



Abilities Enabled Quality Governance Framework

Updated June 2021

History of Previous Amendments

| Version | Date Approved | Reason for Amendment | Amendment made by |
|---------|---------------|----------------------|--------------------------|
| 1 | June 2021 | New Document | Abilities Enabled |
| 2 | June 2021 | Updated | Abilities Enabled |

The Role of Governance at Abilities Enabled

Delivering a high quality, safe and person-centered experience is the number one strategic priority of Abilities Enabled.

Abilities Enabled Governance Framework plays an important role in ensuring that the support and services delivered meet Abilities Enabled's strategic aims and the high expectations of our participants, clients and the children and young people we support. At Abilities Enabled we understand that effective governance is everyone's business and that good governance goes beyond compliance. Abilities Enabled aims to achieve great outcomes by taking actions to continuously improve the quality and safety of support including the following:

Abilities Enabled's Principles of Good Governance



Having a vision for the future – clearly communicated, specific and quantifiable goals for improving support delivery

Partnerships – Our participants, clients and children and young people are at the centre of everything we do. They are a critical partner in the design and delivery of our services

Safety Culture – a 'just'* culture exists whereby Abilities Enabled staff are supported and their wellbeing prioritized

Continuous learning and improvement – staff are provided with opportunities and encouragement to further their skill set and qualifications

Leadership – strong, transparent, supportive and accessible leadership fosters a culture of learning, accountability and openness, with strong staff engagement

Teamwork – staff are supported at all levels of the organization by skilled management

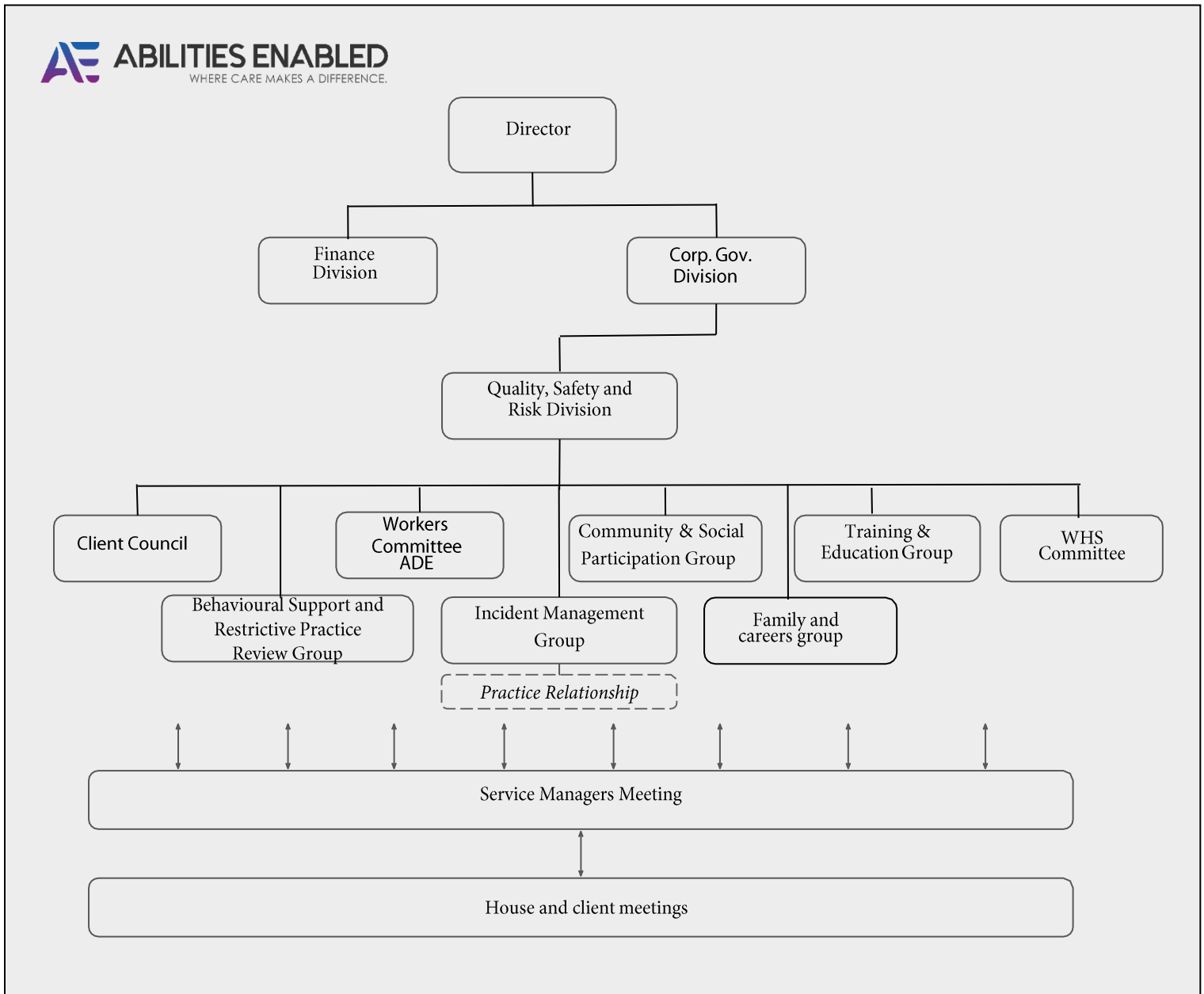
Quality Improvement – established methods and data are used to drive and design actions to improve safety and quality.

