



WEBINAR 9

Embracing Change

Applying the NDIS Practice Standards in
Psychosocial Disability Services
NDIS Quality Management

WEBINAR REPORT AND TRANSCRIPT

Webinar held on 25 February 2021, 11:00AM – 12:00PM

Presenters

- Daniel Kim – Host, Redback Connect
- Karen Stace, Senior Manager State & Territory Operations, National Disability Services
- Colleen Rivers, Quality and Compliance Manager – Community, Anglican Community Services, and
- Ashley Creighton, General Manager, Safeguarding and Practice Excellence, Aruma (formerly House with No Steps and The Tipping Foundation).

Participants

370 people registered to attend the webinar.

TRANSCRIPT

HOST:

Hello and welcome to webinar nine, the second last episode in the Embracing Change webinar series. I'm Daniel Kim, your host and I'd like to begin by acknowledging the Aboriginal custodians of the land from which this webinar is being broadcast today, the Gadigal people of the Eora nation and pay my respects to their elders past, present and emerging. A word about language used in The Mental Health Sector and its use in reference to the NDIS. In the Mental Health Sector, the term consumer is used to describe the person accessing a mental health service. In the context of the NDIS, we will be using the term participant.

Now this is the ninth in a series of ten webinars, where we've been systematically unpacking the NDIS Practice Standards and Registration Requirements and examining how each applies to psychosocial disability service providers. NDIS Quality Management is the topic today and I'm joined by a combination of studio and online presenters because how cool is technology? To my right is Senior Manager, State And Territory Operations at National Disability Services, Karen Stace. Karen, welcome to the programme.



KAREN STACE:

Thanks Daniel.

HOST:

Karen you know, you do a lot of work supporting the sector at the NDIS, and it's easy to get bogged down in the details, but quality is everyone's job.

KAREN STACE:

Yeah, it absolutely is, as one of my colleagues often says is quality actually happens in moment to moment interactions. And you know, one of the things I'd really like to do in my presentation today is to support the sector develop a Quality Management System that actually invites and involves everybody in the organisation.

HOST:

Looking forward to hearing that. And also with us in the studio is Quality And Compliance Manager For Community, Anglican Community Services at Anglicare, Colleen Rivers. Colleen a warm welcome to you.

COLLEEN RIVERS:

Thank you, Daniel. Good morning everyone.

HOST:

Good morning, indeed, now you live and breathe quality systems, but it's important to have an organisation wide approach.

COLLEEN RIVERS:

It is indeed and following on from Karen's presentation, I'll be talking about how you do embed that across the organisation and make it everybody's responsibility. I'll be overviewing today both the organisational quality framework and then how that translates down to the framework, the quality framework, that oversees governance of quality for Community Services.

HOST:

Looking forward to hearing from you too Colleen, thank you very much. And joining us online from Melbourne because we can with technology these days is General Manager of Safeguarding and Practice Excellence at Aruma, Ashley Creighton. Ashley, g'day. We can't actually hear Ashley in the studio.



ASHLEY CREIGHTON:

That's me reminding myself to unmute myself again. Apologies, again, good morning, everyone.

HOST:

Good morning Ashley.

ASHLEY CREIGHTON:

And hi from Melbourne.

HOST:

Yes. Now this is also a bread and butter for you, but you love talking about an integrated approach.

ASHLEY CREIGHTON:

Absolutely, and what we do at Aruma is, you know, it's a very modular sort of piece and constantly evolving around, you know - identifying various elements that contribute to quality and safeguarding overall across the organisation, through integrating approaches, through everyday activities, in what we do, right up to those more, sort of directed or bespoke pieces aligned to audit and accreditation.

HOST:

Yes, it's wonderful to have you on the panel with us Ashley. And before we get into today's presentations, we're going to kick off with our customary poll. We're asking you to rate your current overall knowledge of the NDIS Practice Standards. When you see the poll pop up on your screen, please rate your knowledge from one low to five expert. And we'll be polling you at the end of the webinar also, so we can compare the results, do stick around till the end.

You'll also see on your new screen now while you've been answering, the overview of the ten part programme, what we've covered to date, where we're up to, and of course, the fact that we have just one episode to go.

And over on the next slide, you can see the focus for today lies squarely on being relevant, proportionate, having documentation and maintaining continuous improvement when it comes to quality systems. And on the next slide, the learning outcomes for today's webinar, and while you read them for yourself, because I won't be insulting your intelligence by reading them out for you, don't forget to join the conversation today by clicking the dark blue hand icon in the top right corner of your screen. Get your questions in through to the panel, and make sure you click the light blue download resources button while you're there, check out all the useful documents available to you. And with that Karen, it's time to get started, so it's over to you.



KAREN STACE:

Thanks very much Daniel and good morning everybody. It's really delightful to be here. I'd also like to thank Enis in the Embracing Change Team for inviting me along. So as Daniel said, I'm from National Disability Services and for those of you who may not know anything about National Disability Services we're a peak body for disability services across Australia and generally non-government disability providers. We have around 1100 members, ranging from very big to very small providers.

So when I was talking with Enis today about maybe some of the things that I could cover that we thought would be really useful for you. I thought what I touch on is really basically what is the Quality Management System? [4.56] Thinking about some of the essential elements that we would expect to see in a Quality Management System. Having a bit of a conversation about how you might approach quality managing – management, sorry, and developing your own system. And then I just wanted to leave you with a couple of resources that NDS has available for all providers.

So, if we start at the very beginning, I guess, really what is Quality Management? And in some ways, it's not rocket science. It's incredibly important, but it's certainly not difficult and I can pretty much guarantee that all of you on the line today will be doing all of these things and certainly many more that are really about delivering a quality service to participants. So in essence, it's around listening to people who receive services and valuing their feedback, understanding what you're doing well, identifying where there are gaps and what improvements might be needed, and taking some action in order to meet those gaps but with the ultimate view of meeting the needs of the people that you support or your participants.

So, there's 1000 different definitions of what a Quality Management System is. And really, what I'm sharing with you here is one that actually outlines that we're talking about a structured set of processes for monitoring and managing quality within an organisation.

Under the Practice Standards, we know that there's some outcomes that we need to achieve. And really the Practice Standards talk about participants benefiting from a Quality Management System that's relevant and proportionate to the scale and size of the provider. And that becomes really important when we start to talk about some approaches that you might take to developing a Quality Management System in your organisation. And of course, one of the key issues or key areas of a Quality Management System, is something that actually promotes Continuous Quality Improvement in relation to the delivery of the supports and services.

So, the quality indicator - the Quality Standards also provides an indicator that we would expect to see as part of your Quality Management System. So in essence, your Quality Management System needs to define how your system assists you to meet the requirements of legislation of which we know that there's a range related to the NDIS, that actually helps you meet the Standards that you've been talking about throughout this series, and also improve support delivery.

It does include a documented programme of internal audits, so really a way for you to actually assess and review whether you're doing what you are setting out to do and setting out to achieve. And obviously your Quality Management System needs to support Continuous Quality Improvement, use outcomes, look at your incident and complaint data, think about evidence informed practice, and really importantly,



of course, includes feedback from participants and workers. And I would add other stakeholders to that as well.

