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| Independent review bodiesthemes report April 2017 to September 2017 |
| December 2017 |

# Introduction

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

There are approximately 595 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.

Data for this report was collated from a survey comprising 14 questions completed by each of the ten department endorsed IRBs.

Survey data will be collected and published twice a year. This second IRB themes report is for the period
1 April 2017 to 30 September 2017.

The report will be published on the Department of Health and Human Services’ (department) website and shared with program areas. Following is a link to the previous report on the department’s website: <http://providers.dhhs.vic.gov.au/independent-review-bodies-themes-report-october-2016-march-2017-word>

# Human Services Standards

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 survey replies provided data against each of the four service delivery standards (including the standards criterion) as well as the governance and management standards in use.

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) 9001:2008Quality Management Systems - RequirementsISO 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 April to 30 September 2017) was 172.

There were 168 audits undertaken against the four service delivery standards, of these 98 (58 per cent) were certification/accreditation, 61 (36 per cent) were surveillance/mid-cycle and nine (6 per cent) were follow up reviews. The following table details the breakup of the types of audits against each of the governance and management standards.

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.

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



There were 136 audits undertaken against the governance and management standards, of these 61 (45 per cent) were certification/accreditation, 69 (51 per cent) were surveillance/mid-cycle and six (4 per cent) were follow up reviews. The following table details 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 | 0 | 0 | 0 |
| NSDS | 28 | 31 | 3 |
| EQuIP | 0 | 0 | 0 |
| ISO 9001:2008 and ISO 9001:2015 | 24 | 32 | 0 |
| NSQHSS | 4 | 2 | 1 |
| QIC | 5 | 3 | 0 |
| CQL Quality Measures | 0 | 0 | 0 |
| **Total** | **61** | **69** | **6** |

Graph representation of governance and management standards undertaken

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# 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 68 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 the four service delivery standards criterion

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

There was a total of 39 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 gaining consent from clients and carers to share information.
* Client files missing appropriate forms and required information.
* Use of personal emails to send client information.

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

* Lack of documentation relating to information provision, advice and referral to other services.
* Poor records management in relation to tracking of disputes and resolutions.

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

* Lack of evidence regarding fire evacuation drills and fire control equipment.
* Staff not being registered on Restrictive Intervention Data System.
* Lack of records regarding regular monitoring of staff.
* Program risk assessments not undertaken.
* Vehicles not registered.
* Lack of updated policies, procedures and processes for safety screening, including: International police checks, National Police Checks and Working with Children Checks.
* Lack of training for staff in regard to client care plans and lack of evidence that care plans have been completed.
* Poor management and reporting of critical incidents.

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

* Lack of systems and processes to provide a more culturally competent service.
* Need to strengthen connection to Aboriginal and Torres Strait Islander community.

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

* Lack of evidence of updates to internal audit system to comply with ISO 9001:2015.
* Lack of staff supervision and performance processes.
* Requirement to improve injury prevention and management.
* Lack of understanding of mental health, including assessing events and implementing best practice.
* Lack of training in infection control.

# 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

* Improving documentation and record keeping.
* Training in record management, specifically gaining consent from clients.
* Ensuring client files are kept up to date and accurate.
* Making information more accessible to clients.

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

* Regular monitoring of client plans
* Implementing clear processes for engaging and communicating with clients.
* Improving systems to capture client satisfaction and access to services. Ensuring clients receive feedback on actions taken to improve services.
* Creating opportunities to work with the community.

## Key opportunities for improvement: Standard 3 Wellbeing

* Ensuring all client medication information is held on premises.
* Increasing client participation and documenting the processes.
	+ Improving recording of client goals/strengths and outcomes in plans

## Key opportunities for improvement: Standard 4 Participation

* Increasing client involvement and documenting the processes.
* Translating client information into languages other than English.

## Key opportunities for improvement: Governance and management standards

* Improving documentation of processes and ensure processes are updated.
* Increasing staff training on person centred planning.
* Developing mechanisms to engage clients and carers in the analysis of quality performance.
* Improving understanding of client outcomes.
* Improving operational and strategic plan to represent community and stakeholder needs.
	+ Increasing service providers understanding of monitoring and management of services in line with statutory and regulatory requirements.

# 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 six notifiable issues reported out of the 172 service providers reviewed (three 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. | 0 |
| 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). | 6 |
| 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** | **6** |

During the period the Standards and Regulation Unit received a total of 23 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. | 1 |
| 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. | 2 |
| 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). | 20 |
| 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. | 1 |
| **Total** | **24** |

# 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 National Disability Insurance Scheme seminars.
* Introduction of a ‘drop in’ service for clients.
* Development and implementation of Aboriginal Continuous Quality Improvement Tool.
* Implementation of an orientation program for all client representatives on the Quality of Care committee.
* Introduction of a falls management project, which resulted in a dramatic reduction in falls.

# Sectors that struggled to meet the Standards

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.

* Lack of understanding of safety screening requirements. Further information regarding the department’s Safety Screening policy can be found in section 4.6 of the department’s Service Agreement Information Kit, on the department’s website at: <https://fac.dhhs.vic.gov.au/service-agreement-information-kit-0> and information on Out-of-home-care requirements, such as the Carers register and disqualified carers checks can be found on the department’s website at: <https://providers.dhhs.vic.gov.au/registration-out-home-carers>
* Lack of understanding of the legislative requirements for restrictive interventions, including chemical restraint and behaviour support plans. Further information on restrictive practices can be found on the department’s Office of Professional Practice website at: <https://dhhs.vic.gov.au/office-professional-practice>
* New service providers such as National Disability Insurance Scheme providers not understanding their requirements to comply with the Human Services Standards. Further information on registration requirements can be found on the department’s website: <http://providers.dhhs.vic.gov.au/registration-requirements-disability-service-providers>
	+ Service providers not having a current and correct list of DHHS funded activities and NDIA registration groups. The *Human Services Standards Policy* lists in-scope DHHS funded activities and NDIA registration groups and can be found at this link: <http://providers.dhhs.vic.gov.au/human-services-standards-policy-word>

# 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.

The Standards and Regulation Unit (SRU) will share the findings of survey results with the Quality Reference Group and department program areas. SRU will also take the findings into account when updating policies and guidelines*.*

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