

Human Services Quality Framework

Frequently Asked Questions: HSQF Audits and Notifiable Issues

This FAQ is relevant to all organisations that are in-scope for certification under the HSQF.

The Department of Communities, Child Safety and Disability Services (the department) requires organisations delivering services funded under a service agreement or other specified arrangement¹ to comply with various legislative, policy and/or contractual safeguards.

Audits under the Human Services Quality Framework (HSQF) provide an opportunity for independent auditors to assess whether organisations have effectively implemented these safeguards, as appropriate to the type of services being delivered.

Where an auditor becomes aware during an audit of serious concerns such as client safety and wellbeing, financial impropriety, misconduct or evidence of an organisation's non-compliance with key legislative safeguards they are required to refer these matters as a **Notifiable Issue** to the department for investigation.

What is a Notifiable Issue?

The HSQF auditing guidelines developed by the department in partnership with the Joint Accreditation System of Australia and New Zealand (JAS-ANZ) require auditors to notify the department and/or other relevant authorities such as Queensland Police or the Coroner, should they become aware of serious issues of concern during an audit. Auditors are required to make a notification to the department as soon as practicable.

The department has provided guidance to auditors around the type of issues which are likely to meet the threshold of a Notifiable Issue. This information is summarised in Appendix 1. Where an auditor becomes aware of an issue that is not included in the department's list, they will use their professional judgement to assess whether the issue should be referred to the department for investigation.

What happens when an auditor identifies a Notifiable Issue?

Step 1 – Where an auditor becomes aware of a potential notifiable issue they will make an assessment of any immediate concerns for the safety and wellbeing of the persons involved and take appropriate action. Issues relating to suspected harm or risk of harm to children and young people in care or other breaches of the Statement of Standards are required to be immediately reported to Child Safety Service Centres. Contacts for relevant Child Safety Service Centres can be found on the department's website at: <https://www.communities.qld.gov.au/childsafety/about-us/contact-us/child-safety-service-centres>.

Step 2 – As a general rule, an auditor will immediately advise their certification body as well as an organisation's Chief Executive Officer or equivalent member of the governing body of their intention to refer a potential notifiable issue to the department. This provides an opportunity for the organisation to take immediate action to consider and address the issues identified.

¹ Other specified arrangements include child protection placement services in-scope of licensing funded through Child Related Costs Placement and Support (CRC PAS), department delivered disability services and providers registered to deliver specialist disability services in Queensland for the National Disability Insurance Scheme (NDIS).

Step 3 – The auditor or their certification body will refer the matter to the department for investigation. Following this, the organisation will be contacted by relevant departmental officers to discuss the issues in more detail, including any corrective action that has been taken to address the cause/s of the issue, such as gaps in systems and processes and reporting.

The auditor can continue with the audit process once the matter has been referred to the department. However, they cannot complete their audit findings until they are advised by the department that the investigation has been completed. This may mean a delayed timeframe for receiving the draft audit report or HSQF certificate.

Step 4 – The department will notify the certification body or their auditor when the notifiable issue is closed or the investigation is completed so that the certification process can proceed.

What impact does a Notifiable Issue have on the outcome of the audit?

A notifiable issue in most cases relates to a matter of serious concern or noncompliance with key legislative safeguards and it is likely that the auditor will give a **Major Non-conformity** rating to the standard or indicator relevant to the issue identified. An organisation will have three months to take corrective action to either close-out or downgrade the major non-conformity. The auditor will normally conduct an onsite follow-up audit within the three month period to assess the effectiveness of these corrective actions.

If an organisation is licensed, there may be a requirement to close out a major non-conformity in a shorter timeframe, to ensure ongoing legislative compliance in line with its licence conditions. This would be discussed with Child Safety Licensing.

How to reduce the risk of a Notifiable Issue being identified at an audit?

There are a number of strategies that organisations can implement to reduce the risk of not meeting the standards or complying with key legislative safeguards for protecting vulnerable service users. These strategies include:

- ensuring that the organisation understands the safeguards and mandatory requirements that need to be implemented to meet HSQF. These are detailed in the *HSQF User Guide - Certification*, which is used by auditors to assess whether an organisation is meeting the standards
- conducting a self-assessment or internal review against the standards prior to an audit, based on the requirements outlined in the *HSQF User Guide - Certification*
- ensuring that the governing body, management, staff and volunteers are aware of their roles and responsibilities and receive ongoing training and supervision relevant to their roles
- implementing processes for the regular review of compliance with requirements and legislative safeguards – this helps to identify any gaps or issues and allow for prompt action to be taken
- implementing processes for addressing issues relating to customer/client safety and wellbeing (including incident and harm reporting, customer/client feedback and complaints) and regular monitoring of the effectiveness of these processes
- maintaining adequate records that address departmental requirements as well as the requirement for ongoing monitoring processes
- accessing the tools and resources available from the department's website and Queensland Council of Social Service (QCOSS) Community Door
- implementing and maintaining a quality framework that supports continuous improvement, including information from previous audits.