So, I know that Colleen is actually going to talk a little bit more about how Continuous Quality Improvement works in Anglicare. But to put simply, all of you would be familiar with, in essence, what is the plan, do, act, check cycle? Basically, what it does, is it ensures that we don't put a process in place or take an action without also identifying ways to improve it. In other words, it's really the opposite to a set and forget. And I think when we talk about living documents and living policies, that's what we're talking about, we're talking about Continuous Quality Improvement.

So when we think about these, I guess it's important to note that Continuous Quality Improvement, it's not always easy, it can be really difficult. Ultimately, it requires a culture that encourages and supports us to really critically reflect on our current practice, explore new ways of doing things and embraces change, when that's needed. Embedding Continuous Quality Improvement, even introducing it, can sometimes create resistance, I think in all of us, sometimes that's just the resistance to change, but sometimes it can actually uncover, you know, some long held ways of doing things and some attitudes that we may actually need to address. I guess the other thing, of course, is that sometimes addressing resistance can be time consuming, it can be resource heavy, but of course there's significant benefits in taking those efforts and in making that effort.

So really, what Continuous Quality Improvement does, is it provides best possible outcomes for participants by driving improvements in service delivery - really about, it helps to streamline evaluation and performance monitoring, and planning and brings these into a single system. So as I said before, lots of services would be doing a whole lot of different elements of Quality Management but sometimes what we find is that they're not together in a cohesive system, so they're a little bit all over the place.

It makes effective uses of standards and related compliance activities, always with the goal of improving services and informing good practice. And it can actually help well informed management decisions because they're based on data that you've gained through tracking what you're doing and also reviewing processes as part of your Quality Management System.

And ultimately, really, which is the whole reason why you know, we invest resources is, it can demonstrate and provide evidence of service quality and achievements. And that has a number of purposes. So evidence of quality and meeting certain standards can be really useful and give confidence in participants who might be choosing your service that you're service that focuses on the quality of what you're doing.

It can also be really important in terms of giving your staff or prospective staff, again, that level of confidence that your service that always wants to do better. It can certainly show that you've met accreditation requirements that can be really important in terms of requirements of funding bodies, or contractual arrangements. It can certainly assist with communicating accountability throughout the whole organisation, which is really part of the question that Daniel asked me at the beginning was, "If it's everybody's business, well, how do we ensure that people feel accountable, and are really clear on the expectations?" And of course, it can promote confidence in the general community, and in funders, stakeholders and philanthropic bodies.



So what I wanted to move on to now is really looking at some of the key elements of a Quality Management System. Quality Management Systems, you know, is unique in the very unique organisations that are actually implementing them, but there are some basic elements that we would expect to see. So we'd absolutely expect to see an organisation's Quality Management System look at benchmarking against things like standards, we would definitely expect to see development and the use of key performance indicators or performance measurements that set some targets, that enable you to measure how well you're meeting your objectives. We would need to see some evidence of the fact that you are actually doing what you say you're doing. And I am going to come to evidence in a little while because I do think it's one of the challenges for some organisations.

It assists you in managing organisation wide risks, so obviously, that's a key part of quality. And in terms of the context of risk I'm talking about here I'm talking about organisation wide or system related risks, and one that we would all be familiar with here would be financial risk. Another one, of course, which is incredibly topical would be business continuity, so how organisations are actually ensuring the ongoing delivery of supports and services in the face of emergencies, disasters, and of course pandemics. And then importantly, it also includes appropriate mechanisms for stakeholder feedback - and that's the broad stakeholder groups, so its participants, it's staff, it's everybody in your organisation, it's the community. And of course, you know, we're incredibly lucky that we've got Colleen and Ashley with us today cause I know that they're gonna be touching on how they're implemented elements of their Quality Management System in their own organisation.

So I thought it might be helpful to have a little bit of a look at some tips in terms of developing a Quality Management System. So, we would absolutely suggest that you consider going beyond the NDIS Practice Standard requirements and look at research, look at best practice, because they're really useful ways that you can look at how you might innovate and really improve your services. We'd suggest that your Quality Management System also includes some other performance indicators beyond those that are just in the standard. So, the sorts of ones that you know, I just touched on financial risk, for example.

So, you might include some indicators around sound corporate financial health, you might include indicators related to participant satisfaction, things around how you're achieving positive outcomes. You might include some staff feedback and staff satisfaction, morale, and turnover. And you might also want to measure the way that your organisation is actually perceived in the community. And of course, you do need to think about your Quality Management System in terms of the systems that are going to enable you to collect evidence that enables you to know how well you're doing and show that to others.

So, as I said, I did want to revisit evidence a little bit and just talk about that a bit. Certainly in the work that I've been doing with providers that Daniel mentioned, often when I do is - I see organisations delivering fantastic quality services, they've absolutely got all of the elements in place, but where they do struggle sometimes, is actually having a system for documenting and showing evidence that they've got those in place and that they're working. So, we would really suggest that you document your process for Quality Management. That could be your Quality Management policy, it could be a general description of your Quality Management System.



It's really important to ensure that your other policies and procedures are consistent and use and support, your Quality Management Systems. So if you've got a Quality Management Policy, it's really important that all of your other policies and procedures actually are consistent with that and support that and certainly some of the feedback that we get from auditors when they go in and talk to providers is that sometimes they're not overly consistent, they can be actually at odds with each other.

Think about the tools that you might be implementing that help you gather evidence and data. So that could be as simple as a Continuous Quality Improvement Register, that just basically shows how you move around that plan, do, check, act, cycle and then think about other measures as to how you might capture your performance. You're probably already doing a range of those but it's a matter of bringing those into your Quality Management System. So, what sort of reporting are you already doing in your organisation? What sort of case studies or case notes? What sort of surveys are you doing? Bringing all of that information into a one system.

So, as I said, I did really want spend a little bit of time looking at approaches to Quality Management Systems as well and how you might approach this. And one of the useful ways that I think to think about this, remembering that at the beginning, when we looked at the Practice Standards, it very much talked about something that was fit for purpose, that was proportionate, that worked for your organisation.

And what we find is, we find that, you know, there's a bit of a spectrum for quality. So, we've got organisations that might be new to a Quality Management System. Your activity in this case might be very much about establishing a system that enables you to meet the Practice Standards, might be very focused on registration and re-registration. And I think it's really important to remember that just because an organisation might be new to developing a Quality Management System certainly in no way indicates that they're not delivering quality services. Most providers that I know are absolutely 100% focused on delivering great outcomes but it's that Quality Management System that they might be new to.

As your Quality Management System becomes more mature, your activity might change from being very much focused on meeting those minimum requirements through to something where quality becomes part of your strategic vision. You know, we start to see proactive plans that range from all levels of your organisation right through governance all the way down to really proactive quite sophisticated plans that look at how your Quality Management System drives positive participant outcomes.

So, there's a couple of different ways that organisations go about approaching their Quality Management System. And again, there's really no one right way to do this, it is a little bit of horses for courses. So, it depends a little bit on your level of quality maturity, which we talked about there or where you're up to in terms of your experience with quality. And often it will depend on the size and the complexity of your organisation.

