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Accreditation Systems Recognition Tool

ACHS EQuIPNational Program

(NSQHS and EQuIP National Standards)

Accreditation Systems Recognition Tool, EQuIPNational Standards (EQuIP)

First edition 2015

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Overview

An important aim of the NSW quality reform program is the recognition of accreditations /certifications of other industry standards that service providers already have in place to reduce the administrative burden and need for duplicate reporting.

The development of a recognition tool is an innovative and practical way to acknowledge the diversity of the sector which ranges from small to very large providers with varying experiences of quality management systems and external assessments.

A recognition tool is advantageous for service providers who already have accreditation status with one or more of the industry standards, as this work will be recognised. It will simplify the process for service providers to demonstrate that they meet the practice requirements of the NSW Disability Service Standards (NSW DSS) and will streamline reporting requirements by recognising the findings of other external assessments as set out in this tool.

The recognition tool has 12 chapters, one for each quality management system or standard that has been mapped by Joint Accreditation System of Australia and New Zealand (JAS-ANZ). JAS-ANZ is the government appointed accreditation body for Australia and New Zealand responsible for providing accreditation of conformity assessment bodies (CABs) in the fields of certification and inspection. Accreditation by JAS-ANZ demonstrates the competence and impartiality of these CABs. CABs, also known as certification bodies, are accredited by JAS-ANZ to audit human service organisations to a range of industry standards.

Background

To assist ADHC to develop an appropriate recognition tool for the sector, JAS-ANZ was engaged to map 12 industry standards in use by the sector against the updated six NSW DSS to identify common components and gaps. The industry standards selected for the mapping exercise were based on the results of a sector survey conducted in 2011 to understand the extent and type of quality management activities and standards in use by the sector.

JAS-ANZ mapped each of these industry standards and quality management systems against each element of the practice requirements across the six NSW DSS and rated each according to its alignment to the NSW DSS. JAS-ANZ provided a three scale rating:

1. Where the industry standard met a NSW DSS element
2. Where the industry standard partially met a NSW DSS element
3. Where the industry standard didn't meet the NSW DSS element.

The industry standards mapped by JAS-ANZ can be accessed via the ADHC website at: *http://www.adhc.nsw.gov.au/sp/quality/adhc_systems_recognition_tool*

JAS-ANZ developed a standards comparison tool, which forms the basis of ADHC's approach to recognising how other industry standards meet the NSW DSS. The ACHS EQuIPNational Program combines the NSQHS and EQuIP National Standards[1], and has been mapped against the NSW DSS.

It should be noted that as the elements in the NSW DSS are specific and designed to cover the full range of service types, not all elements will apply to all service providers. For example, the elements relating to children's services won't apply to service providers who only deliver services to adults.

NSW DSS

Central to NSW quality reform and the application of the ADHC recognition tool are the revised NSW DSS. This revised set of Standards is contemporary and supports service providers to transition to person centred and lifespan approaches in an individualised funding environment. The NSW DSS describe what service providers need to do to comply with the *Disability Inclusion Act* 2014 (DIA) and *Disability Inclusion Regulation 2014 (Regulation)* meet their requirements under the Funding Agreement.

There are six NSW DSS:

1. Rights
2. Participation and inclusion
3. Individual outcomes
4. Feedback and complaints
5. Service access
6. Service management.

NSW DSS practice requirements and elements

Within each of the six standards there are two or three practice requirements. The practice requirements describe how providers can put the principles of the DIA and the Regulation into practice and are designed to assist service providers to understand and comply with the DIA and the Regulation. For example NSW DSS 3: Individual outcomes; Practice requirement 3.1 Service providers maximise person centred decision making.

Within each practice requirement there are a number of elements. The elements are the core activities required of a service provider to comply with the NSW DSS and are designed to assist service providers to understand what they need to build into their day to day practices and processes.

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[1] EQuIPNational provides a further five standards that focus on the performance of non-clinical systems as part of a comprehensive organisation-wide assessment - the essential areas of service delivery, provision of care, workforce management, information management and corporate governance and safety.