*'Just' culture recognizes that individuals should not be held accountable for system failings. It is a culture of trust, learning and accountability. It is a culture where support staff are not punished for actions taken by them that are proportionate to their experience, training and role, but where there is accountability for reckless behaviour and an absence of care.

Abilities Enabled's Quality Governance Framework

Effective quality governance is fundamental to consistently delivering safe, effective, connected and person- centred services.

The framework below outlines the core governance structure through which Abilities Enabled will be accountable for continuously improving the quality of services and safeguarding high standards of care by creating an environment in which excellence in support delivery can flourish.



The **practice relationship** with service delivery teams serves to provide on the ground the expert support asrequired with incidents, processes and reporting.

The above structure outlines the management committee structures and delineates the reporting lines andrelationships between each division/group.

The role, membership and cadence of each committee is outlined in table 1, page 4.

Abilities Enabled's Quality Governance Framework

The table below outlines the details of each committee/meeting within Abilities Enabled Governance Framework, including members, frequency and reporting hierarchy.

| Committee/ Group | Responsibility | Composition | Meeting Frequency | Reporting Hierarchy |
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| Director | The overall governance, management and strategic direction of Abilities Enabled and delivering accountable corporate performance in accordance with the Abilities Enabled's goals and objectives. | Director Chief Finance Office (CFO) Chief Operations Officer (COO) | Bi-Monthly | Director |
| Finance Division | Assist the Director in fulfilling his/ her responsibility to oversee Abilities Enabled's financial strategy and performance | Director Chief Finance Office (CFO) Chief Operations Officer (COO) | Bi-Monthly | Director |
| Corporate Governance Division | Assist the Director with governance and risk role by developing, reviewing and recommending to the Director: <ul style="list-style-type: none"> the most appropriate corporate governance framework and governance policies for Abilities Enabled; and the most appropriate risk policies and procedures for Abilities Enabled. | Director Chief Finance Office (CFO) Chief Operations Officer (COO) | Quarterly | Director |
| Work Health and Safety Division | Assist Abilities Enabled in discharging its WHS responsibilities in accordance with the requirements of the Work Health and Safety Act 2011, thereby strengthening the health and safety of staff and clients at Abilities Enabled. | Director Chief Finance Office (CFO) Chief Operations Officer (COO) | Monthly | Quality Safety & Risk Committee |
| Quality, Safety and Risk Division | To ensure that Abilities Enabled delivers safe, high quality, client centric services and achieves strategic objectives relating to the delivery of client services. | Quality Safety & Risk Manager General Manager Adult & Children Services Director of Engagement and Human Resources Quality Assurance Behaviour Support Team Service Manager Community | Monthly | Corporate Governance Division |

