



NDIS and Psychosocial Disability Quality and Safety Forum

TRANSCRIPT 8 of 10 Panel 2: Quality Management

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Panel Members

Belinda Ellis, Chief Operating Officer – Quality, Safeguarding and Risk,
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Tracey Martin-Cole, Chief Executive Officer, Psychology CAFFE

Deborah Roberts, Chief Operating Officer, 360 Health + Community

TRANSCRIPT

HOST:

Hello and welcome back to the final hour or so of the forum. The lunch was quite good, in my opinion so we're either going to be refuelled and pumped and ready to go or we might hit that post lunch wall, could go either way, and we'll see how we go. It's time now for the second panel discussion, and as you can see, I am not at the lectern with you. I'm coming to you live from backstage because it's a virtual panel, the things we can do these days.

The topic, of course, is Quality Management, this panel is building on knowledge from the Quality Management Webinar. We'll be revisiting some of the key concepts, such as Quality Management Systems, and Continuous Quality Improvement. And if you haven't had the opportunity to access this webinar, we encourage you to seek it out on the Embracing Change website.



Now, before we meet the panel, we're going to run another word cloud to set the scene like we did for the first panel. Can you all jump onto menti.com with the same code, 9316 3224, and tell us what two words come to mind when you think of Quality Management? Do let us know.

And we'll have that popping up in real time on our screens. Richard will take care of that for us. Where do I go on my screen to look at the results? Believe it or not, I actually can't see the results, but I'm sure you can. Look at the words that are populating and that is our cloud.

While the results are being pulled though, let's meet our panel. Joining us live from Zoom is Belinda Ellis, COO Quality and Safeguarding and Risk at ermha365. Belinda, thank you for joining us.

BELINDA:

Thank you, Daniel.

HOST:

Quality is in your title but it's also a topic close to the heart because on your first day at ermha365, you walked into an NDIS audit.

BELINDA:

I did, I did. Which really reinforced the need for strong, robust, Quality Management Systems, that support BAU and continual growth.

HOST:

Yes, thank you very much for joining us. We're also joined on the line by Deborah Roberts, chief operating officer from 360 Health + Community. Deborah, thank you for being on our panel.



DEBORAH:

Thank you.

HOST:

You've also been on an interesting quality journey yourself, because you were telling me at one point, you were dealing with seven different sets of standards.

DEBORAH:

That's correct, so 360 is an organisation that covers health, chronic disease, mental health, disability and suicide prevention, and psychosocial disability support. So, we had seven sets of standards when I walked into the organisation, all that were being dealt with separately. So, in order to make sense of that for staff and for our customers, we needed to do a piece of work about how we would integrate that. So, I'm really pleased to share some of that work today.

HOST:

Yes, looking forward to hearing your story, thank you. And, of course, we're also joined on the line by Tracy Martin Cole, the founder of Psychology Caffe, thanks for joining us Tracy.

TRACY:

Thank you, Daniel. It's a pleasure.



HOST:

Now, it's a pleasure having you, and your story is also quite intriguing, because you've gone through rapid expansion in the last two years. And that's meant you've had a hard time, formalising all the good work you were already doing.

TRACY:

Yes, we did - we did double our team in that period of time. And of course, there's been a Pandemic, just to add a little bit of interest.

HOST:

So much to cover on this topic, thank you very much for joining us on the panel. And before we kick into everything, a quick reminder to everybody, we will be taking questions again at the end of the panel discussion so jump onto menti.com. Use the code that we've been using all day, make sure you get your questions submitted.

So, if everybody is ready, I say we get stuck into it. Are we all get to go?

DEBORAH:

Sure.

HOST:

Excellent, Okay, so the first discussion question is, in designing your Quality Management System, what were you seeking to achieve? And I think I might start with you, Tracy.



TRACY:

Sure. I had a think about, you know, what really are we on a quality journey for? And it's because we want to know that every single client that comes through our door is going to get the best quality and the best outcome that they can. So, we are a broad practice, we see NDIS clients are about 20% maybe of our work. But we call them clients rather than participants because that's, you know, inclusive in a way that they're not distinguished as different, from anyone else that comes through the door.

But we also wanted to know and trust that, you know, with the team growing so quickly, that the quality that we stood for - for the past 10 years was still applicable in every case. So, for us it was knowing and trusting that that would happen, because we had a solid and a sustainable system of governance, both financial and clinical.