JAS-ANZ has conducted its mapping based on the NSW DSS elements.

Accreditation Systems Recognition Tool

This chapter of the recognition tool has been designed for use by service providers who have existing accreditation status with the EQuIPNational Program (NSQHS Standards + EQuIP National Standards).

The key purpose of the mapping is to enable service providers to understand how their current accreditation/certification status meet the NSW DSS and the areas that require further evidence or activity to fully meet the NSW DSS.

The tool was designed to guide service providers through the process of self assessment and to assist them to prepare for third party verification using the JAS-ANZ mapping.

Some of the NSW DSS elements may not apply to all organisations and service providers should identify the elements that are relevant as part of the self assessment process for their particular organisation.

Service providers are advised that when they are conducting a self assessment using the recognition tool, they need to be aware that the JAS-ANZ mapping and their subsequent scoring of the industry standards against the elements of NSW DSS, is based on the JAS-ANZ interpretation of the relevant industry standard. Service providers should also be aware that the JAS-ANZ mapping may not take into account the broader regulatory environment in which service providers operate including legislative requirements, particular industry standards guidelines or ADHC policy and guidelines.

How to use the recognition tool

The recognition tool has been designed for use by service providers who have existing accreditation status with the EQuIPNational Program.

It is recommended that service providers print a copy of the JAS-ANZ mapping and undertake a self assessment of JAS-ANZ rating/s against the NSW DSS using the guidelines outlined below.

Accreditation Systems Recognition Tool	
GREEN indicates that JAS-ANZ has assessed that the EQuIPNational Program meet this element of the NSW DSS practice requirement. This means that as a service provider holding current Accreditation status, your organisation fully meets this element of the NSW DSS and no additional work is required in preparation for the Third Party Verification process.	
YELLOW indicates that JAS-ANZ has assessed the EQuIPNational Program as partially meeting this element of the NSW DSS practice requirement and some improvement is required. To conduct a self assessment service providers should: Read the NSW DSS element to identify whether the practice described in the element applies to the services provided: • **If the answer is YES, and you have policies and aligned practices in place that demonstrate you meet this element** all you may need to do in preparation for your Third Party Verification is to have the relevant policy and practices available for the verifiers as evidence. It is also recommended that you have de-identified examples of how these policy and practices have been used. • **If the answer is YES, but you do not have policies and/or practices in place, you will need to act on this and implement appropriate policies and practices**. You should access ADHC resources such as the *Standards in Action*, *It's your business* chapter on *Quality Management* and *Key Performance Indicator (KPI) Guide* that have been made available on the ADHC website. • **If the answer is NO**, then this NSW DSS element does not apply to your service and you do not need to comply with this element.	
ORANGE indicates that JAS-ANZ has assessed that the EQuIPNational Program do not meet this element of the NSW DSS practice requirement and significant improvement is required to meet the NSW DSS. Service providers should self assess following the steps outlined in the yellow cell above.	

JAS-ANZ mapping against the EQuIPNational Program (NSQHS and EQuIP National Standards)

Overview

The JAS-ANZ mapping has been based on the Australian Commission on Safety and Quality in Health Care (ACHS) EQuIPNational Program, which was implemented in 2013. This Program comprises both the National Safety and Quality Health Service Standards 2012 (NSQHS) **and** the EQuIPNational Standards 2012 (EQuIP).

EQuIPNational is a four-year accreditation program for health services that ensures a continuing focus on quality across the whole organisation, for organisations required to be accredited to the NSQHS Standards.

EQuIPNational requires that organisations meet the necessary requirements to meet the ten NSQHS Standards (against which hospitals and day procedure centres are required to be accredited), and offers a further five optional EQuIPNational Standards (which cover the performance of service delivery processes, provision of care and non-clinical systems). (Note that this program is not the same as EQuIP5 (5th edition of the ACHS Evaluation and Quality Improvement Program), which is an accreditation program for health care organisations that supports excellence in consumer / patient care and services.) Mapping incorporates the results of mapping to the NSQHS **and** the EQuiPNational standards as EQuiPNational is not a stand-alone standard available for certification.

