QUALITY AND SAFETY OF NDIS SERVICES

A governance support tool for Health Services and Community Health Services registered as NDIS providers

Victorian Healthcare Association
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Proudly developed in partnership with:

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Quality in governance
AUSTRALIAN CENTRE FOR HEALTHCARE GOVERNANCE

1. Role of the Board in regard to NDIS services

There are three roles for the Board and Executive in relation to overseeing the quality and safety of NDIS services:

1. To ensure the organisation's compliance with relevant NDIS legislation and registration requirements.
2. To cultivate and lead an organisational culture that authentically embraces the intent of the NDIS scheme, and seeks to continually improve the quality of services provided to NDIS Participants.
3. To be assured that the services provided under the NDIS are safe, effective and person centred.

2. Key differences between NDIS services and other services

The NDIS is a marketised approach to supporting people with disability in their everyday lives. A result of this approach is a shift in a person's relationship with a health service. In practical terms, there are a number of areas of the provider-participant relationship that are different from - or have greater emphasis on them - than non-NDIS services. These are as follows:

The right of NDIS Participants to:

- Make choices about and have control over the planning and delivery of their support plans ('choice and control').
- Make decisions with some risk attached to them if this is the Participant's choice ('dignity of risk').
- Communicate with their service providers using plain language and their preferred communication methods.

The requirement of registered NDIS providers to:

- Recognise and respond to the differing and individual needs of each NDIS Participant.
- Demonstrate how they are working to meet the needs of NDIS Participants' individual support plans, including collaborating with other NDIS providers when a support plan involves multiple providers.
- Demonstrate a high level of consultation and shared decision-making with NDIS Participants (and participant advocates and/or support people if the NDIS participant agrees).
- Meet their obligations to the NDIS Quality and Safeguards Commission.

3. Complying with requirements of the NDIS Quality and Safeguards Commission

This tool assumes that community health services and health services delivering NDIS services will be registered or seeking registration with the NDIS Quality and Safeguards Commission. Registered NDIS providers are required to comply with the conditions of their registration, including the following quality and safety requirements:

- Registered NDIS providers must demonstrate compliance with the NDIS Practice Standards through periodic quality audits.
- All providers and workers must meet the NDIS Code of Conduct.
- Providers must have an incident management system and must notify the NDIS Commission of reportable incidents.
- NDIS direct delivery workers, other staff who have more than incidental contact with NDIS participants, and 'key personnel' (which includes decision-makers such as CEOs and Board members), must undergo an NDIS worker screening check.
- For providers registered to develop Behaviour Support Plans, plans which include authorised restrictive practices must be registered with the NDIS Commission and reported on monthly.
- Providers must have an internal complaints management and resolution system.

4. Governance framework for NDIS services

Health Services and Community Health Services who are NDIS providers, already have governance measures in place that help to ensure the quality and safety of their NDIS services. These existing measures include: quality management systems, risk management and response systems, information management systems, staff credentialing procedures, consumer/patient participation systems, incident and response management, clinical standards and guidelines, complaints management systems, and professional development systems.

The quality and safety indicators suggested in this tool are specific to NDIS services. In some cases your organisation may already be collecting NDIS service data, but not identifying it separately within existing reporting. In other cases, the suggested indicators may not be covered by your existing quality governance processes.

In order to integrate oversight of NDIS service provision with other services and programs delivered by the organisation, the suggested indicators have been grouped under the five domains of the Victorian Community Services Quality Governance Framework (Department of Health and Human Services):

- ■ Leadership and culture
- ■ Client and family partnerships
- ■ Workforce
- ■ Best practice
- ■ Risk management

Hospitals offering NDIS services might instead use the Safer Care Victoria Clinical Governance Framework. Domains of this clinical governance framework are readily interchangeable with the Community Services Quality Governance Framework.

7. References

- Community Services Quality Governance Framework, Department of Health and Human Services, October 2018
- Directors Toolkit for Health Service Boards, Department of Health and Human Services, March 2018
- NDIS Quality and Safeguards Commission website: www.ndiscommission.gov.au
- Targeting Zero: Report of the review of hospital safety and quality assurance in Victoria, Victorian Government, October 2016
- Victorian Clinical Governance Framework, Safer Care Victoria, June 2017

5. Who should use this governance support tool?

This support tool is provided as a suggested guide for quality governance reporting for health and community sector organisations which offer NDIS services.