I think it's really important to think about the resources that you have available at any one point in time. And certainly, some organisations that have established a Quality Management System or feel that they've got some really useful elements for Quality Management System, basically review and consolidate what they've got and they identify gaps and remedy these. And they ask questions like, is your system doing what you want it to do? What are the gaps? And how are you going to fix those?



Other providers certainly take the approach of building from the ground up. And certainly, if you're taking that approach, looking at some templates and tools, and online systems can be really, really helpful in that way. Whatever the approach you take, though, you do need to consider who is going to lead and implement your approach. Is that going to be a dedicated role within your organisation? Is it going to be your management team or members of your management team? Or will it be a broader Quality Subcommittee?

I think when you're looking at who is going to lead and implement whatever approach you're taking, there are a couple of things and obviously, time frame tends to be one that we see a lot. So if you're on a really short timeframe in terms of implementing your Quality Management System then organisations will often choose a dedicated role because as you can imagine if you're utilising your management team and a broader Quality Subcommittee that can take a little bit longer. There's pros and cons with both, obviously a dedicated role - you know, you do want to avoid the fact that, you know quality can be seen as one person's job, you want it to be throughout the organisation and things like involving a management team or a broader Quality Subcommittee are ways of doing that. And you can certainly start off with one and start to introduce other approaches as you go along.

So, before I do share some resources with you, I just want to share a couple of things to consider. Probably is no surprise, leadership is key in this. It's incredibly important that quality is driven from leadership. That leadership encourages initiative within the organisation, that they model quality behaviour that is consistent with your Quality Management System. That there's recognition and acknowledgement when everybody is committed to the Quality Management System.

It's important to ensure that everyone understands the role that they have. And we've seen organisations you know, think about how Continuous Quality Improvement and aspects of their Quality Management System can be weaved into position descriptions, weaved into obviously, performance reviews. One of my colleagues who has done a lot of work with organisations likes to tell a story that he went into an organisation once where they had a 300 page policy manual. And he's ongoing kind of plea is that we all simplify our policies and procedures and processes where possible.

Clearly the more complex they are, the longer they are, the less likely we are to understand them and be able to put them in process - sorry, to be able to put them into practice. So thinking about simplifying those, what do they really need to do? And what are the outcomes that we want to achieve by that policy or process? And focus on those. They're never going to be able to account for every eventuality.

And then most importantly, I think it's really about involving participants throughout the entire process. So think about how can we invite participants into this? Have we made really clear connections between what we're doing in terms of quality, what we're doing in terms of our Quality Management System, and the fact that ultimately, this is about driving fantastic outcomes for participants who utilise our services? So, getting them involved and thinking about how we do that is incredibly important.

So, I'm just about finished and I hope I've stuck to time. I did say when I was practicing this I kind of ranged really. So, I just did want to just share some quality and safeguarding resources that we have available at National Disability Services.



So, we've got a page that's quality and safeguarding. There's a range of resources there that are available for all providers. There's a really useful Quality Management System Guide that was developed by one of my colleagues, Jenny Klause. And I have to thank Jenny in that guide for a lot of the material that I've shared with you today.

We've also got an NDIS Business Analysis Tool and whilst that's not 100% focused on Quality Management Systems, it does include some suggestions and tips that could really help you review your Quality Management System and identify improvements. It also touches on some other elements of NDIS business operations and we give you a good checklist and also some best practice ideas as well.

So I'm gonna leave it there, Daniel. I just popped my contact details up there. Please feel free to get in contact if there's anything that we can assist with. And I'm really looking forward to all of your questions and joining Colleen and Ashley on the panel. Thanks, Daniel.

HOST:

Thank you very much, Karen. And don't forget to ask questions to Karen using that dark blue hand icon in the top right hand corner. Normally to date we've been taking those questions through a rusty old iPad, but we've had an upgrade today. We are getting a laptop. So, your questions will be coming through here and we'll be maintaining them. And understanding how these principles work in practice is the next topic. So, Colleen it's over to you.

COLLEEN RIVERS:

Thank you Daniel and thank you Karen for a great overview of the elements of an effective Quality Management System. Today I'm going to be talking about the systems that we have in Anglicare. The Quality Governance Framework for Anglicare as an organisation and then the one that has been developed subsequently for Anglicare's Community Services.

Anglicare is a large organisation, probably not as large as many people think, we are not an Australia wide organisation. There are Anglicare's all over Australia and we are loosely affiliated. The Anglicare I'm talking about is Anglicare New South Wales, but we are still a relatively large organisation. Within Anglicare we provide several services, we provide aged care, both residentially and to people in their homes. We have retirement villages, we have affordable housing, we have - of course we also have our community services, which is our outreach programmes. Within Community Services, we also have a range of services. We have counselling, mediation and youth services, foster care and adoptions, family support, food and financial assistance, our Anglicare shops and of course our mental health services.

Within our mental health services, we have two streams, we have what are called emotional wellbeing for older people services which provides emotional wellbeing support for people both in residential aged care and also most recently in their own homes. And we also have our psychosocial services under NDIS. So, as you can see, NDIS is a small component of the overall provision of Anglicare services, but nonetheless a very important component.



Within Anglicare, we run to an organisational Quality Governance Model, which was developed and approved by our board. The organisation's governing body is accountable for setting the strategic direction of the organisation and the delivery of safe and quality care and services. And they do this through the development of a Strategic Plan and Goals and through the monitoring of achievement against that plan and goals and the key performance indicators of ongoing quality performance. This model - the principles are the basis that underpin everything that is done and they are based on the four values of the organisation, integrity, justice, compassion, and excellence. The processes I will talk about a little more when we go through the rest of the presentation.

But the four domains that were identified as being critical to the organisational Quality Governance were Service Performance, Workforce Effectiveness, Risk Management, and the participation of those who use our services. Corporate Governance model is basically depicted here, our board has six subcommittees which address all of those key areas of governance that are required to be addressed by them. But the one that we're particularly interested in today is the one I've bolded, the Care and Clinical Governance Committee. This is the meeting at which all of the services across the organisation present evidence about how they are meeting both their contractual requirements and their service practice - agreed requirements and the quality requirements. So that's the one that is critical for us.

Having an organisational model is great but there are particular needs of each of the service areas and most of the service areas that I've mentioned have developed their own Quality Framework that fits underneath and aligns with the organisational model. And I think in 2017 it was the Community Services began to develop their Quality Framework, trying to find a framework that would cover the diverse provision that I just alluded to - everything from, you know, adoption through to shops, with mental health and counselling thrown into the middle. And this was what they came up with. They identified their quality domains, about what that looks like in practice through each of those. Having developed this collaboratively, it was then assessed against the Practice Standards of each area, including the NDIS Standards to ensure alignment.

This is a systemic diagram of how information flows within the organisation or particularly within the Community Services Stream of the organisation. So from Team Meetings to Operational Practice Meetings to Leadership Meetings. I've highlighted the Community Services Quality Governance Meeting cause this is the focal meeting at which all of the quality practices are reviewed. The meeting record from this meeting forms part of the report that goes up to the executive and then to the Board Subcommittee, the Care and Clinical Governance Committee. And as you can see, participant feedback underpins all of the things that we are doing.

