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| Independent review bodies themes report  October 2017 to March 2018 |
| June 2018 |

# Introduction

The Human Services Standards (Standards) (gazetted as the Department of Health and Human Services Standards) consist of the four service delivery standards as well as the governance and management standards of a service provider’s chosen department-endorsed independent review body.

The purpose of the independent review bodies (IRB) themes report is to capture a high level overview of key themes arising from independent reviews.

This report relates to audits/surveys/reviews (reviews) undertaken by the Department of Health and Human Services (department) endorsed IRBs against the department’s Human Services Standards (incorporating the four service delivery standards and governance and management standards)[[1]](#footnote-1).

Data for this report was collated from a survey comprising 14 questions completed by each of the nine department endorsed IRBs. The data was de-identified and focuses on themes rather than specific incidences.

There are approximately 669 service providers that are required to undertake an independent review.  
A certification/accreditation review is undertaken every three years and a surveillance/mid cycle review is undertaken every 12 or 18 months, depending on the governance and management standards chosen.

Survey data is collected and published twice a year. This third IRB themes report is for the period  
1 October 2017 to 31 March 2018.

The report will be published on the department’s Providers website and shared with program areas. For previous reports, see [Human Services Standards](http://providers.dhhs.vic.gov.au/human-services-standards-policy-word) <http://providers.dhhs.vic.gov.au/human-services-standards> page on the Providers website.

Table listing the four service delivery standards criterion and the governance and management standard

| Standard | | Criterion |
| --- | --- | --- |
| 1 | **Empowerment**  People’s rights are promoted and upheld. | 1.1 People understand their rights and responsibilities.  1.2 People exercise their rights and responsibilities. |
| 2 | **Access and engagement**  People’s right to access transparent, equitable and integrated services is promoted and upheld. | 2.1 Services have a clear and accessible point of contact.  2.2 Services are delivered in a fair, equitable and transparent manner.  2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |
| 3 | **Wellbeing**  People’s right to wellbeing and safety is promoted and upheld. | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate.  3.5 Services are provided in a safe environment for all people, free from abuse, neglect, violence and/or preventable injury. |
| 4 | **Participation**  People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld. | 4.1 People exercise choice and control in service delivery and life decisions.  4.2 People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment.  4.3 People maintain connections with family and friends, as appropriate.  4.4 People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community.  4.5 People maintain and strengthen their cultural, spiritual and language connections.  4.6 People develop, sustain and strengthen independent life skills. |
| 5 | **Governance and management**  Organisations must be effectively governed and managed at all times. | 5.1 The organisation must be able to demonstrate that it is able to meet governance and management standards, as established by an independent review body approved by the Secretary to the Department of Health and Human Services. |

The endorsed governance and management standards are listed in the following table.

**Table listing the endorsed governance and management standards and their description**

| **Standard (Acronym)** | **Description** |
| --- | --- |
| ASES | Australian Service Excellence Standards |
| NSDS | National Standards for Disability Services |
| EQuIP | Evaluation and Quality Improvement Program Standards |
| ISO 9001:2008 and ISO 9001:2015 | International Organisation for Standardisation (ISO) 9001:2008 Quality Management Systems - Requirements  ISO 9001:2015 Quality Management Systems - Requirements |
| NSQHSS | National Safety and Quality in Health Services Standards |
| QIC | Quality Improvement Council Health and Community Services Standards |
| CQL Quality Measures | Quality Measures including Basic Assurances and Responsive Services |

The governance and management standards cover the following areas:

* governance
* leadership and management
* financial management
* human resources - including pre-employment checks, training and development, supervision and workforce
* continuous quality improvement and feedback processes
* information and knowledge management including confidentiality
* occupational health and safety
  + partnerships/service coordination.

# Total number of audits undertaken during the period

The total number of service providers reviewed during the period (01 October 2017 to 31 March 2018) was 216.