Data for the suggested indicators should be collected at an operational level through local quality systems, and reported via the governance processes of the organisation to management and Board committees to support oversight and assurance by the Executive and Board of the provision of safe, effective, person centred care.

In order to improve the visibility of the quality of care to NDIS participants, it is recommended that data on NDIS services is separated from whole-of-organisation data where possible. This might best occur at the level of the Board quality governance sub-committee (or equivalent), with reports to the Board as required or by exception.

6. Acknowledgements

EACH
West Wimmera Health Service
Your Community Health

The Victorian Healthcare Association acknowledges the support of the Victorian Government.

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Community Services Quality Governance Framework
DOMAIN: LEADERSHIP & CULTURE

Quality & Safety Indicator	Board communication	Board action & purpose	Currently in place	To be implemented	Comments/actions
Organisational vision and mission encompass the rights of NDIS Participants to choice and control over the support services they receive	Periodic review of organisational vision and mission include consideration of NDIS services and Participants	*Endorsement* Demonstrates leadership in recognising rights of NDIS Participant			
Board members are aware of the NDIS Code of Conduct	a) NDIS Code of Conduct is included in Board orientation kit. b) NDIS Code of Conduct is presented annually and as required at Board meetings with discussion of how the service is working to deliver support in accordance with the Code.	*Endorsement* Builds Board knowledge of and demonstrates commitment to NDIS principles			
The organisation has the appropriate registrations in place with the NDIS Commission for the NDIS services it is providing	Report annually	*Monitoring and surveillance* Updates Board on any changes to the organisation's scope of NDIS service provision			

Community Services Quality Governance Framework
DOMAIN: LEADERSHIP & CULTURE

Quality & Safety Indicator	Board communication	Board action & purpose	Currently in place	To be implemented	Comments/actions
As 'key personnel', Board members have passed an NDIS Worker Screening Check, (or complied with the NDIS Commission's Safety Screening Policy if interim screening arrangements are in place).	Incorporate NDIS Worker Screening Checks into Board members' on-boarding procedure.	*Compliance* Meets staff screening requirements of the NDIS Commission and the organisation			
As 'key personnel' Board members complete the NDIS Commission's mandatory NDIS Worker Orientation Module: 'Quality, Safety and You' (online)	Incorporate the orientation module into Board member on-boarding procedure	*Compliance* Meets staff orientation requirements of the NDIS Commission and the organisation			
Stories are shared at Executive and Board meetings of challenges, achievements and learnings in meeting the needs of NDIS Participants' support plans	Include in regular quality reporting	*Visible leadership* Demonstrates commitment to person-centred services and quality improvement			

Community Services Quality Governance Framework
DOMAIN: CLIENT AND FAMILY PARTNERSHIPS

Quality & Safety Indicator	Board communication	Board action & purpose	Currently in place	To be implemented	Comments/actions
Percentage of NDIS Participants with current service agreements, and percentage with documented reasons for choosing not to have a service agreement	Annually, with year-over-year comparison	*Monitoring and surveillance* High rates demonstrate agreement between the organisation and the NDIS Participant on services to be provided			
Percentage of service agreements (due for renewal) that are renewed by NDIS Participants Note: service agreements may be for more than one year.	Annually, with year-over-year comparison	*Monitoring and surveillance* Provides opportunity for the Board to seek more information about why NDIS Participants are or are not returning to the organisation			
Percentage of NDIS Participants with an organisational support plan in place that details how the organisation will work with the participant to towards the goals of their NDIS plan.	Include in regular quality reporting	*Monitoring and surveillance* High rates indicate individualised support planning			

Community Services Quality Governance Framework
DOMAIN: CLIENT AND FAMILY PARTNERSHIPS

Quality & Safety Indicator	Board communication	Board action & purpose	Currently in place	To be implemented	Comments/actions
Percentage of NDIS Participants (and their support network if desired) who participated in an *annual review* of the effectiveness of their support services against their support plan.	Annually, with year-over-year comparison	*Monitoring and surveillance* High rates demonstrate collaborative approach to service planning and review			
Procedure in place for seeking, documenting and responding to NDIS Participant feedback on their support plan, between annual reviews.	Reviewed regularly in accordance with internal protocols	*Endorsement* Demonstrates commitment to responsive service provision			
If registered to provide Early Childhood Supports (see definition below), policies and procedures are in place to support families to participate in planning and delivering a child's support plan.	Reviewed regularly in accordance with internal protocols	*Endorsement* Demonstrates commitment to strengthening family capacity and participation			