HOST:

Thank you, Tracey. Deborah.

DEBORAH:

So really, in designing our system, there were kind of three key elements that I was looking for. One was a focus on safety, and that is that our services are both safe for employees and for our clients and participants. The second thing was really around ensuring competence and that's - we had the right skills, the right experience and the right people, to deliver the services that we were being asked to provide, whether that was by individuals or by government. And the third is really around listening and listening for two reasons, one is about supporting individuals to achieve the outcomes that they want, so, that's really important but also listening to that we're always improving our services.

HOST:

Thank you, Deborah, and you Belinda.



BELINDA:

I think one of the things is a centralised system, first and foremost, one that promotes consistency and integrity. One that is targeted and purposeful, one that allows evaluation to occur in both the valid and meaningful manner. And one that I guess can really lay down that foundation for continuous improvement activity and beyond that, one that's user friendly and not overengineered given that a system is really only as good as the workforce that is implementing and adhering to that. By having any disjointed or convoluted, difficult to navigate system objectives somewhat already lost. And although the system by its very nature will be multifaceted, I think the goal is to have them all connected and complementing each other as opposed to competing against each other.

HOST:

Great, thank you. So, I'm going to move on to some questions that might sound broad but it's going to get you to talk about many specific things. If you start - if I start asking questions that overlap in a way, please feel free to answer it as you wish. Deborah, I'll start with you for the next question. Can you tell us about your approach to Quality Management?

DEBORAH:

Okay, so as I briefly mentioned in the introduction, when I came into this organisation, there were seven sets of standards, I forgot to mention that we also have Headspaces. And so, the first thing I was asked to do was an audit around our NDIS services. But in doing that, I realised we had all these other services and service standards. And so, I took a proposal to the board that basically said we can either deal in silos with each individual accreditation and that's really expensive organisationally, it's really difficult for staff, and it doesn't help us integrate as an organisation and promote flexibility in our workforce. Or we can find some way to integrate the standards, look at what's common across policy process - policy process and mandatory training, and pull that together in a way and then



implement it. And they gave me the green light to go ahead and do that, which I'm forever grateful for, even though it's been a lot of work. So, we worked with QIP Consulting, and they helped us map all seven set of standards into a matrix so, we understood what standards were common, what processes were common, what mandatory training was common and then the additional, if you like, policies, processes and training we would need to do separate from - from that.

It's been a big piece of work but it has really helped the organisation move from being program specific to being much more integrated. And in terms of the quality of our reporting and our ability to look at continuous improvement has massively increased. So, yeah, that's the journey we've been on. We have shared that mapping with our peak body here in WA – WAAMH, so they're in the process of using that information to support smaller organisations to meet the NDIS standards.

HOST:

Thank you, Deborah. Belinda.

BELINDA:

Sure, as mentioned earlier, I guess my approach is one that's not overengineered but recognises all components. So, it's essentially developing a system that acts as a mechanism for effective governance and practice and evaluation by the collection of clean data, I should say, and is informed by and adherent to legislative requirements, in addition to staff and client insights. It's my view that, by embedding where you can at 360 feedback function is also going to increase the effectiveness one that outlines clear points of escalation and means of resolution and one that supports, again, that commitment to continuous improvement.

Here at ermha, we have various ways to collect data and feedback, whether it be feedback registers and risk registers being linked to organisational objectives, staff client surveys, data dashboards and



importantly dedicated forums to really analyse the data and action plan the results of these.

HOST:

Thank you, Belinda. Tracy.

TRACY:

Yeah, well for us – we're a very place based small organisations so we were doing a lot of what we needed to be doing, but we didn't actually have it documented, and robustly available to everybody. So, for us it was a ground bottom up approach, really. So, our first step of course was to find out what does a good quality system look like in a private practice and there weren't really any standards available to us, other than the usual Mental Health Act and children young persons and so on.

So the NDIS document - Practice Standards, actually were really good guideline for us to just track that we already do most of what we were needing to do, it was just a process of putting it into a network system for our team. So, we already had weekly meetings for our administration and clinical teams and we already had a lot of the governance in place, what we didn't have was actually a way of tracking that. So, for us it was primarily introducing registers so that we could monitor it in one place and upgrading our IT System so that it was available wherever we were, because we're across known sites, even though we're quite small.