Overall, the EQuIPNational Program matches with 47% of the NSW DSS as shown by the diagram below:
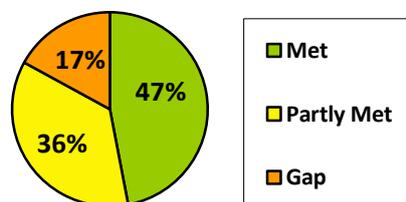
The EQuIPNational Standards Corporate System and Safety (15) combined with elements of Workforce Planning and Management (Standard 13), and the focus on governance in the NSQHS Standards comprehensively meets 100% of the NSW DSS 6: Service management requirements and there is a high percentage of matches between the EQuIP National Standards and the NSW DSS 5: Service access.

The EQuIPNational Program broadly maps against the NSW DSS 1: Rights elements, with a strong focus on policies and practices respecting rights and upholding and promoting rights.

The scope of the EQuIPNational Program means that there is not a focus on community participation and inclusion as per the required NSW DSS 2: Participation and inclusion, and as such the majority of practice elements for this standard have been identified as gaps.

There is a focus on the consumer centred approach as it relates to the inclusion of patients in the development and design of quality health care, which is responsive to the needs of patients. However, there is a gap in meeting the requirements of NSW DSS 3: Individual outcomes, around the input of family, carers and advocates in planning and decision making.

The requirement to have a written complaints policy and the recording of and analysis of trends from complaints to drive organisational policy development and continuous improvement are the only two practice elements of the NSW DSS 4: Feedback and complaints which the EQuIPNational Program fully matches.

Extent of matches between EQuIPNational Program and NSW DSS

The extent of matches between the EQuIPNational Program and NSW DSS is described below. There are 39 practice elements which are fully met.

Where some additional evidence may be required, it is largely due to the scope of services (including service delivery model, target group, legislative practice requirements) administered through ADHC. This explains why some of the evidence may be specific and not usually required for this particular industry standard.

The majority of additional evidence relates to 30 practice elements where there are partial matches to EQuIPNational Program requirements, which means existing systems can be adapted to fully demonstrate the additional evidence.

There are 14 practice elements which are gaps and no commonalities are obvious with the existing EQuIPNational Program requirements.

NSW Disability Services Standard 1: Rights

JAS-ANZ Analysis of EQuIP National Program

The JAS-ANZ analysis considers both the NSQHS and EQuIP National Standards, which collectively comprise the EQuIP National Program.

NSQHS

Standard 1 of the NSQHS Standards clearly provides that patient rights are respected and their engagement in their care is supported. Further, 1.17.1 requires that the organisation has a charter of patient rights that is consistent with the current national charter of healthcare rights, and that information on patient rights is explained to patients and carers (1.17.2)[2].

Systems are also in place to support patients who are at risk of not understanding their healthcare rights (1.17.3) and mechanisms are in place to align the information provided to patients with their capacity to understand (1.18). The focus on diversity is highlighted under Partnerships with consumers (2.1.2) whereby governance partnerships are reflective of the diverse range of backgrounds in the population served by the health service organization. Whilst there is not a specific Standard about the right of children with a disability, the Standard for acute health care applies to all patients including children, though this is the only reference to children.
The overall aim of these Standards is to protect the public from harm and to improve the quality of health service provision. Safety is therefore in the context of health service environments, and environments are defined to include overall surroundings, and also other patients, visitors and the workforce. However, the Standards do not refer specifically to issues of discrimination, abuse, neglect and exploitation.

A person's right to privacy is referred to under 1.19 which provides that procedures should protect the confidentiality of patient clinical records without compromising appropriate clinical workforce access to patient clinical information. Compliance with relevant legislation is included under 1.1.
The concept of informed consent is provided through 1.18 by having processes in place which enable partnership with patients in decisions about their care, including informed consent to treatment.