Community Services Quality Governance Framework
DOMAIN: CLIENT AND FAMILY PARTNERSHIPS

Quality & Safety Indicator	Board communication	Board action & purpose	Currently in place	To be implemented	Comments/actions
The organisation's communication framework includes communication methods that meet the diverse communication needs of all clients	Reviewed regularly in accordance with internal protocols	*Endorsement* Demonstrates understanding by the Board of the importance of appropriate communication to relationship with NDIS Participants			
Number of complaints and compliments from NDIS Particpants trended over time	NDIS complaints and compliments are identified in the organisation's internal complaints handling and reporting system*	*Monitoring and surveillance* Provides opportunity for the Board to celebrate success or seek actions to address concerns			
Number of complaints made about the organisation to the NDIS Commission	Report as occur	*Monitoring and surveillance* Provides information on frequency and type of any complaints and resolution processes			
Satisfaction levels of NDIS Participants - measured in NDIS-specific or organisation -wide client experience surveys	Report annually	*Monitoring and surveillance* Provides opportunity for the Board to celebrate success or seek actions to address concerns			

*This may not be possible due to anonymity concerns if there are only a small number of NDIS participants at a service.

Community Services Quality Governance Framework
DOMAIN: WORKFORCE

Quality & Safety Indicator	Board communication	Board action & purpose	Currently in place	To be implemented	Comments/actions
NDIS direct delivery workers, other staff who have more than incidental contact with NDIS Participants, and 'key personnel' have passed NDIS worker screening check (or complied with the NDIS Commission's Safety Screening Policy if interim screening arrangements are in place).	Include with regular quality reporting on staff credentialing. Notification of any breaches.	*Monitoring and surveillance* Ensures compliance Provides opportunity for the Board to seek further information and ensure appropriate action occurs			
Evidence of all NDIS workers completing the NDIS Commission's mandatory NDIS Worker Orientation Module: 'Quality, Safety and You' (online)	Include with regular reports to Board on mandatory training	*Monitoring and surveillance* Ensures compliance			
If registered to provide *Specialist Behaviour Support* (see definition below), evidence that Behaviour Support Practitioners have completed self assessment against the NDIS Commission's Positive Behaviour Support Capability Framework	Report as occur	*Monitoring and surveillance* Ensures compliance			

Community Services Quality Governance Framework
DOMAIN: WORKFORCE

Quality & Safety Indicator	Board communication	Board action & purpose	Currently in place	To be implemented	Comments/actions
Completion of staff performance development and review by NDIS staff	Include NDIS staff completion rates in the organisation's usual reports to Board on staff performance	*Monitoring and surveillance* Sets expectations			
Availability of services: number of days from client referral to first appointment	Report quarterly	*Monitoring and surveillance* Provides the Board with indication of possible workforce shortage			
Trends in turnover and absenteeism of staff who spend 100% of their time delivering NDIS services	Report quarterly	*Monitoring and surveillance* Provides Board with opportunity to seek further information if rates are of concern			

Community Services Quality Governance Framework
DOMAIN: BEST PRACTICE

Quality & Safety Indicator	Board communication	Board action & purpose	Currently in place	To be implemented	Comments/actions
Action plans for any issues identified by self-assessment prior to NDIS Commission audit	As occurs, in a timely manner	*Monitoring and surveillance*			
NDIS Commission audit results and progress on recommendations	As occurs, in a timely manner	*Monitoring and surveillance*			
If registered to provide *High Intensity Daily Personal Activities* (see definition below), care is delivered within *evidence-based standards and protocols*	Exception reporting - any failures to meet standards and protocols are included in regular quality reporting	*Monitoring and surveillance* Provides an opportunity to identify issues and seek information on plans to address issues			
If registered to provide *High Intensity Daily Personal Activities* (see definition below), there is regular review of NDIS Participants by a qualified health practitioner (if the participant consents)	Quarterly, including frequency of and reasons for (routine or otherwise) health status reviews	*Monitoring and surveillance* Provides an opportunity to identify issues and seek information on plans to address issues			