So, for us, it was engaging with our team and with our clients to actually make sure that what we're doing was, you know, suitable for them. So, we were designing and sort of managing it as we went along, so we introduced surveys both for the team, for our clients. We engaged with consultants as well, so I already had an informal advisory board, but I was a little bit more formalised in that - a strategic plan to actually document what we were already doing but really doing it in a much more robust way.



So, for us it was really about getting buy-in from our team that this was a useful thing for us to do which was really actually a fun thing to do. Because, you know, not many team meetings start with looking at our policies, but we managed to find some really quite unique ways to do that with good results. So, now we're pleased to say we have been through our stage two audit, and we're fully certified for all the different categories, including Behaviour Supports and ECI.

HOST:

That's pretty cool, I mean, not that many teams would say that this is a fun activity to do.

TRACY:

Well, it wasn't fun all the time. You know, 400 plus hours in addition to our normal workload, and long waiting lists. But I think it was really, it was a good reflective process for us.

HOST:

Thank you, Tracy. Moving to the next question, and I'll start with you, Belinda. What are the key components of your Quality Management System? Tell us how they operate in practice.

BELINDA:

Sure, I think I've touched on these in my previous responses but I guess in terms of governance I think that might be valuable to touch on. So, at ermha we have a Quality and Safeguarding Committee, that's currently chaired by one of our directors, Donna Markham. And this really provides a forum to ensure smooth operations of all things quality, as well as ensuring that priorities and objectives are defined, that measures of success are clearly articulated as well, ensures organisational



accountability exists but also, we ensure that this strategic direction, that - that's not forgotten in the process of everything else.

This committee informs the board and itself is informed by a subcommittee - a quality and safety subcommittee that is led by an incredible quality manager that ermha is very blessed to have, who couldn't be here today, Tanya Hough. And I think another key element is - Tanya is somebody that's got an unwavering commitment to all things quality and that's another I think key to getting all quality systems in place.

In addition to this, I think here at ermha we have all of workforce workshops, that's a bit of a mouthful, that focus on revisions, rectification, work, continuous improvement or whatever - whatever the situation calls for any given time. We also have systems and processes, that advocate the consumer engagement feedback.

(INDISTINCT) systems are vital, a dedicated training team informed by workforce trend and need. And as I mentioned earlier, forums for data analysis and action, and registers that provide that central point of truth and that continuous improvement function.

HOST:

Thank you Belinda. Tracy.

TRACY:

For us, it's our team. And so, communicating frequently and regularly across the team, we have really invested in our team, both at leadership level with additional training and consultation - but with our clinical teams. So, we've introduced KPIs and performance development in a more formal structure which is not usual in a private practice setting. We're a multidisciplinary teams, so we're a mix of professions, so we've introduced a structure and an organisational chart that suits that, and has good channels of communication back through up to management.



We have regular in-service for our team on all sorts of relevant topics that come up. So, our continuous improvement relates back to what we're doing in action in - every bimonthly team days. And once a year, we'll actually take all of our Clinical Team, and do a whole team day, sometimes twice a year, depending on, you know, the value that we say. So that includes burnout for our team as well as our clinical service delivery.

And we have 100% paperless system now with SharePoint Office 365 which is crucial for us because that means the whole team can access our standardised, you know, processes and policies are there as well which we do refer back to. And we've developed Clinical Service Delivery Guidelines with all the links back to the right - updated modules and so on, for them to actually track it. And, of course, the registers with HR and compliance and so on. But it's definitely about communicating and networking for us and also getting buy-in around paperless systems, you know, regardless of any of the team's comfortableness with that, COVID helps that of course.

HOST:

Definitely, yes. Thank you Tracey. Deborah.

DEBORAH:

Well, I would say we're somewhere between where erma - Belinda and Tracy have described. So, we are not fully online yet but we are certainly heading that way and will be there later this year. And particularly for our incident management and our feedback and complaints and our mandatory training. Having those registers has been critical and we do hope to be able to go online and automate those in the near future.

In terms of our structure we have a board subcommittee that's responsible for quality and clinical governance. And they do keep a very close eye on the activities of the organisation. That then comes down to that kind of myself as COO and we have a clinical governance and quality manager who take primary responsibility for all the activities.



