



*Department of Health and Human Services*

**Fit for Purpose?**  
**Evaluation of the Quality and Safety Standards Framework for  
Tasmania's Agency Funded Community Sector 2009-2012**  
**Volume 1 – Executive Summary**

28 September 2011

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28 September 2011

Dear Deputy Secretary

It is my pleasure to present you with the Evaluation of the Quality and Safety Standards Framework for Tasmania's Agency Funded Community Sector 2009-2012.

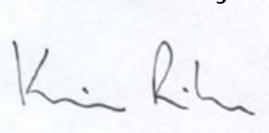
In presenting this report to you I would like to especially acknowledge and express my gratitude for all the assistance I received in its preparation. I would particularly like to thank those representatives of community sector organisations who took the time to join in forum discussions, complete surveys and meet and talk with me and our team. Their efforts in this task, and indeed more broadly each day, are a credit to themselves and the organisations they represent.

Our team was greatly assisted by Ms Liz O'Malley and Ms Mandy Bosworth who were able to arrange and deliver the information necessary for the evaluation to be conducted, and who did much to enhance our work and for which I am very appreciative.

I would like to also acknowledge the very open and constructive engagement I found in all of my interactions across the Department of Health and Human Services, and for all of the generous time and assistance provided by many throughout the organisation.

Finally, I would like to recognise the contribution of my colleagues, Ms Denise Cardew-Hall and Ms Debbie Sadler, for the assistance they provided to me in preparing this report.

Yours faithfully



Kevin Riley  
Director



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## *Executive summary*



## *Fit for Purpose?*

### *Evaluation of the Quality and Safety Standards Framework*

### *Executive summary*

#### ***A 'fit for purpose' Framework***

The two hundred and forty-four community sector organisations (CSOs) funded by the Department of Health and Human Services (DHHS) are diverse in purpose, services, size, organisational structure and governance arrangements, sources of funding and employees' and volunteers' experiences, skills and capabilities. This diversity affects the manner in which any initiative or reform is implemented.

Because many funded CSOs receive funding from a number of sources, they are often required to meet a range of reporting and accountability requirements, often resulting in additional administrative burden and duplication of management effort.

Tasmania's funded community sector also has a diverse range of experiences in dealing with quality and safety concepts and differing degrees of maturity in applying quality and safety and continuous quality improvement (CQI) activities.

Twenty-seven organisations have already obtained accreditation because of their own initiative and leadership, or because of requirements imposed by funding bodies. However, this represent only 10% of the total number of funded organisations. For the remaining 90% of organisations, many were aware of quality and safety approaches, but had not yet implemented frameworks. For some, the introduction of the Quality and Safety Standards Framework (Standards Framework) was the first instance of awareness of quality and safety approaches within the planning and delivery of community services, including both health and human services. At the time of the evaluation, 100% of funded organisations were engaged in the process of completing the Self-Report Workbooks or submitting other forms of evidence.

#### ***The challenges of quality and safety within a diverse community sector***

The diversity of experience with quality and safety means that applying a concept of 'fit for purpose' is challenging and requires:

- ✓ clearly identifying consumer outcomes and how quality and safe services contribute to these consumer outcomes
- ✓ flexible approaches to demonstrating compliance and CQI
- ✓ engagement and communication
- ✓ feedback on performance and lesson learned.

***These requirements make the implementation of such a significant reform challenging. It requires that the Standards Framework is not viewed as a 'one size fits all' approach. Rather, the Standards Framework needs to be consistent in its content and coverage, but applied in a flexible manner, to the circumstances of each organisation.***

***Scope and terms of reference***

The Department of Health and Human Services requested an evaluation of the Quality and Safety Standards Framework for Tasmania's Agency Funded Community Sector 2009-2012.

The evaluation report is to report on and recommend a future model with reference to:

- improvements in organisations' quality and safety over the period July 2009 to date
- organisational capacity
- methodology for, and frequency of, accounting for service quality and safety
- the National Safety and Quality Health Service Standards being developed by the Australian Commission on Safety and Quality in Health Care.

The following is a summary of the involvement of community sector organisations in the evaluation.