Participant Engagement is one of the domains that was flagged in the organisational model and it's certainly a key component of the NDIS Practice Standards and effective and meaningful engagement is critical to any Quality System. But it does have to be effective and meaningful, not as Dilbert is suggesting here.

When we started to look at, particularly when we were preparing for our first certification audit, and other things that the teams did across Community Services, not just for the mental health services - if they ask themselves these questions looking at how much do we actually support participant engagement? What are the barriers that we need to address? Where can we do better? And so a lot of time and effort was



spent on focusing around this one question and I will talk a little more about that as we go through.

Obviously, our goal is continuous improvement, that's the whole point of the continuous improvement system. It is as Karen rightly pointed out that you need to have the systems and processes in place to assess, monitor, improve the quality and safety of the experience and outcomes of our participants. And to do this, you need to have a plan.

This is the cycle that we have worked to and it is an elaboration of the cycle that Karen presented a little earlier. You'll see - my slide has just changed that's okay. We have feedback, from which we identify opportunities for improvement, identify from those, what are the root causes of the problems. Develop strategies to address those, implement them, evaluate and then that feeds back into our feedback cycle. All of this underpinned by the principles that we have agreed and overseen by the governance model.

A few years back, we developed with our IT teams on our shared drive to have an automated online process for capturing all of our continuous improvement activity and also for our feedback for community services and for residential services only at this stage it was developed. The Continuous Improvement Plan is a comprehensive plan, it covers all aspects of what would need to go into a CI Plan. So what the issue is. What the strategy to address the issue is. Who's going to actually do it. When they're going to do it by. And sign off dates for when that has been completed, and evaluation process and sign off that the evaluation process has been undertaken. And it's not until that evaluation is completed that that particular item on the plan is signed off.

Feedback is a register rather than a plan and because often feedback is confidential it doesn't include that breadth of information. But nonetheless, it does capture what the issue is and the dates by which these things will be addressed is taking responsibility and when it has finally been resolved. So, it covers things like acknowledgement of a complaint should it be a complaint that we have received - it does cover the other feedback that we receive as well, but we'll talk about complaints because that really is the area where we gain most information where we can improve our services.

But certainly it has, when we acknowledge the complaint, when we have provided a response, when we have achieved resolution, satisfactory resolution of that and this is signed off on the register. Both of these tools are part of what are reviewed at that meeting that I highlighted earlier, the Community Services Quality Governance Meeting because that's the forum at which all quality processes are reviewed. It is our monitoring process.

So what are the sources for improvement opportunities, or their multitudinous as you can see. And again, apologies that this slide has changed in transition.

HOST:

That's OK, this is more for us, the audience will be seeing the accurate slides.



COLLEEN RIVERS:

I'm told that you're all actually seeing accurate slides, so that's a good thing. So, feedback and complaints I will talk about a little bit more and I will also go through the surveys and some of the other issues in a little bit more detail.

So, feedback and complaints, as I've flagged is the most fruitful way of identifying where there are things that we could do better. And the system does have to be a system that follows our principles of transparency, procedural fairness and natural justice and these best practice guidelines. And we believe that the feedback management system that we have in place does that.

So where do we get feedback from? Everywhere. We can get it directly from the participant, we have feedback forms at all of our offices in our reception areas, our online feedback portal is available and used extensively by one and all. We monitor and analyse the comments that we get back in our satisfaction surveys. We have an annual outcome survey which provides a wealth of information and I'll talk to that in a minute. And of course, as I flagged earlier, our feedback system.

The satisfaction survey that I alluded to there is a very brief survey that is run twice a year and at exit from our service for participants. It asks three very brief questions but from these little questions we actually garner a lot of useful information to identify how we could improve our services.

The Annual Outcome Survey is a much more comprehensive survey that was developed by our Social Policy Research Unit and are - validated questions that are asked. And being an outcome survey, it actually does provide a lot of very valuable information to us. So, these are the questions that are asked. We're just waiting on the report about 2020 Annual Outcomes Survey. But our 2019 report showed that there had been great improvement across our mental services, in fact in all areas, but I wanted to highlight some of these to show the sorts of things that are - the outcome survey actually does actually tell us about. But how do we use this information?

Well the Annual Outcomes Survey is its own quality cycle. So the survey is undertaken, the data is analysed, improvements - opportunities are identified, strategies are developed and implemented and then the next outcome survey is in fact the evaluation process of the last outcome survey. And so it is a little mini CQI process in itself.

So, how do we actually use this effectively? When it was first run, people looked at the data and thought, that's lovely, we've got great results here and good results there and in fact, the results were very positive. And sometimes that makes it very difficult to identify, well, how do we use this to improve. But there's always room for improvement and the teams did need to be trained in how to actually utilise the data effectively to identify areas for improvement.

One of the things that I shared with the community services teams as we were working through this is just some very simple improvement tools and I'll talk to them now. The 5 'Why's is about as simple as you get. It's about basically taking the stance of a two year old and just continually asking why, why, why?

But it allows you to get to the root causes of a problem, rather than what might at first seem like the problem. And I give the example of - the issue may be that someone's complaining that they've got no response to their email. That might be - the first



response might be to think, well, you know, whoever's responsibility that is I'm going to go and have a word to them, because that should have been done.

But if you ask the next question, why wasn't a response actually done, you can find out well, maybe nobody checked that inbox. And then you'd have to ask another one, why wasn't it checked? Because the person who checks it is on leave. So why wasn't it covered when somebody goes off on leave? Because they're in a different team, we didn't know about it.

And so you start to see that the actual issue isn't that somebody failed in their job, but there is a communication gap within the organisation that needs to be addressed. And it saves you time from trying to put band aids on things that are not really the problem and being able to get to what is the root cause.

Signs, Causes, Solution is another really simple procedure. It's about – it's a useful one when people come to you with solutions and I think probably the most common solution that people come to their managers with is we need more staff. And it may be that you need more staff but it helps to actually take a step back and say, well, what are the signs that we need more staff? And so if I give the example of maybe the signs are that we're not getting to our documentation in time, we haven't got time to get it done effectively, you can start to look at what are the causes of that.

Maybe it is that you need more staff, maybe it is, that in fact other things are taking your time unnecessarily. Maybe it is that you're over documenting, or maybe it is that our documentation processes need to be refined. But that enables you then to find solutions to the actual causes of the problem, rather than just jumping in.

Goals, Barriers, Actions is a similar three stage tool that I love, because it's a useful one when you have time to actually do some blue sky dreaming and think, well, this is where we want to be and this is one that does actually get used after the Annual Outcome Survey because you can say well, we want to be more person centred in the way that we work. So okay, what are the barriers to achieving that? And then you actually can start generating actions, what are the things that will help us overcome those barriers? (INDISTINCT), you move from dreaming, to actually an effective process.

Audits and assessments, of course, are a great wealth of information in terms of where we can do things better. And from the Community Services Quality Framework internal audits were developed and they are undertaken against each of the domains that the framework - every two months and those audits and the results are fed back through that Community Services Quality Governance Meeting and as I flagged that then becomes part of what is fed up through the system, through to the board subcommittee. And of course, the certification process itself is a great way of identifying where there are things that we need to do better.