But I guess my approach has been quality is everyone's business and trying to find ways to embed it in the life of the teams on an everyday basis. I wouldn't say we there perfectly but we're getting there.

And looking at what reporting do we have to do already and how do we embed quality in that, or what processes, what team meetings, how do we embed quality in that, rather than - as soon as it becomes a task that people have to do on top of their daily job, they start to lose buy-in.

So, that's where a lot of our effort has gone. We are by no means perfect; we have a long journey to go. But they're the kind of key things, I think the simplicity, building it into the everyday work but having that system of reporting and having someone you're accountable to is important.

HOST:

And there's just so many moving parts to it though. I really like what you said that quality is everyone's job. That's such a big piece, because how easy is it for them to just go, "I'm just going to do my job and then quality is so-and-so's it's not really mine." That's an organisational mindset you've got to change.

BELINDA:

That's right.

DEBORAH:

Right.

HOST:

Yes, thank you. Moving on to question four and just before I do a quick reminder to everybody both online and in the room. Make sure you use your menti login to get your questions in through to the panel.



This is - we're moving quiet fast here - the last question we've got prepared for the discussion, and Tracy, I'll go back to you for this one. How has your QMS evolved over time? And specifically, can you tell us what impact it had on your participants and your staff?

TRACY:

Sure, I think probably I could fairly say that in three years our systems have gone from being very limited documentation to an incredibly robust system. It's had a really big impact on us being able to access data to be able to show that what we're doing, we're doing well.

Introducing client surveys through Survey Monkey has actually been incredible for us because, you know, all of a sudden we're getting 80 responses instead of 2 per year. And they're really, you know, because the metrics are both quantitative and qualitative it means that we're getting really good quality feedback from our clients, to be able to do that continuous improvement.

And our team seeing the value in that feedback, because often, you know, systems require you to input a lot of data, but you don't get a lot back. And I think that's why the team love that, because they're getting, you know, really wonderful qualitative remarks from clients about how much change it's created in their lives and how much they value it and so the team have really got on board with that.

And more of them are using feedback informed, you know, therapy as well, which is great. Because for a long time we really struggled, we're even doing - we're getting buy-in from the team doing videos on their area of expertise for the rest of the team. They're happy to document procedures, you know, with technology so that we've got that there, and we use Trainual now we have an onboarding team that's automatic for the team as well and they love it because they get a welcome video from the rest of the team when they start on their desktop. So, it's been all good, I'll be honest, apart from the hours that we did outside our normal days.



HOST:

Yeah, the 400 hours plus, on top of your full time hours.

TRACY:

Yeah, yes but it's built capacity and stability. Our team, you know, commented that during our Stage 4 lockdown that we had, where we were 70% telehealth they felt very comfortable and confident that our practice was looking after them. So fortunately, we retained our team and of course most anyone in this space knows that the biggest issue is workforce development. And you've got to recruit but then you need to retain to have quality on your team with your service. So, I think it's been a really good outcome for us.

HOST:

I loved that, especially the bit at the start, when you're talking about getting the number of results that are coming through. So, you've got the qualitative and quantitative data to go off.

TRACY:

Yeah, every quarter.

HOST:

Yeah, like when your team understand the why because that's feeding into the why it helps with the buying process so much.



TRACY:

Yeah, they see that you're actioning what they're sharing, you know, and that whole culture of curiosity, you know, why, why, and then showing action is really important.

HOST:

Yeah, thank you, Tracy. Deborah, how about you?

DEBORAH:

So, we are still on the journey, I would say very much so but the consumer feedback is an area where we are really looking to improve going forward. So, we are investing in a new CRM which will give us the opportunity, not just to do kind of like survey monkeys but at the end of the session a client will be able to give us direct and immediate feedback whether that's just a smiley face or whether it's a few comments.

So, we're really investing heavily in that area because I think that's - in terms of our compliance and regulatory activities we've done really well. We've got good data, we can pull it together, we can analyse it, we talk about trends and we can put in improvement activities.

But really, that consumer care feedback and more broadly engagement are – I'm probably skipping ahead here but what I would say is, we've got a vast array of programs, I'm not fond of a blanket approach to engagement and feedback and co-design, so, our really next big challenge is, how do we make it meaningful across an organisation with so many different service types.