There is a strong focus throughout the Standards for consumer input into organizational review and quality improvement. Standard 2 requires that consumers and/or carers receive information on the health service organisation's performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality

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[2] http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Charter-PDf.pdf

improvement.

Criterion 5 (Diverse Needs and Diverse Backgrounds) of Standard 11 Service Delivery requires that organisations meet the needs of consumers/patients and carers with diverse needs and from diverse backgrounds. Standard 12 Provision of Care requires that guidelines are available to assess physical, spiritual, psychological, cultural and social, and health promotions needs (12.1.1). Given the scope of EQuIP National Standards, there is not a strong focus or requirement for social participation.

The only reference to provision of services in an environment free from discrimination is in the context of Standard 11 (Service Delivery), Criterion 5 (Diverse Needs and Diverse Backgrounds) i.e. an obligation to create an environment free from discrimination on the basis of age, race, religion, gender, sexual orientation and disability.

Standard 13 (Workforce Planning and Management) ensures that the organisation recruits and manages its workforce in a manner that supports the delivery of high quality and safe health care, though there are no further requirements about providing a service free from discrimination, abuse, neglect and exploitation.

A person's right to privacy is addressed by:
- Criterion 1 (Information about Services) of Standard 11 (Service Delivery) which requires evidence of how organisations handle personal health information, in line with the National Privacy Principles (NPP) and jurisdictional privacy legislation;
- Criterion 2 (Access and Admission to Services) of Standard 11 which ensures that procedures are in place to respect a consumer's right to privacy;
- Standard 14 (Information Management), which requires that the ICT system protects privacy (14.9.1).

There is a strong focus on understanding and responding effectively to healthcare needs at an individual, family or community level through Criterion 5 (Diverse Needs and Diverse Backgrounds) of Standard 11. There is not a specific reference to the requirement to support and encourage self protective strategies and behaviours. However, the context of Criterion 5, with examples of barriers that may interfere with the provision of health care (e.g. serious ongoing physical and mental health issues), and the reference to promoting better health and well being by behavior change in 11.10.1 suggests that this is partly addressed.

Criterion 3 (Consumer/Patient Consent) of Standard 11 (Service Delivery) has very detailed guidelines around consent in relation to health care procedures, and how this is managed if consumers lack the competence to make decisions, including the input of substitute decision makers.

Criterion 4 (Appropriate and Effective Care) of Standard 11 (Service Delivery) does note that organisations should consider the medical and psychosocial needs of children as different from adults to ensure that they receive safe and appropriate quality care. This is not specific to children with disability, though consideration of the needs of people with disability are included under Criterion 5 (Diverse Needs and Diverse Backgrounds).

There is a strong focus on provision of access to support advocacy services under 11.1.1. Criterion 1 (Information about Services) under Standard 11 (Service Delivery) requires that information about external service providers and how to access advocacy support services are important and valued. There is one specific Criterion on Consumer/Patient Consent (Criterion 3) in Standard 11 (Service Delivery), which is very comprehensive and covers off on the NSW DSS requirements.

Standard 11 generally promotes consumer participation in service planning to identify and address the diverse needs and backgrounds of the community it serves. Criterion 5 (Diverse Needs and Diverse Backgrounds) of Standard 11 (Service Delivery) requires that organisations develop policies and procedures that understand diverse consumer/patient needs and backgrounds. There is not a specific requirement to involve people with disability in the development and review of policies that promote strategies for equality and upholding human rights, though there many culturally appropriate mechanisms referred to, and the requirements for partnering with community groups to ensure the appropriateness of services.

There is a person centred approach throughout the Standards, and 11.5.2 requires that the consumer/patient's need for treatment should be determined by matching it with the setting in which it should be provided. Criterion 4 (Appropriate and Effective Care) ensures that there are guidelines in place to manage consumers/patients with complex disorders. In the context of Criterion 5 (Diverse Needs and Diverse Backgrounds), there are examples of barriers that may interfere with the provision of health care (e.g. serious ongoing physical and mental health issues). Standards 12.4, 12.6 and 12.7 are dedicated to ensuring that the nutritional needs of consumers/patients are met in line with a person centred approach and best practice for nutritional care.