***Critical to the success of the evaluation was engagement with the sector***

*Respondents to on-line survey*

- 77 responses were received
- 74 organisations (30.3% of the total of 244) responded to the survey

*Involvement in the forums*

- more than 100 representatives of organisations attended the forums in Launceston and Hobart
- 99 representatives completed the voluntary registration at the forums, including their name and organisation details
- 69 organisations (28.3% of the total of 244) were represented at the forums.

*Meetings and interviews*

- 6 organisations (2.5% of the total of 244) participated in individual meetings and interviews
- meetings and telephone discussions took place with individual organisations in Burnie and Devonport on the North-West coast, and organisations based on the East Coast and in the Huon Valley.

***The funded community sector***

Funding to the 244 community sector organisations for the 2010-2011 financial year was \$209.9 million. Analysis of the funding for 2010-2011 highlights:

- the significance of the Disability Services Program within the total funding of CSOs, with 23.0% of the number of agreements, and more than \$99.1 million or 47.2% of the total value of funding to CSOs
- the significance of the 94 agreements greater than \$500,000 which amount to \$167.6 million or 79.8% of the total value of funding to CSOs
- the balance of the agreements (76.4% of agreements) which are each less than \$500,000 amount to 20.2% of the value of funding to CSOs
- that 59 CSOs receiving funding through 2 or more Funding Agreements, account for 50.5% of the agreements and 50.1% of the total value of CSO funding.

***Quality and Safety Standards***

The Standards for CSOs are divided into two categories:

- *Generic Standards*, including health and safety standards. Generic Standards apply to every CSO, regardless of the number or type of service provided.
- *Service Specialist Standards* that reflect the type of service provided such as accommodation for people with disabilities, support to families to promote child safety, support for and treatment of people with mental health and alcohol and drug issues, diabetes, cancer and support for older Tasmanians.

The Standards Framework contains the following six Generic Standards:

- |                           |                         |                |
|---------------------------|-------------------------|----------------|
| 1. Safe Environment       | 2. Consumer Focus       | 3. Workforce   |
| 4. Incidents and Feedback | 5. Consumer Information | 6. Governance. |

CSOs are required to demonstrate continuous quality improvement against all six Generic Standards during the 2009 to 2012 period. Self-Report Workbooks, for CSOs not undertaking external accreditation, are required to be submitted every six months. Organisations not externally accredited are also required to progressively demonstrate evidence of compliance with one 'spot-lighted' Standard each six months. Organisations that have attained or are working towards accreditation are able to submit copies of the external accreditation certificate, reports and current workplan, as well as demonstrate regulatory compliance with matters not addressed under their accreditation.

**Terms of Reference  
(TOR) questions**

The evaluation of the effectiveness of the Standards Framework at achieving its desired outcomes commenced with an assessment of the requirements and developing four Terms of Reference (TOR) questions:

**TOR 1 – Is the Standards Framework effective in meeting the intended outcomes?**

**TOR 2 – Are the quality and safety models and methodologies used effective in the planning and managing the Standards Framework?**

**TOR 3 – What is the most effective structure within DHHS for applying the Standards Framework?**

**TOR 4 - What impact has the Standards Framework had on the stakeholders?**

*Our observations and recommendations have been made on each of these TOR questions.*

**TOR 1 – key  
observations**

**The Standards Framework needs outcomes and KPIs**

The evaluation included an assessment of the achievement of the intended outcomes established at the inception of the Standards Framework. *qualityFutures: An Overview of the Quality and Safety Standards Framework for Tasmania's Agency Funded Community Sector 2009-2012* (*qualityFutures*) is the public document that sets the Standards Framework. *qualityFutures* does not set out outcomes of the implementation of the Standards Framework. Rather, *qualityFutures* sets out the principles of the Standards Framework. In lieu of any stated outcomes, we have used these principles as the outcomes of the Standards Framework.

**Recommendation 1.01 (Volume 2, page 37)**

It is recommended that the Quality and Safety Team enhance *qualityFutures* by developing outcomes statements for the Standards Framework and a set of key performance indicators (KPIs) to be used to plan, manage, monitor and report on progress in achieving the Standards Framework's intended outcomes. The KPIs should be set at the sector level and for DHHS Operational Units.