So that's our next journey. And the Pandemic taught us a lot about working remotely. It certainly gave us time to focus on getting some of our staff, a bit like Tracy's familiar with working online which they weren't necessarily a big fan of. But some of the really big learnings were around, how do you engage with vulnerable groups in a Pandemic? How do you do risk assessments, what do safety plans look like?



You know, how do you continue to have partnerships, with a whole range of organisations when you can't be face-to-face? So, we learned a lot, and it certainly helped us going forward.

HOST:

Yes, thank you very much, Deborah. Belinda.

BELINDA:

Given that I'm relatively new to ermha, came across in November 2020 so it will be a little bit difficult for me to give a extensive historical response to the question. However, I think clear advancements can be seen across a few areas. It would definitely be collaboration with the workforce and with clients -client centred systems whether that be a collaborative goal form - formulation or client informed service delivery and data outputs.

I think the impact specific to the workforce of this - I think it provide staff with very clear expectations and structure, all of which kind of reduces the feeling of uncertainty as well as the double guessing - the tendency of double guess practice. And instils a confidence in their practice but also in the organisation itself.

For participants, I think that the positive impact can be seen in the provision and quality of services and supports that are being provided, as well as these being informed by - and influenced by them which really does reduce the possibility of feeling disempowered, increases respectful practice and very importantly, increases effective practice as well.

And the ways in which to make sure that, like I know that I've mentioned various metrics in the past. But I do think there's often a reluctance, to revise or change what we consider that we're doing well, the whole, if it's not broke, why fix it, try thinking. But I really - I think we all know that effective service delivery is very dependent on reviewing what we are doing well and what we are doing not so well. And it really is a non-negotiable if we want to improve.



But doing so really does require - it really depend on others kind of sharing that quality perspective. So, I think Deborah touched on this before, but it really does begin with the messaging around areas of improvement, accountability. And not fearing those areas but embracing those areas and understanding that they are vital for us to understand our systems and how to improve our service delivery. So, by having a workforce that subscribes to the values, I think the outcomes are always going to be improved.

HOST:

Well, speaking of values and bearing in mind that you've only at ermha for for the last six months or so, but what impact has the Pandemic had in changing the attitude of, if it ain't broke, don't fix it?

BELINDA:

Yes, I think that, and I'm sure this might be shared like, with the Pandemic. ermha was in a very fortunate position IT System wise, to be able to pivot from working from home arrangements very early on,= for non-client facing roles that is.

I think, that like with all organisation still came with a lot of challenges. The only certainty of 2020 was that, there was going to be a high level of uncertainty, and I think that what shifted was the priorities within the workforce. I think that we saw a sense of togetherness and connectedness but we also saw priority shift from timely entry of data or timely completion of case notes or scheduling reflective practice supervision sessions - rightfully so, the attention was placed on, keeping up with the ever changing government directives and adhering to PPE in client safety, personal safety, all whilst functioning in a place of fear, understandable with - with that fear. So, I think that in saying that, without any Quality Management System in place, or without a robust Quality Management System in place I think that ermha would have been and would still be in a world of hurt.



I think that by having systems in place, existing systems in place, anything that was deprioritised, or potentially dropped because you couldn't do it all in 2020 was very easily identified through existing notification systems, and key priority registers and risk registers.

HOST:

Yeah, thank you very much. Now, I saw Deborah and Tracy smiling through a lot of that when you're talking about the Pandemic impacts. Deborah, Tracy, did you have anything you wanted to add or build on to that?

TRACY:

Not particularly, just the reinforcers. You know, I think the biggest or the best outcome, if you can have one from a Pandemic, was the rapid onboarding with technology. Fortunately, we were all poised ready to do it anyway – go paperless - we just we did it in a month instead of 6, you know.

We didn't get a lot of notice, which I think is probably whatever we were smiling at Belinda. It was like, you know that, 5 o'clock Friday, this is going to happen, Okay.

DEBORAH:

Yes, and just to kind of reflect on the journey. So, Perth went into lockdown on Friday for the weekend for three days and we still are restricted. We had a very smooth transition to people that were working at home as opposed to at the beginning of the Pandemic. We did manage it very quickly, well within a month, and I would never have predicted we could do that and I'm very proud of the team and what we achieved.