In addition, 14.5.1 ensures corporate records management systems are evaluated to ensure that they include reference to all relevant legislation / standards / policy / guidelines. However, there is no specific requirement for providers to take into account individual choice and the rights of each person and act in their best interests in relation to nutritional and behaviour management practices.

Standard 13 (Workforce Planning and Management) requires that staff and volunteers have the appropriate skill mix and competence, though this is not specific to incidents of discrimination, abuse etc. There is one Standard focused on Corporate Systems and Safety (Standard 15) with requirement for

Safety management systems to ensure the safety and wellbeing of consumers/patients, staff, visitors and contractors, though this focuses on work health and safety rather than discrimination, abuse, neglect etc. Standard 13.9 ensures that processes are in place to protect the interests of consumers/patients during the management of a complaint, but this is not tailored to allegations of discrimination, abuse, neglect or exploitation.

EQuIP National Standards

Regarding Practice Element (PE) 2, Criterion 5 (Diverse Needs and Diverse Backgrounds) of Standard 11 Service Delivery requires that organisations meet the needs of consumers/patients and carers with diverse needs and from diverse backgrounds. Standard 12 Provision of Care requires that guidelines are available to assess physical, spiritual, psychological, cultural and social, and health promotions needs (12.1.1). Given the scope of EQuIP National Standards, there is not a strong focus or requirement for social participation.

Regarding PE 3 and PE8, the only reference to provision of services in an environment free from discrimination is in the context of Standard 11 (Service Delivery), Criterion 5 (Diverse Needs and Diverse Backgrounds) i.e. an obligation to create an environment free from discrimination on the basis of age, race, religion, gender, sexual orientation and disability.

Standard 13 (Workforce Planning and Management) ensures that the organisation recruits and manages its workforce in a manner that supports the delivery of high quality and safe health care, though there are no further requirements about providing a service free from discrimination, abuse, neglect and exploitation.

Re PE 4, a person's right to privacy is addressed by:
- Criterion 1 (Information about Services) of Standard 11 (Service Delivery) which requires evidence of how organisations handle personal health information, in line with the National Privacy Principles (NPP) and jurisdictional privacy legislation;
- Criterion 2 (Access and Admission to Services) of Standard 11 which ensures that procedures are in place to respect a consumer's right to privacy;
- Standard 14 (Information Management), which requires that the ICT system protects privacy (14.9.1).

There is a strong focus on understanding and responding effectively to healthcare needs at an individual, family or community level through Criterion 5 (Diverse Needs and Diverse Backgrounds) of Standard 11. There is not a specific reference to the requirement to support and encourage self protective strategies and behaviours (refer PE 5). However, the context of Criterion 5, with examples of barriers that may interfere with the provision of health care (e.g. serious ongoing physical and mental health issues), and the reference to

promoting better health and well being by behavior change in 11.10.1 suggests that this is partly addressed.

Regarding PE: 6, Criterion 3 (Consumer/Patient Consent) of Standard 11 (Service Delivery) has very detailed guidelines around consent in relation to health care procedures, and how this is managed if consumers lack the competence to make decisions, including the input of substitute decision makers.

Re PE: 7, Criterion 4 (Appropriate and Effective Care) of Standard 11 (Service Delivery) does note that organisations should consider the medical and psychosocial needs of children as different from adults to ensure that they receive safe and appropriate quality care. This is not specific to children with disability, though consideration of the needs of people with disability are included under Criterion 5 (Diverse Needs and Diverse Backgrounds).

Re PE: 9, there is a strong focus on provision of access to support advocacy services under 11.1.1. Criterion 1 (Information about Services) under Standard 11 (Service Delivery) requires that information about external service providers and how to access advocacy support services are important and valued. There is one specific Criterion on Consumer/Patient Consent (Criterion 3) in Standard 11 (Service Delivery), which is very comprehensive and covers off on the NSW DSS requirements.

