NDIS Commission Sector Readiness Project



POLICY & PROCEDURE DEVELOPMENT

Psychosocial Disability Service Providers

Under the NDIS Quality and Safeguards Commission (NDIS Commission), registered providers are expected to maintain continuous quality improvement (CQI) processes. A policy development and review cycle forms one part of this CQI process. Good policies and procedures offer clarity, help the organisation operate more effectively and contribute to meeting regulatory and legislative requirements. Good policy also sets expectations and helps induct staff and other stakeholders into the organisational culture.

Effective Policy and Procedure should be:

- Written in clear language using simple terms, and be accessible to all those it relates to
- Developed collaboratively with participants, staff and other stakeholders
- Regularly reviewed as part of the organisation's internal audit cycle and form one component of CQI
- Aligned with one another, indicating how each should be implemented, monitored and evaluated

Organising Policy and Procedure:

Take a systematic, organisation-wide approach to policy development. Use a template suited to the size, scale and scope of your organisation. Below is one example of how your organisational template header might be presented, followed by potential template section headings.

Policy/Procedure Title	Author	Version
Policy/Procedure Number		Scheduled review date
Associated documents	Approved by	Approval date

Example:

Policy Title:	Author:	Version:
Risk Management	Michele Burnlar	2
Policy Number:		Scheduled review date:
1022		02/05/2024
Associated documents:		
Risk Management Procedure	Approved by:	Approval date:
Risk Register	Approved by:	02/11/2023
Staff Code of Conduct	Kylie Grove	02/11/2023
Safeguarding Policy		

Components of Policy and Procedure:

➤ Introduction and Policy Statement: Describe the reason for the policy or procedure and your organisation's position on the issue. This may include identified risk management aims of the policy or procedure.

Example: Diversity Inc has a legal and ethical obligation to ensure its staff, participants, volunteers and visitors are not harmed during service delivery. This policy outlines how Diversity Inc prepares for and responds to risks as part of Diversity Inc's ongoing commitment to providing safe, high-quality services. Diversity Inc is a registered NDIS provider and is subject to the NDIS Quality and Safeguarding Commission's rules and legislation.

> Policy Scope: Describe the areas of operation and the expected roles that the policy or procedure applies to.

<u>Example</u>: This Risk Management Policy applies to all volunteers and employees, and supports Diversity Inc's risk management strategy. The Board supports the CEO to identify, mitigate and manage risk with the organisation. The Support Manager is responsible for maintaining the risk register and ensuring that workers mitigate risk as directed.

> **Definitions:** Industry terms and uncommon words should be defined.

Example: Risk – The potential for harm to occur, whether that harm is to a person, property, or organisation.

Risk Mitigation – Strategies put in place to minimise the potential harm, should the risk occur.

Risk Appetite – The amount of risk the organisation is willing to accept.

Procedure: Describe the step-by-step instructions of how the policy is embedded into everyday practice. This could be combined with a policy document or sit alongside it.

<u>Example</u>: A risk assessment is undertaken for all organisational processes, services, products and assets. Risks are assessed based on their likelihood and the potential for harm, see Risk Matrix. Resources are provided to eliminate, minimise or manage risks. Responses must be proportionate to level of risk.

Diversity Inc maintains a risk register that is reviewed following any complaint, accident, incident, or near miss. Diversity Inc complies with all mandatory reporting requirements related to safeguarding of people with disability, quality management and workplace safety.

People accessing services, their families or carers, staff and volunteers are made aware of risks. Feedback from people with disability accessing the service, complaints and the results of formal evaluations are used to update the risk register and improve practice.

Evaluation and Monitoring: Outline how implementation will be monitored and how effectiveness of the policy or procedure will be evaluated.

<u>Example</u>: The risk register is routinely reviewed by all managers and the CEO every 6 months to establish trends. At that evaluation, the efficacy of this policy is also evaluated, and the planning for the next version of this policy commences.

➤ **Relevant standards:** For example, highlight the specific Outcome and/or Indicator of the NDIS Practice Standards the document applies to.

Example:

- 1.5 Violence, Abuse, Neglect, Exploitation & Discrimination
- 2.1 Governance and Operational Management
- 2.2 Risk Management
- 2.3 Quality Management
- 2.5 Feedback and Complaints Management
- 2.9 Emergency and Disaster Management
 - ➤ **References/Useful Resources:** State any other documents that were used in the policy document development, for example, frameworks, industry guidelines and legislation.

<u>Example</u>: NDIS Quality and Safeguards Practice Standards and Quality Indicators. NDS National Standards for Disability Services Toolkit

A note about adapting policy:

If you use samples or templates found online or through a policy bank, read and edit carefully to be sure they are an accurate description of your organisation's position, and are appropriate for the size, scale and scope of your organisation.

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Continuous Quality Improvement Cycle for Policy

- Identify an issue or gap and define the need for policy or procedure to address it
- Research best practice, relevant legislation, industry standards and frameworks
- Identify stakeholders to contribute to development
- Design the consultation process
- This part of the cycle provides an opportunity to reflect on effectiveness and identify any ongoing issues
- Consult with users and other stakeholders
- Review best practice, relevant legislation, industry standards and frameworks to identify any necessary changes
- Amend through recommencing the cycle



- Stakeholders should be included in consultation throughout this cycle
- Decide scope and content of the policy
- Allocate and document roles and responsibilities within the policy
- Include a review date laws and professional practices change; regular review ensures policy and associated procedure are never outdated or lose relevance
- Circulate draft documents to relevant stakeholders for feedback
- Incorporate feedback where appropriate
- Seek internal approval for publication

- To monitor the effectiveness of the policy or procedure, ensure meaningful data from the associated process is collected. Registers and feedback may form part of this data collection process
- The evaluation of associated procedures is an important aspect of policy evaluation, consider whether your procedures achieve the intended goal of the policy
- Communicate and distribute the new document
- Commence staff training on policy, procedure and associated processes
- Where necessary, review job descriptions of those with responsibilities under the new/changed policy or procedure

A note about continuous quality improvement:

For registered NDIS providers, the audit cycle is 3-years with an 18-month midterm surveillance audit. The frequency of organisational internal audits should correspond to the level of risk associated with the item being audited. Consider aligning your external audit, internal audit and policy review cycles to improve efficiency.

Further Resources available: National Standards for Disability Services Toolkit (nds.org.au)