Key performance indicators, Karen mentioned and they are of course, part of what has to be monitored, and there is the usual, what I consider rather boring ones, the contractual, the financial and strategic indicators that we do have to stay across. But there are also very specific service quality and Quality System Governance indicators that are monitored through that meeting process. The quality framework alignment, participant satisfaction, participant assessed improvement, compliance with programme standards, timeliness of complaint management steps and completion of the quality improvement cycle.



Workforce governance was one of the domains of the organisational model and is also one of the domains of the Community Services Quality Framework and having the right people with the right skills and the right attitudes in the job is critical to the service that we provide and the satisfaction of the people who we serve through those services, though it is important that we spend time and money on getting the right people and ensuring that we continue to develop those people.

Ongoing Professional Development is not a luxury, it is a requirement and it is done through a raft of ways that you can see, including these webinars. But it does cost money. But not spending that money costs too. And that's something that has always to be a consideration.

This is actually a slide that was developed from the Aged Care Quality and Safety Commission. When I used this when I was helping our services to consider what quality looks like, how they can develop their understanding of quality. So, it's a series of things to ask yourself. So, how do you work with participants to provide high quality care and services? How do you use participant feedback to improve the way things get done? How do you make sure that everyone is respected for who they are? How do you seek feedback from staff and participants to improve the processes and systems? How do you support staff to identify and manage risk? How do you ensure participants are safe from harm, abuse or neglect? How do you monitor how care and services are provided? How do you respond in an open and transparent way when things go wrong? And how do you provide staff with training and support?

This is basically a snapshot of the things that are covered through the Community Services Quality Governance Meeting that I highlighted way back when I showed that communication and decision-making systems diagram. And then which is fed up through both the meeting record and through other audits and reports to the board subcommittee of Care and Clinical Governance Committee. That's how quality is managed and monitored within Anglicare. Thank you very much for your time.

HOST:

Thank you very much Colleen. And of course, another reminder there to ask questions using the dark blue hand icon. Remember to keep those questions coming through. We've got a fair few in the pipeline. And of course, thank you, standing by the whole time has been Ashley, the floor is now yours.

ASHLEY CREIGHTON:

Thank you and good morning everyone. I think what I am going to be reinforcing from both Karen, Colleen's great presentations is that whole sort of focus that quality really is everyone's business and everyone's responsibility. So, what are some of the things that I might be able to elaborate on through my presentation is a little bit of more about how we're doing that across the business with Aruma.

So I'm not sure who's heard of Aruma. It is now – Aruma is an amalgamation of a number of organisations as well as successful tendering for departmental divestment in disability services and to making it now the largest disability service provider in the community service sector in Australia. So we're located across the eastern - eastern state – so, Victoria.



We specifically provide disability services to individuals, primarily those with intellectual disability, and autism is probably our main client group or participant group. And so it was essentially an amalgamation of House with No Steps in New South Wales as well as E. W. Tipping in Victoria, successful in the divestment of the government transferred services in New South Wales and Victoria, as well as also taking on some additional services in Salvation Army.

Now sort of tell you this, cause this sets a bit of a scene for Aruma. So as you can imagine five different systems, five different cultures all coming together under one organisation. It has been a bit of a – it gives a challenge, everyone's got a different way of wanting to do things, different people think that their way might be preferred or better or just more known to them. So, some of this work is really around that cultural uplifting and quite critical engagement across the whole organisation.

So, my role with Aruma, I'm the General Manager for Safeguarding and Practice. So, that means I cover the areas of quality systems and accreditation of which where this largely sits, as well as safeguarding and practice. So that's our teams who are working, you know, directly with our frontline staff and managers in monitoring and mentoring, supporting those deep dive analysis into issues and events and service reviews. As well as our Investigations and Complaints Team responsible for those statutory investigations and regulatory complaints, as well as our Policy Hub as well.

So what I'm going to take you through today, is you know, just reinforcing and a bit more elaboration on what Karen's already presented around that plan, act - we use a different word, study and apply and act - plan, do, study, act. And just, you know, there's lots of elements that go into this. It's around, you know, some things we're covering is our around leadership, governance, data analysis, and how that all impacts to continuous improvement and innovation, our organisational systems and processes.

As you can imagine, coming from sort of five organisations, we've got, the amalgamation of five systems and moving them forward into how they fit for purpose in that disability space and a new environment. And you know a lot of that is often stripping back you know around that legacy of the block funding days and what we're required to do through various state government departments harmonising that across the country. Actually, what do we need to do under the NDIS? What level of intrusion do we want to put on someone's – the impost on people's lives that might impact them on being able to live their best lives? So, supporting vulnerable people with disability.

So, we've also incorporated, practice and research into that and most importantly customer engagement and feedback, how we develop our people, and also outcomes. Now, here's our bit of a recipe for how we approach quality and continuous improvement with Aruma. So, really some core elements or fundamental principles of our approach is around co-design. Co-design across the organisation, as well as with stakeholders.

Looking at the various lines of defence in preventing things from when they – they can go horribly wrong and without sort of indication. And one of the last things I want to take you through today some of that work we're doing around predictive outcomes and how we try to use multiple data sources to be able to have greater predictability around the quality of our services which then can start to also reduce risk.



So, we consultant communicate across the organisation. So one of the things I can talk about in that space is one of the things we do is we - before changing of any policy and procedure and this actually goes around all those principles, we have what's been developed as a policy lifecycle, we can see a policy/procedural lifecycle. We start off with an impact statement, what kind of change are we looking at implementing? Who does this involve? So what level of consultation needs to go through? What level of sign off, subject matter expert, participant inclusion in advising on - if we're advising on a procedure, and it's going to affect the lives of individuals with disability who we support, then naturally, we want them to have a say. So what are the elements that - where have we got feedback either previously through other engagements with individuals? What do we wanna use? What we have is a Human Rights Committee to provide some advice around that.

Things around corrective action as well as preventative action. I love predictive modelling, it's a bit of area of interest to me so it's one of those things we tried to build into our system. Look at those process enablers and their use and adoption of technology, how that filters through to our KPIs in the organisation that multidisciplinary, you know - evaluation around having all people across the organisation.

Assurance outcomes, demonstrating assurance and to our stakeholders, to the individuals we support as well as to the board and again, most importantly, where can we see customer participant voice in everything that we do? How's that really reflected in our approaches?

So integrated approach, this is looking pretty small on my screen. So I hope people can see this, but I do understand everyone's going to get a copy of the slide. Now in here, what this is just sort of, outlining it's very broad outline, and there's lots of sort of deep channels that result out of this. So it's just going over, our Integrated Assurance Approach in Quality And Safeguarding across the organisation and how that intersects with multiple frameworks. How we're also then using every opportunity to be able to collect information to be able to support those predictive outcomes in terms of the quality of service sports we provide, which then will then have that direct sort of lineage to evidencing how we are supporting individuals disability to live their best lives.

So, in terms of our sort of first line of defence, that's our - our internal audit systems and approaches. So, we founded ours on and in the process of implementing, following up from our NDIS (INDISTINCT) audit last year against Disability Standards.

