

Service Provider Safety and Quality Policy

DOCUMENT CONTROL

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REVISION RECORD

| Date | Version | Revision Description |
|------------|---------|--|
| 1/5/19 | V2.0 | Updated Detail section |
| 14/4/2020 | V2.1 | Updated Document Control table; Contents table; minor formatting; and updated link to Report under Associated Documents |
| 18/01/2022 | V2.2 | Updated link at Associated Documents section Changes to wording to increase clarity, inclusion of a new standard released in 2021 |
| 11/05/2023 | V2.3 | Updated title from Framework to Policy; updated document Control table, added Purpose, added new core standards (ISO 27001) and Clinical Standards (Suicide Prevention Australia Standards for Quality Improvement, 2nd Edition, and Aged Care Quality Standards). Restructure of information and inclusion of Appendix A and B which describe provider self-assessments |
| 17/08/2023 | V2.4 | Added links to for external access by service providers and regularity of assessment submission |
| 20/02/2024 | V2.5 | Added the review process for a submission of a Service Provider Information Security Assessment |
| 14/03/2024 | V2.6 | Added scope, and definitions, revised background information, added description of standards, general formatting and restructure of content, revised assessment collection and review details, updated references. |

1. PURPOSE

The intent of this Policy is to communicate the Gold Coast Primary Health Network's (GCPHN's) commitment to quality and safety in commissioning health and human services.

The primary aim of the Policy is to protect the public from harm and to improve the quality of health service provision. Implementation of the policy provides a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

2. SCOPE

The Policy applies to all GCPHN general practices and commissioned service providers.

The Policy guides how GCPHN will ensure safety and quality for clients by having Service Providers adhered to National and/or State Safety and Quality Standards either through certification against the standards or on completion of self-assessment and annual quality improvement plans to move towards certification and/or improvements in internal systems and processes to reduce key areas of risk.

3. DEFINITIONS

The Australian Commission on Safety and Quality in Health Care (the Commission) defines safety and quality as follows:

Safety: the prevention of error and adverse effects associated with health care.

Quality: the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. ¹

Patient safety and quality is often summarised as the right care, in the right place, at the right time and cost.

4. BACKGROUND

The Service Provider Safety and Quality Policy, the 'Policy', aligns with the Core Organizational and Clinical Service Standards as set by the Australian Commission on Safety and Quality in Health Care (the Commission) or within State Government requirements such as the Human Service Quality Framework (Queensland).

The Policy is informed by recommendations from the response to the *Barret Commission of Inquiry Report into the closure of the Barrett Adolescent Centre* including but not limited to:

- **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.
- **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.²

Table 1: Recommended safety and quality standards for adoption.

| Core Organisation Standards | Clinical Service Standards |
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| <ol style="list-style-type: none"> 1. Corporate governance 2. Service delivery 3. Financial management 4. Consumers 5. Risk, safety and quality management 6. Information, security and privacy management 7. Human resource management 8. Legislative compliance 9. Asset management 10. Continuous quality improvement 11. Diversity responsiveness 12. Transfer of care 13. Building capacity of external community | <ol style="list-style-type: none"> 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 |

5. DETAIL

5.1. GCPHN Accreditation Standards

There are currently four sets of core organisation standards and three sets of clinical service standards which are endorsed by GCPHN as meeting the above recommendations, other standards may be required at GCPHN’s discretion dependent on service type and population groups being serviced (see Table 2 below).