Standard 11 generally promotes consumer participation in service planning to identify and address the diverse needs and backgrounds of the community it serves. Criterion 5 (Diverse Needs and Diverse Backgrounds) of Standard 11 (Service Delivery) requires that organisations develop policies and procedures that understand diverse consumer/patient needs and backgrounds. There is not a specific requirement to involve people with disability in the development and review of policies that promote strategies for equality and upholding human rights, though many culturally appropriate mechanisms are referred to, and the requirements for partnering with community groups to ensure the appropriateness of services.

There is a person centred approach throughout the Standards, and 11.5.2 requires that the consumer/patient's need for treatment should be determined by matching it with the setting in which it should be provided. Criterion 4 (Appropriate and Effective Care) ensures that there are guidelines in place to manage consumers/patients with complex disorders.

In the context of Criterion 5 (Diverse Needs and Diverse Backgrounds), there are examples of barriers that may interfere with the provision of health care (e.g. serious ongoing physical and mental health issues).

Standards 12.4, 12.6 and 12.7 are dedicated to ensuring that the nutritional needs of consumers/patients are met in line with a person centred approach and best practice for nutritional care.

In addition, 14.5.1 ensures corporate records management systems are evaluated to ensure that they include reference to all relevant legislation / standards / policy / guidelines. However, there is no specific requirement for providers to take into account individual choice and the rights of each person and act in their best interests in relation to nutritional and behaviour management practices.

Standard 13 (Workforce Planning and Management) requires that staff and volunteers have the appropriate skill mix and competence, though this is not specific to incidents of discrimination, abuse etc. There is one Standard focused on Corporate Systems and Safety (Standard 15) with requirement for Safety management systems to ensure the safety and wellbeing of consumers/patients, staff, visitors and contractors, though this focuses on work health and safety rather than discrimination, abuse, neglect etc. Standard 13.9 ensures that processes are in place to protect the interests of consumers/patients during the management of a complaint, but this is not tailored to allegations of discrimination, abuse, neglect or exploitation.

Based on this, Practice Requirements 1, 4, 9, 10 and 11 are met.
Practice Requirements 2, 3, 5, 6, 7, 8 and 12 are partly met.
Practice Requirements 13 and 14 are gaps.

JAS-ANZ mapping of EQuIP Standards against NSW DSS

Practice requirement 1.1

Each person is aware of their rights and can expect to have them respected.

Practice elements	JAS-ANZ mapping result
1. Each person will have access to information and support to understand and exercise their legal and human rights.	Meets NSW DSS
2. Each person will receive a service that maximises their choices for social participation and cultural inclusion.	Partly met
3. Each person will receive a service in an environment free from discrimination, abuse, neglect and exploitation.	Partly met
4. Each person will receive a service that reflects their right to privacy and have their personal records and details about their lives dealt with in an ethical and confidential manner in line with relevant legislation.	Meets NSW DSS
5. Each person can expect service providers to support and encourage self protective strategies and behaviours that take into account their individual and cultural needs.	Partly met
6. Each person can expect service providers to uphold their right to make decisions, including medical treatments and interventions, and when this is not possible, assisted or substituted (alternative) decision making is in line with the person's expressed wishes, if known and if not, with their best interests.	Partly met
7. Each child with a disability has the same rights and freedoms as all other children and service providers will take each child's best interests into account when providing services.	Partly met

Practice requirement 1.2

Service providers are to uphold and promote the legal and human rights of each person.