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| Family and careers group | To ensure that Abilities Enabled engages with and learns from and shape services to meet the expectations of the family and friends and careers of Abilities Enabled Clients | Director Chief Finance Office (CFO) Chief Operations Officer (COO) | Quarterly | Quality, Safety and Risk Division |
| Client Council | To ensure that Abilities Enabled engages with and learns from and shape services to meet the expectations of the clients of Abilities Enabled. | Director Chief Finance Office (CFO) Chief Operations Officer (COO) | Bi-Monthly | Quality, Safety and Risk Division |
| Workers Committee | To ensure that Abilities Enabled engages with and learns from and shape services to meet the needs of the supported workers of Abilities Enabled | Director Chief Finance Office (CFO) Chief Operations Officer (COO) | Monthly | Quality, Safety and Risk Committee |
| Community and Social Participation Group | To ensure that Abilities Enabled engages with and learns from and shape services to meet the expectations of the clients of Abilities Enabled who attend the day programs service. | Director Chief Finance Office (CFO) Chief Operations Officer (COO) | Monthly | Quality, Safety and Risk Division |
| Behavioural Support and Restrictive Practice Review Group | To ensure that Abilities Enabled meets its regulatory requirements in regards to restrictive practice. | Support Worker rep. General Manager Children & Adults Therapeutic Team Behaviour Support Team Speech Therapist (TBD) | Monthly | Quality, Safety and Risk Division |

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| Incident Management Group | To ensure that Abilities Enabled meets its regulatory requirements in regard to external reporting of reportable incidents and to ensure the continuous learning from incidents | General Manager Adults & Children Services Director Engagement and Human Resources Manager NDIS Quality Assurance Coordinator Service Managers | Weekly | Quality, Safety and Risk Division (monthly report) |
| Clinical Management Group | To ensure that Abilities Enabled clients receive appropriate and timely clinical support and the appropriate, safe, effective and quality use of medicines across Abilities Enabled | Dubbo Family Doctors Rep Pharmacist General Manager Children & Adults Services (or rep.) Support Worker rep. | Bi-monthly | Quality, Safety and Risk Division |
| Training & Education Group | To ensure the education and training goals and objectives of the Abilities Enabled are achieved. to establish and maintain the Abilities Enabled's core curriculum and relate this curriculum to the relevant regulations and guidelines. | General Manager Children's & Adults Services (or rep.) Support Worker rep. Service Managers Director HR & Engagement | Bi-monthly | Quality, Safety and Risk Division |
| Service manager meetings | An operational meeting to engage, inform, update and educate Service Managers. Aim is to improve the delivery of support services. | Service Manager (Adults & Children) Service Managers Quality Assurance Team Director of Engagement and Human Resources | Monthly | Updates provided by multiple groups/divisions |
| Client and House meeting | Individual meetings | Service Managers and Support Workers Clients | Weekly | Updates provided by multiple groups/divisions |

Abilities Enabled's 9 Elements of Quality Assurance

Abilities Enabled currently aims to improve the quality of services by focusing on the following 9 Elements of Quality Assurance managed through a comprehensive quality management system. These 9 elements have been approved by Abilities Enabled Director and provide a framework for reporting and monitoring quality performance.

These elements will be reviewed periodically to monitor the effectiveness of improvement initiatives and to ensure their continued relevance to the organization.



Supported by the Governance Framework, Abilities Enabled's 9 Elements of Quality Assurance outline the organizations approach to quality and risk management and how continuous improvement, outcomes, risk related data, evidence-informed practice and feedback from participants and workers are used to drive improvements in the quality and safety of service delivery.