But it did bring into sharp focus - so we work with some really vulnerable groups - and how on Earth do you do risk assessments and safety planning when you can't see people.



And, some of their teams were really innovative in how they went about that and I'm really proud of the work they did. And I do think we with participants and clients developed collaborative safety plans that have meant during that time we rarely had major untoward incidents which given it was in a Pandemic, that's, yeah...

HOST:

Thank you, Deborah. Thank you, Tracy and Belinda, as well. It's time now to hit Q&A, we've got a whole bunch of questions streaming through, that I'm monitoring here on my trusty iPad. I'm going to - I've got a fair bit of time to, between 10 to 15 minutes. So, let's see if we can get everybody's responses per question.

The question here is, while monitoring the quality of organisations and service. Service delivery is vital, what safeguards are in place to ensure the Scheme's accessibility is also protected by Quality Management measures? I might start with the Belinda on this one.

BELINDA:

Could you repeat that second half of the question Daniel?

HOST:

Sure, what safeguards are in place to ensure the scheme's accessibility is also protected by Quality Management measures?

BELINDA:

Okay, I hope that I am responding correctly to this, I think I understand the question. That's ongoing internal audits and embedded safeguarding mechanisms so notification systems. And, like I said earlier, user friendly IT Systems that are easy to navigate so bring up systems and dates and everything else.



We're very reliant on regular high risk panels also that is an opportunity to talk about identification of restrictive practice, correct use of restrictive practices, whether they're being reported correctly as, you know, one example of something that ermha does.

HOST:

Thank you, Deborah.

DEBORAH:

I wonder if that question was actually directed at the NDIS, rather than at us an organisation, which I wouldn't feel confident to answer. But similar to Belinda having systems in place, you know, your registers, your quality audits and your feedback mechanisms and your reporting mechanisms to your board, CEO, etcetera are really important.

HOST:

Thank you, Deborah. Tracy.

TRACY:

The same as Belinda and Deborah with, you know, a mindset of curiosity to make sure that we are actually collecting from the right places too - that we haven't overlooked, particularly a participant population, because you know, as Deborah said, it's very hard with vulnerable people to make sure that, you know, it's all right to have an online survey but often the people that are least likely to use that are actually the vulnerable people.

So we rely a lot on our team to be curious with their clients to make sure that, you know, someone hasn't been in or they've missed a couple of appointments, you know what's happening to them and making sure we follow that up. That's just, all of the usual processes, but then noticing if something's not happening as opposed to, you know, something active.



HOST:

Thank you, Tracy. Moving on to the next question, well, this is a doozy. Can we ask the panel what Risk or Quality Management tech they have selected? We might start with you, Deborah.

DEBORAH:

So, we don't have any tech at present, we have thought about using RiskMan but we are in the process of moving to Lumary as a CRM and we are in building incident management and feedback systems into that. Our audit system, we hope to be able to build into that in the future but we're not quite there yet. So our audit system remains and our risk management system remains offline.

HOST:

Thank you Deborah. Tracy.

TRACY:

We don't have specific technology for that, we are a small organisation with only 24 team members so we use Office 365 to host everything because SharePoint - and we have a client relationship software is Bp Allied and those two sit separately. So, we meet frequently and we communicate frequently and we have our systems in place to make sure that that's happening outside those meetings.

HOST:

Thank you, Tracy. Belinda.



BELINDA:

For a client database, we use Procura we have SharePoint for electronic files, but we actually are days off hopefully, introducing RiskMan. And that will be taking a lot of registers off the SharePoint platform and moving them to RiskMan and hopefully get some really valuable data from that.

HOST:

Thank you, Belinda. Next question here is, does Quality Management lead to organisations becoming risk averse? Tracy, can we start with you?

TRACY:

I would say, no, I don't think so. I think that's just the nature of the work that we do. You know, it's inherent in what we do, and we just need to be very aware of it.

HOST:

Thank you. Belinda.

BELINDA:

I would also say no, and I think that's where a risk register and very clear risk appetite is stated from the very beginning. So, then you've always got that measure that you can go back there, and sort of assess where your risk tolerance sits.

HOST:

Thank you, Belinda. Deborah.



