

# HSQF Audits and Notifiable Issues

September 2022

## Frequently Asked Questions

Queensland Government requires organisations delivering services funded under an in-scope service agreement or other specified arrangement<sup>1</sup> 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-conformance with key legislative safeguards, they are required to refer these matters as a **notifiable issue** to Queensland Government for investigation, by sending a completed *Notifiable Issues Referral Form* to the HSQF team.

## What is a notifiable issue?

The HSQF Scheme Rules, which are jointly owned by Queensland Government and the Joint Accreditation System of Australia and New Zealand (JAS-ANZ) require auditors to notify the HSQF team 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 the notification to the HSQF team as soon as safe and practical to do so.

Queensland Government 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 standard list of notifiable issues, they will use their professional judgement to assess whether the issue should still be referred to the HSQF team for consideration as a notifiable issue.

## 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: [www.cyjma.qld.gov.au/contact-us](http://www.cyjma.qld.gov.au/contact-us)

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<sup>1</sup> Funding provided by participating Queensland Government departments under a service agreement and/or other specified arrangements including child protection placement services in-scope of licensing funded through Individualised Placement and Support Agreement (IPSA) and department delivered disability services.



**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 HSQF team. This provides an opportunity for the organisation to commence taking immediate action to consider and address the issues identified.

**Step 3** – The auditor or their certification body will refer the matter to Queensland Government via the HSQF team, for investigation.

After a referral has been made, the organisation may 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, processes and reporting.

In most cases, the auditor can continue with the audit process once the matter has been referred to the HSQF team. However, they cannot complete their audit findings / make a certification decision until they are advised by the department that the investigation has been completed and the notifiable issue has been closed. This may mean a delayed timeframe for receiving the draft audit report and/or HSQF certificate.

**Step 4** – The HSQF team will notify the certification body or their auditor when the notifiable issue is closed or the investigation is completed so that the audit process can be finalised.

### 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 non-conformance with key legislative safeguards and it is likely that the auditor will give a major non-conformance rating to the indicator, and therefore the standard relevant to the issue identified.

The organisation has a set period of time<sup>2</sup> from date of written notification to take corrective action to either close-out or downgrade the major nonconformance. Evidence of these actions may also assist in the notifiable issue being closed. The auditor will then normally conduct an onsite follow-up audit within the three-month period to assess the effectiveness of these corrective actions.

If an organisation holds an organisation level licence for child protection placement services, there may be a requirement to close out a major non-conformance 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 several 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
- for organisations providing services to people with a disability, ensuring all management and staff understand obligations around required approvals, usage and reporting of restrictive practices
- ensuring the organisation fully understands and complies with relevant screening requirements for people associated with their organisation, including linking existing screening for a person joining their organisation
- maintaining records of all relevant staff screening and monitoring / management of expiry dates, to ensure screening remains current at all times

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<sup>2</sup> As outlined in the [HS Scheme Part 2 P2\\_7.4.12 e\) major nonconformities shall be downgraded or closed within three months of initial written notification of the nonconformity, or prior to the certification expiry date.](#)

- ensuring board members, management, staff and volunteers complete training with timeframes set by the organisation, records are kept and ongoing training and support is provided and recorded
- conducting a self-assessment or internal review against the standards prior to an audit - organisations can access self-assessment resources for organisations under certification in the 'Tools' section of the [Certification - Quality requirements and resources](#) webpage
- 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 corrective action to be taken
- implementing processes for addressing issues relating to customer/client safety and wellbeing (including incident and harm reporting, reporting records, 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
- implementing and maintaining a quality framework that supports continuous improvement, including information from previous audits
- accessing the tools and resources available from the department's website and QCOSS.

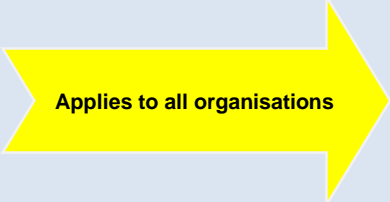
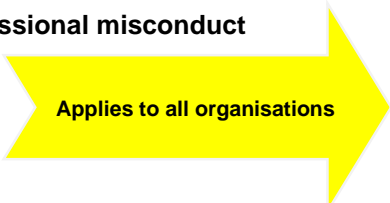

### How to find out more information

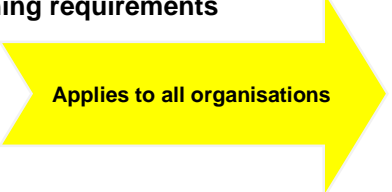


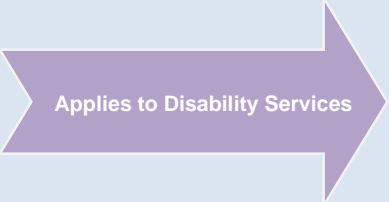
Further information about the Human Services Quality Framework is available from the HSQF team on 1800 034 022 or [hsqf@dssatsip.qld.gov.au](mailto:hsqf@dssatsip.qld.gov.au).