It is further recommended that outcome statements and KPIs developed by the Quality and Safety Team be submitted for endorsement by the DHHS Executive.

## *Fit for Purpose?*

### *Evaluation of the Quality and Safety Standards Framework*

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#### **TOR 1 – key observations**

##### **Enhancing the focus on consumer outcomes**

Effectiveness of the Standards Framework in achieving its intended outcomes is strongly associated with improvements in consumer outcomes. The role of DHHS, in partnership with CSOs, is to have a positive impact on the life and wellbeing of Tasmanians receiving important health and human services. This is the first of the principles established for the Standards Framework. Each of the Standards Framework's Standards is written with the impact on consumers as its focus.

For this key quality *Futures* principle and the Standards to be translated into real action for consumers, greater emphasis is needed on the statements of consumer outcomes within Funding Agreements.

The Funding Agreement is the key document that enables DHHS to clearly state the outcomes to be achieved and services standards to be applied. This includes compliance with the Standards Framework.

##### **Recommendation 1.02 (Volume 2, page 45)**

It is recommended that Operational Units enhance the application of the Standards Framework by developing, in conjunction with the Quality and Safety Team, a consistent and clear set of consumer outcome statements to be used within Funding Agreements.

#### **TOR 1 – key observations**

##### **Move on from the initial focus on safety**

The initial focus of the Standards Framework on safety, particularly fire safety, was justified given the very significant degree of non-compliance with evidencing this Fundamental Element of the Safe Environment Standard. At the first reporting period, 72% of CSOs were unable to demonstrate compliance. Currently, there are only 2 instances of organisations being unable to evidence compliance, and these instances are being addressed through appropriate risk management strategies. Now that a degree of basic safety is able to be demonstrated across the funded community sector, the Standards Framework can move to a primary focus on continuous quality improvement.

##### **Recommendation 1.03 (Volume 2, page 48)**

It is recommended that quality and safety reporting requirements be amended to remove aspects of a regulatory compliance nature for fire safety and food safety. CSO compliance reporting against the Fundamental Elements of fire and food safety be incorporated with existing annual financial statements and insurance compliance reporting by CSOs.

**TOR 1 – key observations**

**Developing a greater focus on sharing and partnering within the sector**

Perceptions of poor communication, inadequate feedback and a lack of sharing of information was also identified as an impediment to a culture of partnership – both internally within DHHS and with CSOs.

In particular, CSOs are looking for feedback on the information provided to the Quality and Safety Team through the Self-Report Workbooks and other reporting.

At the initial stage of implementation of the Standards Framework this level of feedback sought by CSOs would have been difficult to provide. At that stage, there was little or no evidence of better practice, example policies, templates and tools. At this stage of the implementation of the Standards Framework, these examples are now available. Greater communication, feedback and information sharing would contribute to a greater partnership culture.

Recommendations 3.02 and 3.06 (at pages 15 and 18 respectively) recommend a model for the future which will allocate Operational Units with primary responsibility for appraising organisation's evidence and continuous quality improvement plans through regular site visits. This provides opportunities for greater communication and information sharing and more immediate feedback.

**Recommendation 1.04 (Volume 2, page 64)**

It is recommended that the DHHS Operational Units provide feedback to organisations immediately on undertaking a site visit to appraise the application of the Standards Framework.

It is further recommended that the Quality and Safety Team provide half-yearly feedback to the sector on the regulatory activities undertaken including monitoring DHHS Operational Units and CSOs compliance with the Standards Framework, future directions for quality and safety within the sector and the general standard of progress by CSOs in applying the Standards Framework and highlight any examples of better practice. Suggestions for actions to be taken by CSOs in advance of future appraisals and site visits should also be addressed.

**Recommendation 1.05 (Volume 2, page 65)**

It is recommended that DHHS confirms expectations in its funding of Peak Bodies to assist community sector organisations to improve quality and safety outcomes across the sector. This can be achieved by requiring Peak Bodies to undertake or facilitate opportunities for groups of community sector organisations to share their experiences and approaches to quality and safety, collaborate on the development of policies and templates that can be shared, sponsor or endorse training and strengthen the community sector's capacity for continuous quality improvement.