DEBORAH:

I think that's a very good question because I think it can. But the process we undertook was alongside getting better at monitoring all our risks and our incidents. We did a series of workshops with ourselves and with our board around our programs. And as part of those deep dives, we looked at the risks that were in those programs that enabled us to have conversations with the board about the risk appetite and go forward to a more comprehensive, kind of, risk matrix. And understand what we were prepared to take as a risk.

So, I think, if you do that without engagement with key stakeholders, they may well come back and say, "You know, too hard. What are we doing? We're putting ourselves at risk." So, you do need to do that piece about helping the key stakeholders understand the business we're in and that there are some risks and we'll do our very best to mitigate those risks. But when you're working with, some of the vulnerable people we work with you, can't eliminate it.

And so, yeah, I would say it can, so you also have to think about how do you help those key stakeholders who might step in and say, "We shouldn't be doing this" understand what you do.

HOST:

It feels almost try to - it almost sounds like a cliché but it really is about communication ahead of the pace, that helps a lot. We've got five minutes left or just under on the panel so let's see if we can burn through a few more but we definitely won't be able to get through to everybody's questions today in real time. Here's one. What advice would you give to smaller service providers starting their Quality Management journey? Where to begin and what to prioritise? I wonder if we could start with Belinda.



BELINDA:

Sure, my advice would be, take the time to really understand the scope and the size of the system. I think the early investment in this process will lead to long term gain. In terms of what to prioritise, I would – I would definitely, how would I say this? Understanding what - what risks are out there would definitely be one. What service, what risk and what the purpose is. And then adopting a sort of staggered approach to that sort of, initial focus on the highest risk and then slowly move focus to those of lesser risk.

HOST:

Thank you, Belinda. Tracy this is really your field.

TRACY:

Yes, given it's been a rapid transition I can remember, definitely everything Belinda said is accurate. You need to know exactly what you're working with first, understanding the system. And then along the way as you're doing that documenting what you're doing and right from day one so that you can - you know, it's continuous improvement, it's a culture, it's not a thing - it's actually a whole approach, so documenting everything you do is very important.

And then you'll find you have many, many documents, and so then you have to think about registers, so that you can track that you are on top of all of those, that would be the big one rule for me.

And investing in your own business skills. I think health professionals, especially smaller providers, you're doing both, you know, you need a legal and an accountancy degree, as well as your clinical degree. And it's difficult to hold both business management and clinical at the same time. And so I think, you know, I've heard it said that you can't be both, you have to be one or the other. I disagree, I think being clinically informed, you know, is important to be able to then make it user friendly.



HOST:

Thank you, Tracy. Deborah.

DEBORAH:

So, my advice would be, start with your Incident Management and your Customer Feedback and Complaints Systems. If you can get those right, understand what's coming in, it will start to shape the rest of what you do, you know, your risks, your policy.

And my other bit of advice was - because it is such a lot of work, I know a lot of the peak bodies have received funding and grants to support small organisations – and the NDIS have funded various organisations as well, reach out, reach out and take the help. You don't want to start from scratch and do all this work if you can help it. And there's plenty of off-the-shelf policies you can purchase, and then make - tailor them to your organisation.

HOST:

Yes, don't reinvent the wheel if you don't have to, thank you. So, we've got a minute left, I want to ask one last question to everybody. Can you give me, like, a one sentence response if you can? Only because we're out of time. It's a really good question. How have you included lived experience in the development and improvement of job Quality Management Systems? Belinda first please.

BELINDA:

We're always seeking for lived experience to be incorporated in any service development, improvement or even a new initiative. That's something that we will bring in from the get-go, that's more than one sentence. I will - sorry, I'll stop now.



HOST:

Thank you Belinda. Tracy.

TRACY:

I loved what Deborah Hamilton said earlier about engendering control from the participants and inviting them to share. I'd love to formalise that more, we'd love peer workers, but that's a whole other conversation.

HOST:

Thank you, Tracy. Deborah.

DEBORAH:

Peer workers, we have in our workforce, so that's one element. But I'm going to be really honest and say it's a work in progress for us.

HOST:

Okay, thank you. And that brings us to the end of our allocated time, so we'll bring the panel discussion on Quality Management to a close. I think we can all agree ensuring and improving quality is a tough but rewarding journey. Belinda Ellis, Deborah Roberts, Tracy Martin Cole, thank you so much for sharing your insights with us today.

TRACEY:

You're welcome.

DEBORAH:

Thank you.