Table 2: GCPHN endorsed Safety Quality Standards

| Core Organisational Standards (non-clinical services) | |
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| <i>GCPHN non-clinical services must be accredited against at least one of the standards below.</i> | |
| Name of standard | Description |
| National Safety and Quality Primary and Community Healthcare Standards (Certification commencing 2023) ³ | The Primary and Community Healthcare Standards are a nationally consistent safety and quality framework that can be used by services delivering health care in primary and/or community settings. |
| National Safety and Quality Mental Health Standards for Community Managed Organisations (NSQMHCMO) (Certification commencing 1 July 2024) ³ | <p>The primary aims of the NSQMHCMO Standards are to continuously improve the quality of mental health service provision and to protect service users from harm.</p> <p>The standards provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.</p> |
| Human Services Quality Standard (HSQS) ⁴ | This is the quality assurance framework used by the Department of Communities, Disability Services and Seniors, the Department of Child Safety, Youth and Women and Queensland Health (the departments) for assessing and promoting improvement in the quality of human services. |
| QIC Health and Community Service Standards ⁵ | The QIC Standards support various health and community organisations to maximise continuous quality improvement opportunities by undertaking a ‘whole-of-organisation’ approach to |

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| | assessment. Key areas of the QIC Standards support organisations in improving consumer and community engagement, diversity and cultural appropriateness, management systems, governance and service delivery. |
| Clinical Service Standards <i>GCPHN non-clinical services must be accredited against at least one of the standards below.</i> | |
| Name of standard | Description |
| National Safety and Quality Health Service Standards (NSQHS) ³ | The NSQHS Standards provide a nationally consistent statement about the level of care standard they can expect from health service organisations and provide health service organisations with a structure to ensure they are providing safe and high-quality care. |
| Royal Australian College of General Practice Standards ⁶ | The RACGP has developed the Standards for general practices (5th edition) (the Standards) with the purpose of protecting patients from harm by improving the quality and safety of health services. The Standards support general practices in identifying and addressing any gaps in their systems and processes. |
| Aged Care Quality Standards: Standard 5 – Clinical Care ³ | The Commission has developed a standard on Clinical Care as a part of the current urgent review of the Quality Standards. The focus is to protect older people from harm and improve clinical care for people receiving aged care. |
| Desired Standards <i>Depending on service type and population serviced, GCPHN may require accreditation or compliance with additional standards or quality frameworks listed below.</i> | |
| Name of standard/quality framework | Description |
| QIP Standards for Safeguarding Children and Vulnerable adults (accreditation program to be widely available in 2023) ⁷ | The QIP Safeguarding Accreditation Program is the only safeguarding framework in Australia to provide independent, third-party evaluation of an organisation's safeguarding commitments. The backbone of the program is QIP's seven Safeguarding Standards that completely encompass the 10 National Principles for Child Safe Organisations as recommended by the Royal Commission into Institutional Responses to Child Sexual Abuse and reference various state-based and international child-safe guidelines. |
| Suicide Prevention Australia Standards for Quality Improvement, 2nd Edition ⁸ | The suicide prevention Quality Improvement Program is a national framework to guide the development and implementation of safe and high-quality suicide prevention programs and services. The Quality Improvement Program provides a self-directed pathway of continuous quality improvement. Programs and services can be assessed against 6 fit-for-purpose Standards for Quality Improvement |
| Rainbow Tick Standards ⁹ | The Rainbow Tick Accreditation Program is for all organisations seeking to provide a safe and inclusive workplace and services for the LGBTIQ community. This program reassures your LGBTIQ consumers and staff that your organisation is aware, responsive and understanding of their needs. |

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| National Safety and Quality Digital Mental Health (NSQDMH) Standards 2020 ³ | The Digital Mental Health Standards describe the required safeguards and level of care for safe and high-quality digital mental health services. |
| *ISO 27001 [Information Security Management System] or equivalent ¹⁰ | ISO 27001 is the international standard for information security. It sets out the specification for an effective ISMS (information security management system). ISO 27001's best-practice approach helps organisations manage their information security by addressing people, processes and technology. |
| National Quality Framework for Drug and Alcohol Treatment Services ¹¹ | This framework sets a nationally consistent quality benchmark for providers of drug and alcohol treatment services. It includes strong clinical governance requirements and a list of accreditation standards that drug and alcohol specialist treatment service providers must meet. |

For more information about the standards above, refer to the reference list.

5.2. Accreditation requirements for General Practice

General practices are only required to be accredited against the Royal Australian College of General Practice Standards.