**TOR 2 – key observations**

**The Standards and the Fundamental and Supplementary Elements**

The six Generic Standards reflect the range of quality improvement programs and initiatives being used and implemented across the community services sector. The Standards are appropriate and map across a range of quality programs. The Standards and the Fundamental Elements provide a sound basis for CSOs to demonstrate compliance and continuous quality improvement.

Feedback from the DHHS and CSO forums indicated confusion about the role and purpose of the Supplementary Elements. Supplementary Elements that are considered to be required in order to demonstrate quality and safety should be included as Fundamental Elements or removed from the Standards Framework.

**Recommendation 2.01 (Volume 2, page 72)**

It is recommended that the Supplementary Elements are removed from the Standards Framework and that the following amendments are made to the Fundamental Elements:

- Disaster Management, Environmental Management and Strategic Planning be included under Standard 6 – Governance
- Recruitment to be renamed Recruitment and Workforce Diversity
- Professional Development to be renamed Professional Development and Capacity Building
- Communication to be renamed Communication, Participation and Collaboration
- Decision Making be renamed Evidenced Based Decision Making.

**TOR 2 – key observations**

**Self reporting and workbooks**

Notwithstanding the consultations with CSOs at the time of developing the Self-Report Workbooks, it is clear that there are significant opportunities to streamline reporting requirements and CQI workbooks by removing duplication and by restructuring the workbooks.

Reporting of Severity Assessment Code (SAC) incidents is a critical component of any quality and safety program. The requirement to verbally report SAC rated 1 or 2 consumer related incidents to DHHS within 24 hours or the next working day, after immediately addressing the health and wellbeing requirements of those directly affected is appropriate. The formal written reporting to DHHS within 2 working days is also appropriate.

Provision of de-identified data including SAC rated 3 or 4 incidents and compliments and complaints does not enhance the Standards Framework, or contribute to CQI. Due to confusion regarding the definition of incidents, compliments and complaints, the data reported is not consistent or comprehensive and does not support analysis.

**Recommendation 2.02 (Volume 2, page 76)**

It is recommended that DHHS transform the Self-Report Workbooks into a CQI Planning Tool to enable community sector organisations to record continuous quality improvement plans and activities at the level of the Generic Standards, rather than at the level of the Fundamental Elements.

It is recommended that in transforming the workbooks into the CQI Planning Tool, that Standards Framework policy and guidance material is prepared separately from the CQI Planning Tool.

It is further recommended that DHHS recognise that community sector organisations may adopt or utilise their own tools to demonstrate planning for CQI activities and progress towards continuous quality improvement.

**Recommendation 2.03 (Volume 2, page 76)**

It is recommended that the requirement for community sector organisations to submit Self-Report Workbooks (now to be a CQI Planning Tool) be removed from the Standards Framework.

It is further recommended that community sector organisations continue to be required to demonstrate planning for and progress towards implementing activities of a CQI nature, and maintain appropriate evidence of activities towards the implementation of their CQI Plans and compliance with regulatory requirements for DHHS Operational Units to appraise during site visits.

**Recommendation 2.04 (Volume 2, page 76)**

It is recommended that the *SAC Rated 1 or 2 Incident Report* is modified to include a narrative field within the *General Incident Information – Incident Type* to enable more specific descriptions of the incident, and support the existing check box options provided on the report.

**Recommendation 2.05 (Volume 2, page 76)**

It is recommended that the reporting requirements for SAC Rated 3 or 4 Incidents under the DHHS Incident Monitoring Policy is removed from the Standards Framework.

**Recommendation 2.06 (Volume 2, page 77)**

It is recommended that the reporting obligations under the DHHS Compliments and Complaints Policy are removed from the Standards Framework.