Relevant tools and resources are available at:

HSQF Website	<a href="http://www.dssatsip.qld.gov.au/our-work/human-services-quality-framework">www.dssatsip.qld.gov.au/our-work/human-services-quality-framework</a>
QCOSS HSQF resources	<a href="http://www.qcross.org.au/sector-building/human-services-quality-framework-resources/">www.qcross.org.au/sector-building/human-services-quality-framework-resources/</a>
Blue Card Services	<a href="http://www.qld.gov.au/law/laws-regulated-industries-and-accountability/queensland-laws-and-regulations/regulated-industries-and-licensing/blue-card-services">www.qld.gov.au/law/laws-regulated-industries-and-accountability/queensland-laws-and-regulations/regulated-industries-and-licensing/blue-card-services</a>
Blue Card HSQC factsheets	<a href="http://www.qld.gov.au/law/laws-regulated-industries-and-accountability/queensland-laws-and-regulations/regulated-industries-and-licensing/blue-card/required/industries#HSQF">www.qld.gov.au/law/laws-regulated-industries-and-accountability/queensland-laws-and-regulations/regulated-industries-and-licensing/blue-card/required/industries#HSQF</a>

## Appendix 1 – List of issues which meet the threshold for referral as a notifiable issue

Issue	Details
<p><b>An issue that meets the definition of ‘serious concern’ in Section 16 of the <i>Community Services Act 2007</i>.</b></p>  <p>Applies to all organisations</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"> <li>• funding is used for a dishonest or fraudulent purpose</li> <li>• funding is used for a purpose other than providing a funded product or service</li> </ul> <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"> <li>• closing an emergency accommodation service delivered with funding where the service is required, under the funding agreement, to be continually open</li> </ul> <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"> <li>• 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</li> </ul> <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><b>Professional misconduct</b></p>  <p>Applies to all organisations</p>	<ul style="list-style-type: none"> <li>• Evidence of misconduct involving the organisation, including criminal activities or breaches/ potential breaches of relevant professional standards.</li> <li>• Evidence of fraud, bankruptcy, or trading when insolvent.</li> </ul>
<p><b>Failure to report a death in care as defined in section 7 of the <i>Coroner’s Act 2003</i></b></p>  <p>Applies to relevant organisations</p>	<p>Evidence that an organisation has failed to report:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• the death of a child in the custody and guardianship of the Chief Executive under the <i>Child Protection Act 1999</i>.</li> </ul> <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>

Issue	Details
<p><b>Non-conformance with criminal history screening requirements</b></p> 	<p>Absence of a current positive notice (Yellow Card), exemption notice or Blue Card (for any people that require one) or failure to lodge an application, as required and relevant to the person's role with the organisation.</p>
<p><b>Non-conformance with harm reporting requirements</b></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><b>Non-conformance with key legislative safeguards</b></p> 	<ul style="list-style-type: none"> <li>• Absence of a clear outcome of Child Safety and Personal History screening for the nominee, directors, managers and staff of a <u>licensed care service</u>, 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).</li> <li>• Evidence of the failure to report the use of a prohibited practice and/or reactive response to the Department of Child Safety, Youth and Women in the required timeframe (unless evidence is available that the use has already been reported to the Department of Child Safety, Youth and Women).</li> </ul>
<p><b>Non-conformance with key legislative safeguard</b></p> 	<ul style="list-style-type: none"> <li>• Absence of a current positive behaviour support plan and appropriate current approval for the use of restrictive practices (where required).</li> <li>• Evidence of the use of a restrictive practice which has not been reported to the Department of Communities, Disability Services and Seniors</li> <li>• Engagement of a person at a service outlet without compliance with criminal history screening requirements under the <i>Disability Services Act 2006</i>.</li> </ul>