5.3. Accreditation requirements and self-assessment for all other service providers

All Service Providers who are accredited against any of the Core, Clinical or other Standards specified by GCPHN will be fully or partially exempt from the need to complete the GCPHN self-assessments if accreditation against these Standards is maintained throughout the period of the Service Agreement.

All providers who do not hold any accreditation against the formal Core, Clinical, or other standards as deemed appropriate by GCPHN must complete the following self-assessments:

- **Service Provider Safety and Quality Assessment** a self-assessment by the organisation against the 13 Core Standards detailed above and any of the Clinical Standards relevant to the service type. *Additional information about the assessment is included in Appendix A.*
- **Service Provider Information Security Assessment** a self-assessment by the organisation of its Information Security capabilities and controls to minimise risk of breaches in personal and sensitive data, cybercrime or malicious attack, unauthorised access, misuse of data or reputational damage. *Additional information about the assessment is included in Appendix B.*

Where a provider is not accredited GCPHN uses a risk-based approach to quality and safety standards, working with the unaccredited service providers to identify the potential areas of greatest risk i.e. client safety, financial, reputation, information security etc. and agree on priorities and timelines to accreditation and/or provision of annual Quality Improvement Plan.

Where the Service Provider has already completed a self-assessment for another funder e.g. Queensland Government Departments or other PHN, and has an existing quality improvement plan in place, GCPHN will assess the plans to determine if it meets GCPHN requirements. If it does the service provider will not be required to develop a specific annual quality improvement plan for GCPHN and may submit its existing plan to enable GCPHN to monitor development and improvements across the term of the agreement.

Quality Improvement Plans

If it is assessed that the provider doesn't meet GCPHN requirements for accreditation or self-assessment, they will be requested to complete a Quality Improvement Plan and potentially requested to outline their transition

plan to gain accreditation against relevant standards as agreed between GCPHN and the provider.

GCPHN will provide stewardship and support options to assist transition and monitor compliance of providers with prescribed safety and quality standards.

5.4. ISO 27001 Information Security Management

Due to increased risk of cyber security breaches, GCPHN may introduce ISO 27001 to its Core Mandatory Standards from 1 July 2026. Initially all service providers will be required to undertake the Service provider Information Security Assessment to enable GCPHN to determine the most appropriate transition plan where Service Provider may not have the capacity nor capability to attain ISO 27001 within this timeframe.

5.5. Monitoring improvements

GCPHN will monitor risks and quality improvements related to safety and quality including:

- Timely submissions of accreditation certificates and self-assessments
- Development of Annual Quality Improvement Plans (QIPs) where necessary
- Provider reporting and performance meetings.

5. POLICY REVIEW DATE

This Policy will be reviewed every 1-2 years and in-line with the Policy Review Process.

6. ASSOCIATED DOCUMENTS

Internal to GCPHN

- [Service Provider Safety and Quality Assessment](#)
- [Service Provider Information Security Assessment](#)

External to GCPHN

- [Service-Provider-Safety-and-Quality-Assessment.docx \(live.com\)](#)
- [Service provider information security assessment \(office.com\)](#)

All Designing and Contracting documents relevant to service providers can be accessed here:

<https://gcphn.sharepoint.com/corporate/QMS/Designing%20and%20Contracting/Forms/AllItems.aspx>

7. REFERENCES

1. Australian Commission on Safety and Quality in Health Care. (2024). *About us*. <https://www.safetyandquality.gov.au/about-us>
2. Quality Innovation Performance Consulting. (2017). *Report prepared for Barrett Commission of Inquiry – Recommendation 2 -Queensland Health review of NGO Service Agreements*. Available at: https://www.health.qld.gov.au/__data/assets/pdf_file/0032/668219/rec-2-final-report.pdf
3. Australian Commission on Safety and Quality in Health Care (2024). *Standards*. <https://www.safetyandquality.gov.au/standards>
4. Queensland Government, Department of Child Safety, Seniors and Disability Services. (2024). Human Services Quality Framework. <https://www.dcssds.qld.gov.au/our-work/human-services-quality-framework>
5. Quality Innovation Performance. (2024) *QIC Health and Community Services (QIC) Standards*. <https://www.qip.com.au/standards/qic-health-and-community-services-standards/>
6. Royal Australian College of General Practitioners. (2024). *RACGP Standards for general practices*. <https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/table-of-contents>
7. Quality Innovation Performance. (2024) *QIP Standards for Safeguarding Children and Vulnerable Adults*.