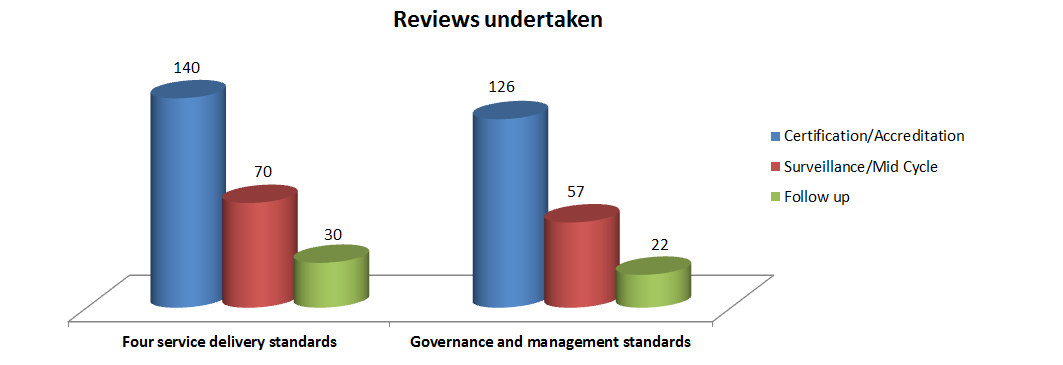
There were 240 audits undertaken against the four service delivery standards, of these 140 (58 per cent) were certification/accreditation, 70 (29 per cent) were surveillance/mid-cycle and 30 (13 per cent) were follow up reviews.

There were 205 audits undertaken against the governance and management standards, of these 126 (61 per cent) were certification/accreditation, 57 (28 per cent) were surveillance/mid-cycle and 22 (11 per cent) were follow up reviews.

It should be noted that a service provider may have had more than one type of review within this period and the reviews may have been undertaken against the four service delivery standards and/or governance and management standards.

The following graph details the breakup of the types of audits against the four service delivery standards and the governance and management standards.

**Graph representation of total number of audits undertaken against the Human Services Standards**



The following table and graph detail the breakup of the types of audits against each of the governance and management standards.

**Table listing the breakup of audits undertaken against the governance and management standards**

| **Standard** | **Certification/Accreditation** | **Surveillance/Mid Cycle** | **Follow up** |
| --- | --- | --- | --- |
| ASES | 5 | 1 | 2 |
| NSDS | 65 | 18 | 3 |
| EQuIP | 2 | 0 | 0 |
| ISO 9001:2008 and ISO 9001:2015 | 21 | 22 | 2 |
| NSQHSS | 4 | 2 | 0 |
| QIC | 29 | 12 | 15 |
| CQL Quality Measures | 0 | 2 | 0 |
| **Total** | **126** | **57** | **22** |

**Graph representation of governance and management standards undertaken**

Graph representation of governance and management standards undertaken. Results for Certification/Accreditation are - ASES: 5, EQuIP: 2, NSDS: 65, ISO 9001:2008 & ISO 9001:2015: 21, NSQHSS: 4, QIC: 29.
 Graph representation of governance and management standards undertaken. Results for Surveillance/Mid Cycle are - ASES: 1, NSDS: 18, ISO 9001:2008 & ISO 9001:2015: 22, NSQHSS: 2, QIC: 12.


Number of organisations registering a non-conformance against the Standards

To achieve and maintain accreditation service providers need to be assessed as meeting the Standards. Non-compliance is where a Standard was not met at the time of the review.

Where a service provider does not meet a standard there is a requirement to:

* immediately resolve any non-compliance with standards that place a client at significant risk; or   
  resolve any other non-compliance within six months.

During the period, there was a total of 90 non-conformances against the four service delivery standards. The following graph shows a break up against each of the Standards’ criterion.

