track and aligned with the Service Provider's organisational goals.
5. It may be that a blended funding model, tailored to the Service Provider, can provide more flexibility in stimulating performance improvements for services funded and delivered.

**Outcome Based Funding**

As Tomkinson (2016) explains, "Outcome-based contracts in public human services are defined as those where some proportion of payment is triggered by some measure of change in the lives of clients. There is a lack of evidence comparing outcome-based contracts for public human services with other means of funding. There is also little evidence comparing the effect of payment on the basis of one measure of outcome to another, comparing outcome-based contracts to grants or block-funding models. And there is no evidence of the effect on outcomes of changing outcome-based payment structures as contracts progress.

The evidence that does exist suggests that, given sufficient flexibility to do so, providers of services will deliver on the outcome metrics their contracts pay for. Outcome-based contracts developed so far have, however, struggled to create incentives to achieve the desired outcomes. The findings indicate that while outcome-based contracts increase the measures of outcome for which they pay, these measures do not always reflect the intention of the contract designers, or desirable outcomes for the end-client" (Tomkinson, E. 2016. *Outcome-based contracting for human services.* Australia and New Zealand School of Government. Australian Policy Online).

Performance Management also includes Performance Accountability, which as Friedman (2015) explains in Results Based Accountability (RBA), is about the well-being of customer populations for Programs, Agencies and Service Systems. Thus, outcome based performance may well be the appropriate step to take to be able to commence a move towards outcome based funding.

The seven Performance Accountability Questions to ask include:

1. Who are our customers?
2. How can we measure if our customers are better off?
3. How can we measure if we are delivering services well?
4. How are we doing on the most important of these measures?
5. Who are the partners that have a role to play in improving service delivery?
6. What works to improve service delivery, including no-cost and low-cost ideas?
7. What do we proposed to do?

With performance measures including a measure of how well a program, agency or service system is working. There are three types of measures:

1. How much did we do?
2. How well did we do it?
3. Is anyone better off?

To do so, we can measure performance across four dimensions using the RBA Framework:

- X-Axis: **Quantity** and **Quality** of the services delivered
- Y-Axis: **Effort** and **Effect** of the services delivered

|  | Quantity | Quality |
|---|---|---|
| **Effort** | **How much did we do?** | **How well did we do it?** |
| **Effect** | **Is anyone better off?** | |
|  | **#** | **%** |

| | Quantity | Quality |
|---|---|---|
| **Effort** | **How much did we do?**<br><br>**Number of persons treated** | **How well did we do it?**<br><br>**Unit cost of treatment** |
| **Effect** | **Is anyone better off?** | |
| | **Number of client hospitalisations avoided:**<br>- within 3 months of service<br>- within 6 months of service | **Percentage of client hospitalisations avoided:**<br>- within 3 months of service<br>- within 6 months of service |

|  | **Quantity** | **Quality** |
|---|---|---|
| **Effort** | How much did we do?<br><br>**Number of persons treated** | How well did we do it?<br><br>**Unit cost of treatment** |
| **Effect** | **Is anyone better off?** | |
|  | **Number of clients off alcohol and drugs:**<br>- at exit from treatment<br>- 12 months after exit | **Percentage of clients off alcohol and drugs:**<br>- at exit from treatment<br>- 12 months after exit |

(Adapted from: Friedman, M. 2015. *Trying Hard Is Not Good Enough 10th Anniversary Edition: How to Produce Measurable Improvements for Customers and Communities*. CreateSpace Independent Publishing Platform, Scotts Valley, California.)

**Potential implications for NGO Service Providers**

1. Being able to agree to a set of outcome measures that will improve service delivery and consumer outcomes, ensure financial sustainability and increase accountability and transparency.
2. Establishing a set of baseline measures for outcomes to be measured, at the commencement of the outcome-based measurement process.
3. Being able to measure the outcomes in a consistent, reliable, meaningful and valid way.
4. Agreeing any portion of the total funding that is to be tied to the outcomes delivered.
5. Documenting any proportional funding to be provided based on partial achievement of the agreed outcomes.
6. Ensuring that the outcome measures can be readily captured within existing business and reporting processes.

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