Self-assessment, internal verification reviews. So, we have a number of different activities. So, some of those are directly - direct service reviews, as in when they occur with particular service and that's more focused on practice. And then rolling reviews and we also then aggregate them up, not just service level, might be regional level, as well as then how we're then analysing and assess data for more of a macro level, to be able to do that deep dive down into telling us and looking at cross compatibility, across areas of the organisational - service areas in particular, where are those trouble and risk spots by doing, I guess, weighted assurance activities.

So some of the data that we might be able to find, you know, to pull out of that is our incident data. But incident data is going to tell us part of the story, we also then need to look at a logical perspective. So weighting those incidents of high criticality versus those with lower, so they create a higher rating, to be able to give a sort of higher sort



of outlet score to tell us, something might not be going right here, because we know that typically you're curve you know is going to give us lowest amount of incidents, ideally, those of high criticality and they go up to those much more minor incidents.

We also weighed that against property events, property damage, worker health safety, so events associated to staff. We want to then transpose that across staff utilisation, what agency use and casualisation is happening in that workplace, and then to be able to then wind it all back to our self-assessment and internal verification, which is our within our first line of defence, where what we do is we've translated our policy library, we've taken the standards – the standards in which we're to adhere to we then match that over, as you do through your Stage 1 Audit, match that over to the particular areas of policy and procedure that we have.

Now we know in taking that out to the workforce is like, yeah, great, thanks for that I'll read that later, gonna be tucking that aside. As I say, we need to be made incredibly simple. So, what would then use within our tools is translate that into what's everyday language. What's the verb? You know? What does it mean I'm doing? Hopefully I've got my verbs and nouns correct, I'm not usually very good though.

So, what are people doing in every day setting, when they're enacting these functions? So that people can go, that's where I can relate to the standards. They're not going to remember the standards but what they are gonna remember is their interactions engagements with the individuals with disabilities, who we're there to support on a daily basis.

So if we're drawing through that indicator, one, it's like, I do that when I, provide medication to that person at 12:40 and 7:40 every afternoon, every sort of midday and evening, that's when I'm supporting that indicator, but they're able to then look and feel as to how that interacts with them. So we have - that self-assessment piece is really important for us around the translation in language and then what we do, is take it through a peer based verification process.

There's certainly not - No organisation is gonna hire that many quality staff to sit within those corporate costs of the organisation to actively be able to do that. So like I said, we're embedding these activities and practices and making them everyone's business but also making it really simple to do as well. So, what's the everyday language? How are they then using a peer based environment? So, service managers working with other service managers go, "Let's swap - swap what we've done and let's then collaborate together as reviewing and assessing", so we're getting that cross fertilisation of innovation, and practice across work groups, not just within.

So they'll go through that process with the mentoring of individuals from our Quality Systems Accreditation Team providing that overarching leadership, what that then spits out within the tool that we've developed is, it gives us a list and it will then develop, where there's areas or where there's any gaps from the file setup checklist that we have in place around adherence to the planning that's required through to the alignment to standards, it'll spit out a Continuous Quality Improvement Plan that's located very much within that service.

What that can also do, when we've got multiple, we can aggregate that up to organisational wide one. So if we're comparing anything over the file setup checklist around adherence to planning and the requirement to have specific plans in place, specifically, those health plans where we know that there's concern - behavioural



support plans, we can then start to identify trends as well. So we're not just looking at surface level, but also on organisational level. Okay, (INAUDIBLE) trying to say, why is everyone continuously never, only sitting at - I'm pulling this out of space, it's not an accurate number - at 60% of service agreements in place across the country, huge risk, we need an active and targeted program around raising awareness around this, or our systems not working right to make it easy for people to get in place.

So that's sort of sitting within our first line of defence. Going on to that and that's where that feeds into Operational Monitoring -providing management information so that managers in the organisation can make really good decisions. Different types of information is then provided to managers, there's things on everyday events, everyday things that are happening, their adhere to standards, but also on management reporting, in terms of the events that are happening. What are some of the things that we need to respond to on a day to day basis and very much focus.

And you know my background's as a practitioner so I'm very much around - and statutory social work, you know in that environment so my focus is always - and alarms always go off in my head around keeping people safe, what are those indicators of safety for customers so that we know that they're free from abuse and violence?

What else we got, customer employee environment. So, it's looking also particularly about the environments, looking at the ecology of where we provide supports and how we're assessing that. So they're things that all people have that responsibility to do particularly around our Health and Safety Team, around how they're checking. And not just going through a worker health safety lens as well but looking at the ecology of the environment – would you want to live in this home? And asking some of those questions. But as well, ensuring that we understand the needs to construct particular environments that are based on the needs of the individual we're supporting, not in the values of us, there's a bit of you know, I've had individuals - where people have come in and think they're doing the most wonderful thing, and bring in flowers and pictures, and all sorts of things that make it really homely, for someone with really, really high sensory needs, it's going to come in and throw everything and break it all up because that's not the environment that they choose.

But that person sort of thought about it from a value sense, sure, they wanna live this way, but naturally, of course, we do wanna support great environments for people. And that is a constant challenge, you know, around property damage and things like that, as and when it occurs, and also the budgetary constraints around that and also working with our SDA providers as well, and housing authorities to get things fixed within a - appropriate amount of time and to maintain the standard that we expect and that where content is an appropriate environment to support vulnerable people that is homely and is conducive to their needs.

So just going through, you can see like I can, what time have I got? I can banter on for hours. So, you can see that there's another different things along the bottom of the page. And so I just want to draw that attention. We have multiple activities across the organisation and we've made them part of everyone's day to day operations and trying to do that quite strategically. So we're not just centrally managing quality, but what we're essentially managing is the information that's coming from multiple source verification across the organisation to bring all together around - here's our predictability and how we're tracking guys. So you know, that's around checking the health of what we do.



Second line of defence is around our Clinical Governance and Safeguarding Approach. The implementation of Clinical Governance Framework as well as Safeguarding Framework. And what we know, Safeguarding Framework stretch across multiple functions across the organisation. So that's very much around quality and around safeguarding with direct alignment to integrated Continuous Quality Improvement, they all mesh with one another. And they all have a similar outcome, similar approach and purpose.

We also have, you know, looking at that second line of defence Health and Safety and Wellbeing Approach, Risk and Assurance approaches, so ensuring our policies procedures are up to date, but also have pulled approaches in there that we can flag any issues as and when they occur. We're also communicating to the business any changes.

Our internal audit programme as well. Not only do we do our internal audit self-assessment but we also have board appointed internal audit. So we've got our KPMG partners that come in around key areas that they would like to focus on per annum, that has a direct line according to reporting to our board, to provide that direct assurance to them, that's not influenced then by the organisation itself around our safe and effective management, and stewardship of the services, that were current custodians of.

So then, of course, our external audit and external certification audit, so long list. We also have businesses at Arums so and the intricacy of the accreditation environment there is absolutely phenomenal, particularly when you're starting to go into food preparation, medical packaging, and all sorts of things like that it's extensive. So, taking you through and I'm going to rough it through so I'm not yabbing(?) on too much.

Quality Improvement Approach, I think this is not too dissimilar to what Karen and Colleen both also spoke around, it's just a further elaboration on that plan, act, check act – plan, do, check, act. Looking at the different particular sort of elements breaking down some of the elements. So we're taking it from an improvement recommendation that might be instigated by a legislative change, or policy change and how we then – where we're driven to actually make that change, or just suggestions for improvement that come through from our staff or customers.