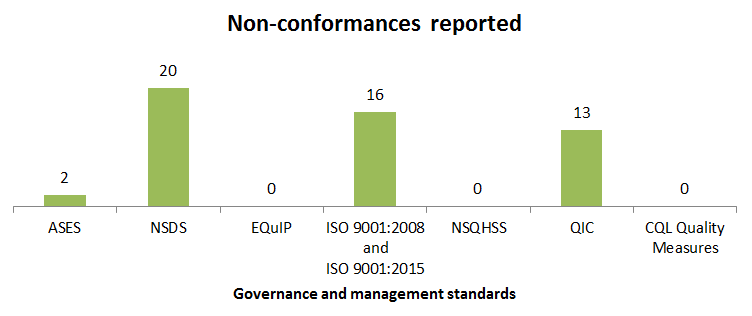
**Graph representation of organisations registering non-conformances against each Standard criterion**

Graph representation of organisations registering non-conformances against the four service delivery standards criterion. Results against each criterion are - 1.1: 15, 1.2: 4, 2.1: 1, 2.2: 6, 2.3: 3, 3.1: 2, 3.2: 5, 3.3: 10, 3.4: 10, 3.5: 23, 4.1: 0, 4.2: 1, 4.3: 0, 4.4: 6, 4.5: 3, 4.6: 1.


Number of organisations registering a non-conformance against the governance and management standards

There was a total of 51 non-conformances against the governance and management standards. The following graph shows a break up against each of the standards.

**Graph representation of organisations registering non-conformances against the governance and management standards**



Common themes of non-conformances against the Standards

The IRBs provided responses which are listed below against each of the Standards (four service delivery standards and the governance and management standards).

**Common themes of non-conformances: Standard 1 Empowerment**

* Lack of understanding from service provider that documentation needs to show evidence that clients understand their rights and responsibilities.
* Lack of understanding from service provider regarding client consent.
* Procedures for restrictive practices not being reviewed appropriately.

**Common themes of non-conformances: Standard 2 Access and Engagement**

* Lack of documentation to show that policies are reviewed in a timely manner.
* Lack of policies published.
* Lack of documentation relating to service provider’s access processes
* Lack of documentation relating to person centred exit planning.

**Common themes of non-conformances: Standard 3 Wellbeing**

* Lack of policies and client plans being updated to reflect current client goals, client outcomes, medication management, medical records, emergency evacuation and incident reporting.
* Lack of tagging and testing of safety equipment.
* Risk registers, including for safety screening not maintained.
* Lack of records to evidence regular staff performance.

**Common themes of non-conformances: Standard 4 Participation**

* Lack of systems and processes to provide more culturally competent services.
* Lack of policies published to advise how to create a connection to Aboriginal and Torres Strait Islander communities.

**Common themes of non-conformances: Governance and management standards**

* Lack of document control.
* Lack of understanding complaints processes, including root cause analysis, processes and corrective actions.
* Lack of recording processes including; client agreements, incident reporting, staff training and medication management.
* Lack of understanding relevant legislation, regulation, safety and quality systems.

Key opportunities for improvement against the Standards

The key opportunities for improvement provided by the IRBs are listed below against each of the Standards (four service delivery standards and the governance and management standards).

**Key opportunities for improvement: Standard 1 Empowerment**

* Provide training in record management, specifically how to gain consent from clients and how to ensure clients have been informed of their rights and responsibilities. Consider establishing programs where clients train staff about rights and responsibilities.
* Make information more inclusive of Aboriginal and Torres Strait Islander culture, particularly in governance and Human Resources documentation.

**Key opportunities for improvement: Standard 2 Access and Engagement**

* Provide information in easy to read formats, including client brochures.
* Collect comprehensive client details at entry points to include; history, Aboriginal and Torres Strait Islander status and cultural awareness.
* Ensure staff are trained in cultural awareness.
* Adapt service provider’s Charter of Rights to include Aboriginal and Torres Strait Islander culture.
* Improve systems to capture client satisfaction and access to services. Ensure clients receive feedback on actions taken to improve services.

**Key opportunities for improvement: Standard 3 Wellbeing**

* Ensure all client information is updated and recorded appropriately, particularly regarding clients goals and outcomes.
* Use plain English to ensure clients understand their client plans.
* Improve staff training for Aboriginal cultural awareness and client incident reporting.
* Ensure records are maintained for equipment tagging, testing and maintenance.

**Key opportunities for improvement: Standard 4 Participation**

* Evaluate the need for referral pathways with Aboriginal Community Controlled Organisations.
* Develop stronger links with the community and cultural groups that reflect clients.