**TOR 3 – key observations**

**Existing roles and responsibilities need to be redefined**

The existing roles and responsibilities and structures for the operation of the Standards Framework reflect the following considerations:

- the need to establish and implement the Standards Framework
- the requirement to engage with CSOs in an intensive manner as quality and safety issues are addressed by many CSOs for the first time
- the requirement to develop consistency in the evidencing of Standards and approaches to CQI.

With the Standards Framework in place and operating, the existing structure needs to be reviewed with a view of establishing a more sustainable model. A transition of operational responsibility from the Quality and Safety Team to Operational Units should be planned. The transition needs to recognise that although the Standards Framework has been partly implemented, it is still within the three year implementation period (2009-2012) and that for many CSOs as well as DHHS Operational Units, the concepts of quality and safety within a community services environment, and a culture of continuous quality improvement have not reached full maturity. The transition and ongoing sustainable operation of the Standards Framework should be monitored by developing appropriate KPIs in relation to site visits and CQI appraisals of the Generic Standards.

It should also be recognised that dismantling the Quality and Safety Team at this time would be viewed negatively by the community sector, particularly given the sector's experience with the establishment and dismantling of the Office for the Community Sector.

**Recommendation 3.01 (Volume 2, page 85)**

It is recommended that the Quality and Safety Team remain the lead team for seeing through the complete implementation of the Standards Framework. The role of the Quality and Safety Team be re-defined to focus on maintaining the Standards Framework, support Operational Units in applying the Standards Framework and undertaking site visits to appraise organisation's CQI activities and regulatory compliance, monitoring the application of the Standards Framework, and achievement of KPIs by Operational Units and CSOs.

It is further recommended that the Quality and Safety Team develop the KPIs and targets to be used to monitor the application of the Standards Framework by Operational Units and CSOs.

**Recommendation 3.02 (Volume 2, page 86)**

It is recommended that Operational Units have the primary role for appraising the CQI Plans and regulatory compliance of community sector organisations under the Standards Framework.

**TOR 3 – key observations**

**Adopting a new approach for CSO with more than one Funding Agreement**

The existing roles, responsibilities and structures reflect the practice of managing Funding Agreements on an agreement by agreement basis and within Program structures. A new approach would be to manage the relationship with individual CSOs which have multiple funding agreements, possibly across a range of programs and services.

Of the 244 funded CSOs, 59 receive funding through 2 or more Funding Agreements. These 59 organisations account for 50.5% of the agreements and 50.1% of the total value of CSO funding.

**Recommendation 3.03 (Volume 2, page 86)**

It is recommended that the Department adopt 'relationship management' approach for CSOs with multiple Funding Agreements. The responsibilities of the 'relationship manager' are to include co-ordinating the management of services and performance under the Funding Agreements; day to day communications with the CSO; co-ordinating interactions and site visits by Operational Units; being responsible for ensuring the application of the Standards Framework in an administratively efficient manner for the CSO and DHHS; and being a first point of contact within DHHS for the CSO. The relationship manager will have a particular responsibility in ensuring the regular site visit and appraisal of CQI and compliance by the CSO with the Generic Standards of the Standards Framework.

**TOR 3 – key observations**

**Positioning the Quality and Safety Team**

Currently, responsibilities for establishing and regulating standards of quality and safety are handled disjointedly across DHHS. In addition to the Care Reform Safety and Quality Team, teams and units addressing quality and safety exist for Housing, Oral Health, Mental Health Services, Ambulance Tasmania, Children and Youth, and each of the Area Health Services.

Every time DHHS delivers a service to a member of the Tasmanian community, there are valid and real expectations, as well as legal requirements, that the service is delivered with the utmost care and to standards of quality and safety. Because of the intrinsic nature of quality and safety in every instance of service delivery by every DHHS Operational Unit across the State, a better practice model would be to establish a DHHS Office for Quality and Safety, being the overall regulator of quality and safety standards and practices and assessing the application of quality and safety standards and practices across the whole of the Department's activities. Such an Office should report directly to the Secretary of the Department.

**TOR 3 – key observations**

**Positioning the Quality and Safety Team**

The Quality and Safety Team regulating the Standards Framework, together with other teams and units addressing quality and safety should be located within a DHHS Office for Quality and Safety.