So we're verifying and triaging that around (INDISTINCT) doing an impact site, so we could do the scheduling around what are the resources are needed to make this change widespread? Do we need to have whole organisation? Who's going to impact and how it's going to impact people? Going through that accepting and resourcing, co-designing that solution, consultant communicate with our stakeholders, internal external, etc, and then go through that implementation phases evaluation around the effective this on that.

So this is just sort of some of those, key areas that aligned. Now, what I spoke about at the start is where it excites me is around the outcome predictability and that's what I think is where, I'm really sort of aiming for and bringing, hopefully bringing everyone in the organisation on that journey. The other people seem to get excited, I'm not sure if they just pacify me and keep me entertained. But outcome predict is very, very excitedly, this sort of goes back to my day back in Commission for Chronic Disease Neuro back in the UK.



So this comes out from well past commissioning framework that was introduced over there at the time, around predictive modelling. And so first sort of to start it off, sort of, in my experience around doing this within predicting hospital admission avoidance, which was a programme that originally started in New York around sort of heart issues that were being presented, how we can triage but it's actually going on to lots of systemic models – lot of models across organisations, and they're taken across in the health space and trying to sort of - how we can implement that within that disability space. Because we know that predicting social outcomes can often be very difficult and it's very, there's some - that formula sort of pace, but it's always governed - driven by real life scenario.

So, whole of organisation responsibility for quality and safeguarding and practice. So we look at multi-dimensional multidisciplinary approaches to support quality and safeguarding of individuals that we're here to support around the predictability of the quality of services that we provide.

Creating shared responsibility and identifying each person's role. We've got a shared system verification sort of process embedded, as well as operational integration through coaching and mentoring so that people are aware of their responsibility, but also aware of what they're practising on a day to day basis, and how that aligns to standards. This is all aligned to the regulatory requirements and translating standards and policy to practice, keeping that language really simple, telling people what they're thinking - what they actually physically doing on a day to day basis to align to that.

So we integrate that through our systems that work with one another. And then benchmarking of our adherence to regulatory requirements, that internal verification is very important to know we were tracking at any point in time, and we're still getting this to a level of maturity and it still isn't rolled out across the whole the organisation. It's a long journey, long slog to get to that place around that - implementing all those sort of modular systems and bringing them all together to get that full scope, we're working on it. And that's the whole thing around continuously quality improvement, that we're continuously doing it and it will be (INDISTINCT).

So looking at then those corrective - correlative formulas and risks. So that's when I was talking about some of those things like for instance, those different lines of defence, you can aggregate them up and down across the organisation different proximity to the customer, to be able to give us a greater indication around how we're tracking towards meeting quality standards and requirements. Like I was also talking around that sort of weighted ratio about different events that happened, as well as correlated staff information, quality information, and property and Work Health Safety, to give us a much more robust look around the predictability of how services are tracking and also the vulnerability and safeguarding of individuals that those services are supporting.

And then we all take that through that whole process of shared learning. So culture of curiosity is what I really love around people asking questions, and their whole line of appreciative inquiry, we conduct a series of deep dives in the organisation so the incidents that occur in our organisation often drives our deep dive. So what we want to know more - we've just done a full service review across deaths and aspiration in the organisation, we know it's high risk, we looked at the evidence base, then we look at our numbers, and then individually review any system activities that may have contributed or require improvement. So, adherence to our policies, procedures, and



ease of in assessing sort of deaths as and when they occurred. We've got another one that we're doing at the moment on occupational violence, and another one on customer-customer assaults. We know that's a real sticking point and have high predictability, this is something's that's going to come up with the Royal Commission so we wanna look further into customer-customer assaults as well.

So that all contributes to our communities of practice around that shared learning, and then create that – and within that focus on creating a narrative storytelling, people are much more engaged on that, but who doesn't like a good yarn? So how do we create those stories, around sharing those experiences with one another? And most importantly, it gives our client a voice and our clients have always - and that's one thing that I'm very passionate about coming from a children's social workspace is ensuring that everything we're doing, we're actually drawing the identity out of the individuals. That we're supporting their identity, we're supporting their voice in the various forms that they have. And that, of course, is probably one of the most important things that we should be doing. And all this - all these quality activities and safeguarding activities are ensuring that we're keeping our clients very much at the centre of all that as well. So that's me. Thank you.

HOST:

Thank you. Thank you, Ashley, who doesn't love a yarn you asked? None of us, it seems like, we've gone slightly over time.

ASHLEY CREIGHTON:

(INDISTINCT)

HOST:

So we're going to reduce the time that we came to q&a. That's alright there thank you. And by the way, I also love Dilbert cartoons, than you Colleen.

We've got a fair few questions that were pre submitted during the registration phase that we've compiled into FAQ style questions. We'll go through those. There are other questions coming through, and I'll address them really quickly, but starting with this one, this is a question for the entire panel. The pandemic has had an impact on all aspects of NDIS services. Tell us about its impact on your Q and S and quality improvement activities, let's start with Colleen on this one.

COLLEEN RIVERS:

Yes, thinking about this, I'm not entirely sure that it had a major impact on our system, I suppose the impact on our Quality Management System, obviously, it had an impact on our service provision but the Quality Management itself, system itself really wasn't actually impacted, other than the fact that we dropped one audit because we had to do a special audit on COVID preparedness and modification of our service provision in order to be able to continue to - to meet our participants needs under the changed circumstances but I think the system is robust enough to continue throughout without



major interruptions. For instance, the Community Services Quality Governance Meeting still met, there was still discussion at that meeting around all of the indicators and that was the report stuff fed up through, so it wasn't a massive change for us.

HOST:

Thank you, Colleen. Karen, what have you seen in the industry?

KAREN STACE:

Yes, look, I've probably seen a couple of things across service providers. And I think, one of the things that Colleen touched on is, service providers really needing to balance where they direct their attention and I guess we certainly saw that in probably some of our medium to smaller providers where it's really easy, I think, to let things like your Quality Management System, your standard reporting, all of those sorts of things slip, because you've got something else that you're really focused on.

And in some ways, that's understandable, but I think if we're thinking about a system as being something that should make all that stuff easier, then I think that's been one of the big changes. And I think the other really big one for us has been particularly across the disability sector has being a much bigger focus on business continuity. And I think certainly, out of this -my CEO is very fond of saying never waste a good crisis - so I think out of this, what we're definitely seeing is organisations, generally really stepping up their attention and stepping up their game in terms of business continuity, individual emergency management planning I think we're seeing a lot of that as well and that's probably been one of the significant changes that I've seen.

HOST:

Thank you. And how about you Ashley?

ASHLEY CREIGHTON:

Yeah as a Victorian there's been a lot of impact. I mean there's such - with Quality Management, actually, I probably should be sitting here with this on at the moment. But I would say, look, I think if anything is the time and participant staff have, but we're trying to, like I said, trying to integrate resources, make it as automated as possible so we can use our systems to do most of the grunt work for us. I think it's been an excuse for lots of people. This is just me being a bit frank, and I'm trying to break down that excuse making – just like, 'It's a pandemic, so we're doing it...'