An overview of each element is included on pages 9-12.

Risk Management

Abilities Enabled have an integrated approach to risk management. Practices and processes are supported by a risk-aware culture and enabling technologies. Abilities Enabled’s approach aids decision making and performance by creating an integrated view of risk which enhances the organisation’s ability to manage the risk profile. The riskmanagement process is outlined in the [Risk Management Policy](#) and includes a focus on the following:

- Incident Management;
- Complaints Management;
- Work Health and Safety;
- Human Resource Management;
- Financial Management;
- Information Management; and
- Governance

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| Key Divisions/Groups | Risks are identified, considered, reviewed and monitored at ALL Divisions/groups outlined in the Governance Framework. Accountability for risk management sits with the Corporate Governance Committee and ultimately the Director. |
| Policies /Procedures | Risk Management policy |
| Tools/Systems | Risks are considered at three main levels: <ol style="list-style-type: none"> 1. Strategic Risks Strategic Risk Register & Strategic Risk Register Dashboard 2. Operational Risks (documented through Risk Registers as appropriate) 3. WHS Risk Register 4. Participant/CYP Risks (identified and mitigated through a variety of means at a participant/CYP level) |

Compliance

Abilities Enabled actively strives to achieve compliance with all relevant standards, codes, regulations, and laws. Central to this is a series of policies and corresponding procedures which are built around the relevant standards, codes, regulations and laws to ensure that ways-of-working are compliant with the relevant requirements.

Adherence to the policies and procedure is monitored via a regular and robust audit process outlined in Abilities Enabled Audit schedule (see next section on ‘Audit’).

Abilities Enabled’s training modules and training Matrix is also designed with enhancing compliance and therefore the quality and safety of service delivery.

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| Key Divisions/Groups | Corporate Governance Quality, Safety and Risk Committee WHS Committee Training and Education group |
| Policies /Procedures | Policy Catalogue |
| Tools/Systems | Audit Schedule - Reporting Continuous Improvement Register Training Matrix & Plan Induct system Online Training records |

Audit

Audit is one of the core mechanisms used at Abilities Enabled to improve CYP and participant care and outcomes through systematic review of support delivery against explicit criteria and the implementation of change.

Audits are conducted in line with Abilities Enabled Audit Schedule (adherence to which is monitored by the Quality, Safety and Risk Committee). The audits included on the schedule are subject to regular review to ensure that the areas of focus are aligned firstly to the NDIS Practice Standards but also focus on Abilities Enabled's known risk and quality priority areas. The audit Schedule is maintained centrally by the Quality Team and the majority of the audits are undertaken by the Quality Assurance Lead.

Audit results are shared at a number of divisions/groups depending on their area of focus. On-going actions required to address areas requiring improvement are captured on Abilities Enabled's Continuous Improvement Register.

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| Key Divisions/Groups | Corporate Governance Quality, Safety and Risk Committee WHS Committee Training and Education group |
| Policies /Procedures | Maintenance, Audit and Records Policy |
| Tools/Systems | Audit Schedule - Reporting Audit & compliance tool - Incident Management Continuous Improvement Register Training Matrix & Plan |

Work Health and Safety

WHS has been identified as a key priority area for Abilities Enabled and an essential component in ensuring effective management of risks to the health and safety of everyone in Abilities Enabled workplace.

WHS incidents are logged on [Report WHS, Injury Form](#) and analyzed with support of the WHS incident dashboards. Incidents and remedial actions are overseen by the WHS Committee and also reported at the Quality, Safety and Risk Committee. Risk are included on the organization's WHS Risk Register and monitored accordingly.