While this would be a best practice model, the costs of undertaking such a wide-ranging reform across DHHS are likely to be substantial. The financial and budget situation of the State and DHHS is such that any substantial additional cost could not be justified.

As a best practice model is unlikely to be financially feasible at this time, and given the earlier recommendation (Recommendation 3.01), the responsibility for quality and safety regulation of the funded community sector should remain with the Quality and Safety Team. This will retain the strong focus on the community sector and provide consistency of application of the Standards Framework through to the implementation of quality *Futures*. Any diminution of the profile of the Quality and Safety Team in the eyes of the community sector will be viewed negatively by the sector, in much the same way as the dismantling of the Office for the Community Sector is viewed.

**Recommendation 3.04 (Volume 2, page 90)**

It is recommended that the Department Executive develop a longer term plan to develop an Office for Quality and Safety being the overall regulator of quality and safety standards and practices and assessing the application of quality and safety standards and practices across the whole of the Department's activities. Such an Office should report directly to the Secretary of the Department.

**Recommendation 3.05 (Volume 2, page 90)**

It is recommended that until such time as an Office for Quality and Safety is established, responsibility for quality and safety regulation of the funded community sector should remain with the Quality and Safety Team located within Children and Youth Services.

**Recommendation 3.06 (Volume 2, page 93)**

It is recommended that a new model of site visits, be used to appraise community sector organisations evidence of planning for and progress towards continuous quality improvement and regulatory compliance.

It is recommended that DHHS Operational Units conduct regular site visits determined on a risk-based model, but with a target of at least one site visit per annum to appraise the organisation's CQI Plan and evidence of CQI activities and regulatory compliance by using a Site Visit Checklist prepared by the Quality and Safety Team.

It is further recommended that as a result of these site visits, Operational Units involve the Quality and Safety Team as required in order to appraise any concerns of the Operational Unit and if required, accelerate the appraisal to a Roundtable Review.

**Recommendation 3.07 (Volume 2, page 93)**

It is recommended that the Quality and Safety Team develop a Site Visit Checklist.

It is recommended that the Site Visit Checklist be used by Operational Units during site visits to document appraisal of each organisation's CQI Plan, evidence of CQI activities and regulatory compliance.

It is further recommended that the Quality and Safety Team assess the availability of training, initially through the Tasmanian Training Consortium (a unit of the Department of Premier and Cabinet) and if not successful, through other sources, in order to assist Operational Units to develop the skills necessary to effectively manage funding agreements, apply the Standards Framework, and effectively complete the appraisal of community sector organisation's evidence of planning for and progress towards continuous quality improvement and regulatory compliance.

**TOR 4 – key observations**

**Further impacts on stakeholders**

The impacts of the Standards Framework on consumers and CSOs have been addressed in some detail within the examination of TOR 1 and the outcomes of the Standards Framework on these stakeholders. This section, addressing TOR 4, considers the further impacts of the Standards Framework on community sector organisations.

**TOR 4 – key observations**

**Impacts experienced to date and expectations for the future**

To many community sector organisations, the Standards Framework manifests itself most directly through the Self-Report Workbooks. The most significant impact identified by respondents to the on-line survey and through discussions during the forums is the time consuming nature of the workbooks. This was also a feature of the 2010 TasCOSS Survey.

While there has been much made of the time and effort required to complete the workbooks, evidence from the on-line survey demonstrates that the extend of the burden associated with completing the Self-Report Workbooks is diminishing.

Respondents to the on-line survey and discussions during the forums also found that beneficial impacts of implementing the Standards Framework were:

- identified areas for improvements
- provided a useful review of processes
- involved staff and volunteers in planning for continuous quality improvement.

CSOs answering a question about the benefits of the Standards Framework expected to be realised in the future, identified the following impacts:

- improved processes for consumer feedback
- improved monitoring of quality and safety
- contribution towards improved outcomes for consumers
- improved service delivery to consumers.

These are all positive impacts expected of the Standards Framework in the future. The recommendations already made in this report have been to enhance the focus on consumer outcomes and remove administrative burden from community sector organisations.

There are no recommendations made under TOR 4.