So like, I understand that this takes time. We can't drop the ball in the quality of supporting vulnerable individuals. So we've gone through our NDIS verification audit and come through it with flying colours and that's a national one across all states and territories, all jurisdictions – Queensland, New South Wales, ACT and Victoria. We had a wonderful result, going through that sort of systematic approach, and people learn a lot through it. So I would actually – my sort of thing is challenge it, being used as an excuse as to why we can't do something.



HOST:

It's a great attitude to have. Thank you, moving right on, question two this is for the entire panel also. And, Karen, I might start with you. What advice would you give to smaller service providers starting their NDIS Quality Management journey?

KAREN STACE:

Yeah, look, I mean, it'd be great to get a sense from Colleen and Ashley, about their advice as well, but, you know, I think really, it is about, thinking about the approach, understanding that it can be proportionate to the scale of your organisation, not necessarily thinking that you have to have a perfect system straightaway, that it's really about starting, developing something.

I was picking up in both Ashley and Colleen's presentations it's probably, for want of a better word, not always sweating the small stuff really identifying - as a small organisation starting off, really identifying what are the key areas that you need to be focusing on. What are the things that are most critical, and using that, I think, as a starting point to develop your own Quality Management System.

Realistically, though, it - there's no doubt that it's challenging, certainly when I've spoken with organisations getting ready for a quality assurance audit, it's daunting, it's challenging, and I think it's about - we would always suggest, break these things down into steps, develop a plan, give yourself as much lead-in time as you're able to, and appreciate that it's probably not going to happen overnight.

HOST:

Great, thank you. Colleen and Ashley, anybody else who'd like to jump in?

COLLEEN:

I just say, probably – you go Ashley.

ASHLEY CREIGHTON:

Look, I'll just say, it's one of those things is – for a small organisation I'd say, identify your indicators, buy a system, get one in there, don't try to make it out, it's going to take so much more resources to try to put it in there. We also then need to be always cognisant that 100% of what we do is usually 2% of another person's thought particular and working without operational peer who we're dealing with the day to day. So as much as we can embed it in their daily practices as possible and take it – break that that language down into everyday use.

COLLEEN RIVERS:

And I suppose I would add to that, I think for particularly for small organisations, but for any organisation to realise that it's called Continuous Quality Improvement for a reason, it's incremental. And it really helps to start with some small wins. So don't try



and bite off too much at once. Just start with basic questions like, in this particular area, what does good look like? And what do we need to do to get to achieving that. But start off with things that are manageable so that you can get some wins on the board and encourage your teams to embrace quality.

HOST:

Great, thank you. We've got just shy of five minutes left on the programme. So I might make one last question available for the panel before we move on. And also there's a couple of questions that I can answer.

So Risa is asking, will the presentation PowerPoint be made available after this? Yes, is the answer.

Tammy was asking if she can view previous webinars? Yes, go to the MHCC website, you can access all of those.

Angela actually made an interesting comment. This isn't a question per se, but she said, love the safeguarding excellence team that's probably for you Ashley. It's great for organisations to strive for excellence not just conforming, it's crucial to ensure everybody needs to align to quality and then benchmarking everybody, understands where we are, where we need to get to, communication and knowledge is the key. That's a really wonderful comment from Angela. Thank you very much.

A couple of other questions that are coming through, we probably don't have time to cover them, so this is one we want to wrap up with. It was, can you speak - this is to everybody on the panel so if you have like - give me a couple sentences each, please - Can you speak a little about the role of organisational culture in supporting quality improvement activities? I might start with Ashley for a change.

ASHLEY CREIGHTON:

Yeah, I guess some of those things that I talked about, I love a culture of curiosity in the organisation, that's one of the probably - I guess that first piece, culture is imperative, to have that culture of continuous improvement. And we can use the words continuous improvement, like you know, if we need to change to - just like doing a great job supporting, you know, individuals to live the best lives that they choose.

They're those sort of things - so it's making it relatable, creating that culture, again trying to get sort of shared language where possible, but make the language real. So mine is around, absolutely reliant and dependent on it. It's doing a translatable piece around what we're measuring as an indicator or a standard, turning that into the, what are you doing on a day to day basis? That's really - I think that's really important. And then that gives everyone a connection, and then culturally connected into what we're doing.

HOST:

Thank you.



ASHLEY CREIGHTON:

And values of your organisation too.

COLLEEN RIVERS:

I would add to that, yes, culture is essential, and having that buy in from the board down through the leadership teams down to every level of the organisation, understanding that improvement is what we're here about that we will want to do the best that the people we serve, and the organisation is behind you in supporting you to find ways to do that, and acknowledging you when you do manage to make improvement. So yeah, it's a critical component, the culture of the organisation.

ASHLEY CREIGHTON:

And that's important, celebrating success. I'll add that one too.

KAREN STACE:

That's OK, that's alright. I don't know that I've really got much to add to sort of Ashley and Colleen's, fantastic answers to that. But I guess, there's a couple of things that really jumped out to me from both of your presentations is - it's really bad sort of trying to avoid that blame game as much as possible so that it's really about having a culture of that curious inquiry, appreciative inquiry asking kind of those five why's I think are a really lovely way of sort of starting a culture that says, yeah, we get an issue, but our culture is not just sort of jump on, "It's your fault", our culture is to kind of go, "Okay, well, tell us about this and then what can we do to improve that?" And I think you're right, I think it needs to come from the board all the way through.

HOST:

Thank you very much. We'll wrap that up for q&a. Victor's asked a couple of questions about tools and and resources. We'll make sure the panel get back to you offline for that later. And also Patrick's asked the question, a really good one, but it's a bit too broad to tackle right now. It's about how do you embed quality into everyday practice. So we'll make sure we get back to you offline.

Of course, we now naturally want to have you rate your overall knowledge of the topic having watched this webinar, it's the same rating system is at the start of the webinar. So please let us know how you would now rate your knowledge and it's going to help us evaluate the effectiveness of the webinar and plan future one.

While that's coming through, Karen Stace, Colleen Rivers, Ashley Creighton, thank you so much for your time today and your insights.

I'll just take you through the poll that are coming through - at the start of the webinar, 47.5% rated themselves as a two out of five and then 33% rated themselves as a three, a small number on one and four nobody on number five. And if we go to the current poll results are coming through we've now got some people moving



themselves onto expert five. That number two is gone down to 36%. Number three is gone down to 30% and advanced has jumped up to 25%. So, we know-

KAREN STACE:

Round of applause everyone I think, well done.

HOST:

Not a negative transition, thank you very much. Remember there is one final episode to go in our series, so don't miss it. For more information visit the Embracing Change Project Web Page by left by going to the MHCC website and clicking projects.

You'll be able to access resources for each webinar, including recordings, transcripts, slide packs and resource packs. Don't forget to click the light blue icon at the top of your screen now to get your paws on today's resources.

Keep an eye out for an invitation to register for that final webinar coming up. Please take a minute now to complete a quick survey to which you will be automatically taken. Thanks again for joining us for the ninth webinar from across this wonderful sunburnt land of ours. And we'll see you on the final episode and until then it's goodbye from us.

ENDS.