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| Key Divisions/Groups | WHS Committee Quality, Safety and Risk Committee |
| Policies/Procedures | WHS Incident Management & Investigation Procedure WHS Critical Incident Procedure |
| Tools/Systems | WHS incident management via WHS Incident Dashboard |

Complaints and Feedback

Abilities Enabled has robust governance mechanism surrounding complaints and feedback management to ensure that complaints are handled quickly, wisely and fairly and that feedback is used to continuously improve service delivery and CYP and participant experience. Central to this process is a complaints and feedback register - which is accessible by all staff and participants/ CYP via with Internet, Complaints can also be logged by email, phone, letter etc.

Trends in complaints are discussed at the Quality, Safety and Risk Committee and views and opinions on the complaint process are discussed at the Client Council.

This process will be further bolster by a new Culture and Engagement Strategy to be launched in 09/2021.

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| Key Divisions/Groups | Quality, Safety and Risk Committee Client Council |
| Policies/Procedures | Feedback, Complaint Management & Surveys Policy |
| Tools/Systems | Complaints Dashboard |

Behaviour Support and Restrictive Practice

Creating individualized strategies for participants and CYP that are responsive to the person's needs, in a way that reduces the occurrence and impact of behaviours of concern and minimizes the use of restrictive practices is a quality key priority within Abilities Enabled.

Abilities Enabled has a number of mechanism in place to ensure that participants/CYP receive effective behaviour support and that restrictive practiced are minimized. There is a dedicated governance group, careful monitoring and reporting of compliance with the relevant policies and review and scrutiny of the incidents. The Behavioural Support and Restrictive Practice Review Group reports into the Quality, Safety and Risk Committee assessing both compliance with the required policies and procedures and participant outcomes/incidents.

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| Key Divisions/Groups | Behavioural Support and Restrictive Practice Review Group Quality, Safety and Risk Committee |
| Policies/Procedures | TBD |
| Tools/Systems | Incident dashboards Reportable incident register |

Client Incidents

Abilities Enabled has an incident management system and supporting governance infrastructure to ensure that incidents are acknowledged, respond to, well-managed and learned from.

Client incidents are captured via the CTARS system - which all support delivery staff can access. Individual incidents and local trends at discussed at house meetings and Team Leader Meetings whilst organization wide trends and significant and reportable incidents are reviewed and analyzed at several committee meetings and groups including the Incident management Group and the Reportable incident Group.

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| Key Divisions/Groups | Quality, Safety and Risk Committee Incident management Group Reportable incident Group Behavioural Support and Restrictive Practice Review Group |
| Policies/Procedures | Incident management policy DCJ ITC-SD Incident Reporting Process Adult Services Incident Reporting Process |
| Tools/Systems | Incident form (CTARS) RCA tool Safety culture tool Incident dashboard |

Medication Management

Medication management represents one of the highest risk areas of service delivery. Reporting and trending of medication incidents are presented at the Incident Management Meeting; data is escalated to the QS&R meeting. Feedback from clinical reference group (with a focus on safety and quality, not operations) held with local GP's and pharmacists, is reported to the QS&R Division.

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| Key Divisions/Groups | Quality, Safety and Risk Division Clinical reference group |
| Policies/Procedures | Medication management handbook |
| Tools/Systems | Incident reporting system |

Reporting, monitoring and continuous improvement

Abilities Enabled aims to deliver support services within an organizational culture that is always striving to deliver better services, systems and processes to maximize benefits for its CYP and participants.

Abilities Enabled's process of continuous improvement relies on evidence based information to support the organisation's success in achieving its goals and outcomes. This also means adapting to changing needs of the people using services and ensuring that their voices are heard.

Abilities Enabled's Continuous Improvement Register is central to the process - it is used to capture actions resulting from internal and external audits, the risk register and any other review or assessment of services.

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| Key Divisions/Groups | All groups and divisions in the Quality Governance Framework (see page 3) |
| Policies/Procedures | Continuous Improvement Policy |
| Tools/Systems | Incident form (CTARS) RCA tool Safety culture tool Incident dashboard Continuous improvement register Risk Register |