Community Services Quality Governance Framework
DOMAIN: BEST PRACTICE

Quality & Safety Indicator	Board communication	Board action & purpose	Currently in place	To be implemented	Comments/actions
If registered to provide *Specialist Behaviour Support* (see definition below), trend data on use of restrictive practices - authorised and any unauthorised uses	Quarterly, including activities to minimise or eliminate use of restrictive practices	*Monitoring and surveillance* Monitors (1) compliance with NDIS Commission, and (2) progress towards reducing use of restrictive practices.			
If registered to provide *Early Childhood Supports* (see definition below), care is in accordance with the National Guidelines for Best Practice in Early Childhood Intervention	Exception reporting - any failures to meet expectations of the guidelines are included in regular quality reporting	*Monitoring and surveillance* Provides an opportunity to identify issues and seek information on plans to address issues			

Community Services Quality Governance Framework
DOMAIN: RISK MANAGEMENT

Quality & Safety Indicator	Board communication	Board action & purpose	Currently in place	To be implemented	Comments/actions
Organisation's risk management framework encompasses NDIS services	Review quarterly according to internal protocols	*Monitoring and surveillance*			
Organisation's *risk register* includes risks relevant to NDIS service provision	Review quarterly according to internal protocols	*Monitoring and surveillance*			
Percentage of NDIS Participants' support plans with *risk management plans* attached	Report quarterly	*Monitoring and surveillance*			
Incidents relating to NDIS services are systematically identified in the organisation's *incident management system* and incident data trend reporting	Report monthly	*Monitoring and surveillance* Provides opportunity for the Board to seek further information if trends are of concern			
Serious incidents relating to NDIS services are investigated in accordance with the organisation's incident response procedures	Report process and outcomes of investigations as occur	*Monitoring and surveillance* Board members kept informed about any high risk events and actions to prevent future incidents			
Incidents reportable to the NDIS Commission	Report outcomes as occur Report organisational responses as occur Report annual summary of any reportable incidents	*Monitoring and surveillance* Board members are kept informed of reportable incidents, their outcomes and responses			

GLOSSARY

Behaviour Support Plan	An NDIS Behaviour Support Plan is developed by an NDIS behaviour support practitioner with the NDIS Participant, their family, carers, guardian, and the service providers who will be implementing the plan. Providers must be registered with the NDIS Commission as a provider of Specialist Behaviour Support in order to develop a Behaviour Support Plan.
Early Childhood (under 7 years) Supports	Early Childhood Intervention (ECI) provides specialised support and services for infants and young children with development delay and/or disability and their family/carers, to work towards increased functional independence and social participation.
High Intensity Daily Personal Activities	Providers registered for High Intensity Daily Personal Activities can provide: - Complex bowel care - Enteral (naso-gastric tube – Jejunum or Duodenum) feeding and management - Tracheostomy management - Urinary catheter management - Ventilator management - Subcutaneous injections - Complex wound management
NDIS Plan	An NDIS Plan is developed by an NDIS Planner and the NDIS Participant (and support people if appropriate). It sets out the NDIS Participant's goals, the supports necessary for achieving those goals, who will provide those supports, and a total budget for the plan. An NDIS Plan often includes the services of multiple NDIS Providers.
NDIS Provider	An individual or service registered with the NDIS Commission to provide NDIS services. The type of registration determines the types of NDIS services the provider is able to deliver.
Service Agreement	A Service Agreement is developed between the NDIS Provider and the NDIS Participant. It is an agreement – like a contract - about what and how services will be delivered. Eg, physio Monday , Wednesday and Friday mornings. It is different from a clinical care plan or a support plan.
Specialist Behaviour Support	NDIS providers delivering Specialist Behaviour Support are required to: - Be registered for behaviour support (registration group 110) with the NDIS Commission - Engage behaviour support practitioners considered suitable by the NDIS Commission to undertake functional behaviour assessments and develop behaviour support plans for participants.
Support Plan	A Support Plan is developed between the NDIS service provider and the NDIS Participant (and support people if appropriate). A plan usually covers a one-year period (but can be more). It details how supports will be delivered in order to assist an NDIS Participant to work towards the goals of their NDIS Plan. Each NDIS provider included on an NDIS Plan, should have their own Support Plan with an NDIS Participant.

Since 1938, the Victorian Healthcare Association has been supporting Victoria's publicly funded healthcare providers to respond to system reform, shape policy and advocate on key issues. The VHA proudly represents the state's public hospitals and community health services.

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The ACHG supports Australia's health and community sectors to improve clinical and organisational corporate governance. It is an initiative of the Victorian Healthcare Association, the peak body of Victoria's public healthcare sector.

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