**Key opportunities for improvement: Governance and management standards**

* Complete risk assessments and record appropriate actions.
* Improve documentation control across whole organisation.
* Ensure staff have adequate training, supervision and ensure it is documented.
* Implement systems to review bench marking data of services and systems.
* Develop systems to capture data which can provide trend reports and analysis.

Notifiable issues reported and the categories

Notifiable issues are a result of a complaint or allegation about any of the following:

* the health, safety, abuse or risk to a person who receives services from a service provider
* the governance, financial accountability or criminal activity of the service provider
* a service provider fails or may fail to meet basic client needs or puts a client at risk of significant harm
* a service provider is experiencing significant disruption and executive mismanagement
* the independent review body has serious concerns about the ongoing financial viability of the service provider
  + a service provider engages in conduct which is fraudulent or potentially fraudulent or is engaged in other criminal activities.

During the period, there was a total of 23 notifiable issues reported out of the 216 service providers reviewed (ten per cent). The following table indicates the number of notifiable issues reported against each of the relevant categories.

**Table listing number of notifiable issues IRBs reported against each notifiable issues category**

| **Notifiable issue category** | **Number reported** |
| --- | --- |
| Health, safety, abuse or risk to a person who receives services from a service provider. | 0 |
| Governance, financial accountability or criminal activity of the service provider. | 9 |
| Service provider fails to or may fail to meet basic client needs or puts the client at risk of significant harm. | 0 |
| Service provider experiences significant disruption and executive mismanagement. | 0 |
| IRB has serious concerns about the ongoing financial viability of the service provider. | 0 |
| Service provider engages in conduct which is fraudulent or potentially fraudulent or is engaged in other criminal activities. | 0 |
| Service provider has missing safety Screening checks (Working with Children Checks and National/International Police Checks). | 14 |
| There is medication mismanagement within the service provider. | 0 |
| There is a lack of reporting on Restrictive Intervention Data System (RIDS) and or Restrictive Interventions. | 0 |
| **Total** | **23** |

During the period the Standards and Regulation Unit received a total of 27 notifiable issues. The following table indicates the number of notifiable issues reported against each of the relevant categories. Note, some notifiable issues reported covered a number of categories.

**Table listing number of notifiable issues reported against each notifiable issues category**

| **Notifiable issue category** | **Number reported** |
| --- | --- |
| Health, safety, abuse or risk to a person who receives services from a service provider. | 3 |
| Governance, financial accountability or criminal activity of the service provider. | 0 |
| Service provider fails to or may fail to meet basic client needs or puts the client at risk of significant harm. | 3 |
| Service provider experiences significant disruption and executive mismanagement. | 0 |
| IRB has serious concerns about the ongoing financial viability of the service provider. | 0 |
| Service provider engages in conduct which is fraudulent or potentially fraudulent or is engaged in other criminal activities. | 0 |
| Service provider has missing safety Screening checks (Working with Children Checks and National/International Police Checks). | 21 |
| There is medication mismanagement within the service provider. | 0 |
| There is a lack of reporting on Restrictive Intervention Data System (RIDS) and or Restrictive Interventions. | 0 |
| **Total** | **27** |

Certification/accreditation suspended (put on hold), revoked (cancelled) or failed to achieve certification/accreditation.

All service providers achieved certification/accreditation in this period.

Examples of best practice and innovation identified against the Human Services Standards.

* Development of information in plain English for clients to easily understand.
* Development of a ‘welcome pack’ for clients which includes the processes the service provider has in place to respond to allegations of misconduct and abuse, how personal information will be collected, how to make a complaint and information on rights and responsibilities.
* Development of specific Aboriginal and Torres Strait Islander ‘welcome packs’.
* Formation of client group that provides opportunities for clients to identify barriers to services.
* Introduction of ‘no wrong door’ policy to ensure clients are always directed to relevant services.
* Introduction of an education program to build resilience and to provide support to vulnerable young women.
* Development of short videos used at staff team meetings to educate staff on health related topics and to improve best practice health promotion of clients.
* Development of intranet based system for client files, this ensures consistent communication across the service provider.
* Development of a formal systemic reflection process, which involves clients, staff and directors to strengthen organisational capabilities and supports client goals.