- <https://www.qip.com.au/standards/safeguarding-standards/>
8. Suicide Prevention Australia. (2024). *Suicide Prevention Accreditation Program*.
<https://www.suicidepreventionaust.org/accreditation-program>
 9. Rainbow Health Australia (n.d.). *Rainbow Tick*. <https://rainbowhealthaustralia.org.au/rainbow-tick>
 10. IMSM (2024). *ISO/IEC 27001. Your route to protecting your business reputation and securing customer data*. <https://shorturl.at/pNR57>
 11. Australian Government, Department of Health and Aged Care. (n.d). *National Quality Framework for Drug and Alcohol Treatment Services*. <https://www.health.gov.au/resources/publications/national-quality-framework-for-drug-and-alcohol-treatment-services?language=en>

APPENDIX A: SERVICE PROVIDER SAFETY AND QUALITY ASSESSMENT

The Service Provider Safety and Quality Assessment is to be completed by organisations that are not accredited against the GCPHN Core Organisation or Clinical Service standards.

The assessment consists of two sections.

1. Overview of Service Provider Safety and Quality Assessment

Gives the provider a general overview of the following four Perspectives and the objectives and indicators required to be in place for each of the Perspectives:

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

2. Service Provider Quality and Safety Assessment: Template

The Template provides a reporting tool to enable the Provider to complete their self-assessment against the perspectives.

- Perspective 1 is assessed and documented by GCPHN as part of organisation assessment and due diligence.
- Perspectives 2-4 are self-assessed by Service Provider.

Due: The assessment is to be undertaken and submitted or reviewed annually, according to the reporting deliverables of Services Agreement.

Collection process: GCPHN commissioning team relationship managers currently oversee collection of deliverables and reports (including new reports received), provider insurance/s and provider credentials. GCPHN commissioning team relationship managers also mark off deliverables when they have been met and liaise with the procurement team and finance/accounts team when relevant deliverable information has been received.

Review process: GCPHN will review the assessment to identify areas of risk that the service provider will be asked to address in a Quality Improvement Plan.

The document can be accessed internally at GCPHN through the following hyperlink

<https://gcphn.sharepoint.com/corporate/QMS/Designing%20and%20Contracting/Forms/AllItems.aspx>

The assessment report can be accessed for download for completion externally by providers through the following hyperlink [Service-Provider-Safety-and-Quality-Assessment.docx \(live.com\)](#)

APPENDIX B: SERVICE PROVIDER INFORMATION SECURITY ASSESSMENT

Information security systems protect an organisation's most important assets, it protects the accessibility, confidentiality and integrity of the systems, data and applications used.

This assessment has been issued by Gold Coast PHN (PHN) to serve as an assessment of the information security controls used by your organisation. The protection of personal and sensitive data is critical. The answers provided in this assessment will help the PHN determine the level of Information Security controls used by your organisation. Any deliberate false answers on this assessment could be treated as a breach of contract or disqualify you from tendering for services.

Due: The assessment is to be undertaken upon execution of the Services Agreement, and reviewed annually thereafter, according to the agreed reporting deliverables.

Collection process: GCPHN commissioning team relationship managers currently oversee collection of deliverables and reports (including new reports received), provider insurance/s and provider credentials. GCPHN commissioning team relationship managers also mark off deliverables when they have been met and liaise with the procurement team and finance/accounts team when relevant deliverable information has been received.

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The assessment can be accessed externally online by providers through the following hyperlink [Service provider information security assessment \(office.com\)](#)