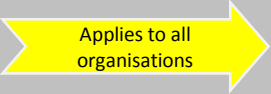
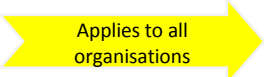
How to find out more information

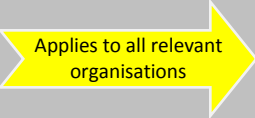
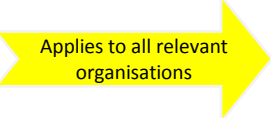
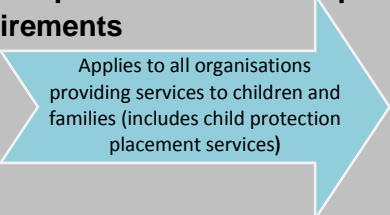

Further information about the Human Services Quality Framework is available from the HSQF team on (07) 3247 3072 or hsqf@communities.qld.gov.au.

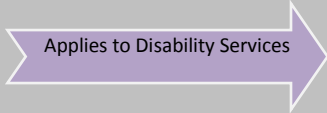
Relevant tools and resources including the *HSQF User Guide - Certification* are available at:

- Department's website: www.communities.qld.gov.au/hsqf.
- QCOSS Community Door: www.communitydoor.org.au/human-services-quality-framework.

Appendix 1 – List of issues which meet the threshold for referral as a Notifiable Issue

Issue	Details
<p>An issue that meets the definition of ‘serious concern’ in Section 16 of the Community Services Act 2007.</p> 	<p>The legislation provides that a serious concern for funding received by a funded entity exists if any of the following happen or there is a serious risk that any of the following will happen:</p> <p>(a) the funding received by the funded entity is improperly used;</p> <p><i>Examples of improper use of funding:</i></p> <ul style="list-style-type: none"> • funding is used for a dishonest or fraudulent purpose • funding is used for a purpose other than providing a funded product or service <p>(b) the funded entity significantly fails to deliver a funded product or service;</p> <p><i>Example of significantly failing to deliver a product or service:</i></p> <ul style="list-style-type: none"> • closing an emergency accommodation service delivered with funding where the service is required, under the funding agreement, to be continually open <p>(c) an act done or omission made by the funded entity in providing a funded product or service results in harm to an individual;</p> <p><i>Example:</i></p> <ul style="list-style-type: none"> • an individual uses a funded service delivered by a funded entity and the individual suffers physical, psychological, emotional or financial harm as a result of neglect, abuse or exploitation by the funded entity <p>(d) if the funded entity received the funding to deliver disability services to which the <i>Disability Services Act 2006</i> applies - the funded entity contravenes a provision of the <i>Disability Services Act 2006</i>.</p>
<p>Professional misconduct</p> 	<p>Evidence of misconduct involving the organisation, including criminal activities or breaches/ potential breaches of relevant professional standards.</p> <p>Evidence of fraud, bankruptcy, or trading when insolvent.</p>

Issue	Details
<p>Failure to report a death in care as defined in section 7 of the <i>Coroner's Act 2003</i></p> 	<p>Evidence that an organisation has failed to report:</p> <ul style="list-style-type: none"> the death of a person with disability living in an accommodation service run by the organisation or in hospital after being moved from the direct care of the organisation the death of a child in the custody and guardianship of the Chief Executive under the <i>Child Protection Act 1999</i>. <p>Note: In the above circumstances, the <i>Coroner's Act 2003</i> imposes a statutory duty on the auditor to report the matter to the Coroner.</p>
<p>Non-compliance with criminal history screening requirements</p> 	<p>Absence of a current positive notice, exemption notice or Blue Card (for any or all that require one) or failure to lodge an application, as required and relevant to the person's role with the organisation.</p>
<p>Noncompliance with harm reporting requirements</p> 	<p>Evidence of the failure to report to the department and respond to potential or actual harm, abuse and/or neglect of a child that may occur (harm is defined in Section 9 of the <i>Child Protection Act 1999</i>).</p>
<p>Noncompliance with key legislative safeguards</p> 	<p>Absence of clear outcome of Child Safety and Personal History screening for the nominee, directors, managers and staff of a licenced care service, as required and relevant to the person's role with the service (unless the manager or staff will not be undertaking a role in a care service until an outcome is received).</p> <p>Evidence of the failure to report the use of a prohibited practice and/or reactive response to the department in the required timeframe (unless the use has already been reported to the department).</p>

Issue	Details
<p data-bbox="141 248 640 320">Noncompliance with key legislative safeguards</p> 	<p data-bbox="703 248 2007 320">Absence of a current positive behaviour support plan and appropriate current approval for the use of restrictive practices (where required).</p> <p data-bbox="703 336 1888 368">Evidence of the use of a restrictive practice which has not been reported to the department.</p> <p data-bbox="703 384 1921 456">Engagement of a person at a service outlet without compliance with criminal history screening requirements under the <i>Disability Services Act 2006</i>.</p>