Opportunities for improvement

In order to improve service delivery, the department continues to seek opportunities to identify knowledge gaps and learning and development needs of its service providers. The following information is provided to support service providers to meet their legislative and or service agreement requirements.

* **Record management.** Further information regarding the department’s recordkeeping policy can be found in the department’s [Service Agreement Information Kit](http://fac.dhhs.vic.gov.au/service-agreement-information-kit-0), page <http://fac.dhhs.vic.gov.au/service-agreement-information-kit-0> on the Funded Agency Channel website.
* **Program requirements.** Further information on the program requirements can be found on the department’s service provider’s page, on the department’s website at: https://providers.dhhs.vic.gov.au/
* **Risk management.** Further information on risk can be found on the department’s website, [Service Agreement Information Kit](http://fac.dhhs.vic.gov.au/service-agreement-information-kit-0), page <http://fac.dhhs.vic.gov.au/service-agreement-information-kit-0> on the Funded Agency Channel website, section 3.20.2 Risk management
* **Disability Worker Exclusion Scheme.** Further information can be found on the [Disability Worker Exclusion Scheme](https://providers.dhhs.vic.gov.au/disability-worker-exclusion-scheme) <https://providers.dhhs.vic.gov.au/disability-worker-exclusion-scheme> on the Providers website.
* **Client incident management system.** Further information can be found on the [Client incident management system](https://providers.dhhs.vic.gov.au/cims) page <https://providers.dhhs.vic.gov.au/cims> on the Providers website.
* **Emergency preparedness.** Further information can be found on the [Emergency preparedness](https://providers.dhhs.vic.gov.au/emergency-preparedness) page <https://providers.dhhs.vic.gov.au/emergency-preparedness> of the Providers website
* **Complaint processes.** Further information on the department’s complaints processes including links to other complaint handling organisations can be found on the department’s website at <https://dhhs.vic.gov.au/making-complaint>
* **Aboriginal cultural awareness.** Further information can be found on the department’s website. Refer to Human Services Standards and evidence guide and resource tool on the [Human Services Standards](https://providers.dhhs.vic.gov.au/human-services-standards) page < https://providers.dhhs.vic.gov.au/human-services-standards> of the Providers website
* **Safety screening requirements.** Further information regarding the department’s Safety Screening policy can be found in section 4.5 of the department’s [Service Agreement Information Kit](http://fac.dhhs.vic.gov.au/service-agreement-information-kit-0), page <http://fac.dhhs.vic.gov.au/service-agreement-information-kit-0> on the Funded Agency Channel website and information on Out-of-home-care requirements, such as the Carers register and disqualified carers checks can be found on the [Registration of out of home carers](https://providers.dhhs.vic.gov.au/registration-out-home-carers) <https://providers.dhhs.vic.gov.au/registration-out-home-carers> page of the Providers website.
* **Registration requirements.** Further information on registration requirements can be found on the [Registration requirements for Disability Service providers](http://providers.dhhs.vic.gov.au/registration-requirements-disability-service-providers) < http://providers.dhhs.vic.gov.au/registration-requirements-disability-service-providers > page on the Providers website. department’s website:
* **DHHS funded activities and NDIA registration groups.** The [Human Services Standards Policy](http://providers.dhhs.vic.gov.au/human-services-standards-policy-word) <http://providers.dhhs.vic.gov.au/human-services-standards-policy-word> lists in-scope DHHS funded activities and NDIA registration groups

Summary comments

The data collected from this survey has proven to be a very useful exercise in identifying specific areas relating to common themes of non-conformances against the Standards.

Standards and Regulation (S&R) will share the findings of survey results with the Human Services Regulation Reference Group ,formally known as the Quality Reference Group and department program areas. S&R will also take the findings into account when updating policies and guidelines*.*

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1. Information on Human Services Standards can be found on the department’s website at: https://providers.dhhs.vic.gov.au/human-services-standards [↑](#footnote-ref-1)