Practice elements	JAS-ANZ mapping result
8. Services are provided in an environment free from discrimination, financial, sexual, physical and emotional abuse, neglect and exploitation.	Partly met
9. Service providers encourage and support access to advocacy services by people with a disability to promote their rights, interests and wellbeing.	Meets NSW DSS
10. Service providers gain consent from each person with a disability or their person responsible or legal representative for medical treatments and interventions.	Meets NSW DSS
11. Service providers provide opportunities for people with a disability to participate in the development and review of organisational policy and processes that promote strategies for equality and upholding human rights.	Meets NSW DSS
12. Service providers take into account individual choice and the rights of each person and act in their best interests in relation to nutritional and behaviour management practices in line with relevant legislation, convention, policies and practices.	Partly met
13. Service providers have knowledge and skills to implement reporting processes on incidents of alleged or known discrimination, abuse, neglect or exploitation and know how to notify the relevant external authorities.	Gap
14. Service providers offer appropriate support to the person and their family or carer when they raise or pursue allegations of discrimination, abuse, neglect or exploitation.	Gap

NSW Disability Services Standard 2: Participation and inclusion

JAS-ANZ Analysis of EQuIP Standards

The JAS-ANZ analysis considers both the NSQHS and EQuIP National Standards, which collectively comprise the EQuIP National Program.

NSQHS

The scope of the NSQHS Standards means that they are not intended to have a focus on community participation and connections for people with disability. Participation of consumers is targeted towards supporting partnerships to improve the safety and quality of health services.

The only Standard which refers to the community is Standard 2.7.1 which requires that "*the community and consumers are provided with information that is meaningful and relevant on the organisation's safety and quality performance".*

There is a focus on training for clinical and non-clinical workers (including volunteers) which is directed towards:
- safety and quality roles and responsibilities (Standard 1.4)
- ongoing safety and quality education and training for identified professional and personal development (1.12.1).

Relevant orientation and training is also facilitated for consumers and/or carers partnering with the organisation (2.3). Training is required for clinical leaders, senior management and the workforce on the "*value of and ways to facilitate consumer engagement and how to create and sustain partnerships"* (2.6).

EQuIP National Standards

The EQuIP Standards have a strong focus on meeting individual need, particularly in regards ensuring that diverse populations are provided with care and services that meet their needs (Standard 11, Criterion 5). This Criterion includes partnering with community groups and organisations to support and assist individuals with particular needs, and minimise barriers that may interfere with the provision of health care to consumers from CALD backgrounds. The scope of these Standards means that this support is not primarily associated with decisions about work, learning, leisure and social lives.

Regarding PE2, Criterion 5 (Diverse Needs and Diverse Backgrounds) of Standard 11 (Service Delivery) ensures that staff are provided with

opportunities for training which improves the delivery of care to diverse populations, which includes people with disability.

11.6.1 requires that organisations improve cultural competence, awareness and safety. 11.7.1 ensures that services and food are provided in a manner that is appropriate to consumers/patients with diverse needs.
Criterion 5 does has a focus on demonstrated partnerships with local and national organisations to improve the delivery of care to diverse populations (including people with disability), but this is focused to health care needs, rather than the intent of participation required under the NSW DSS.

Consumer/Patient Consent is a priority Criterion (Criterion 3), refers to consent in relation to health care, rather than community-based connection, inclusion and participation.

The scope of these Standards mean there is no requirement for service providers to support people exiting the criminal justice system.

Based on this, Practice Requirement 2, 7 and 8 are partly met.
Practice Requirements 1, 3, 4, 5, 6, and 9 are gaps.

JAS-ANZ mapping of EQuIP Standards against NSW DSS

Practice requirement 2.1

Each person is actively encouraged and supported to participate in their community in ways that are important to them.

Practice elements	JAS-ANZ mapping result
1. Service providers support each person to make decisions about how they connect with their chosen community, respectful of their choices and plans including work, learning, leisure and their social lives.	Gap
2. Training and support is provided to staff and volunteers so workers understand, respect and act on the interests and skill development of people with a disability over time.	Partly Met
3. Service providers work with people with a disability and their community to promote opportunities and support their active and meaningful participation.	Gap
4. Service providers, with the consent of the person with a disability, work with an individual's family, carer, significant other or advocate to promote their connection, inclusion and participation in the manner they choose.	Gap
5. For people exiting the criminal justice system, service providers actively support the person to develop their interests and activities in ways that consider the rights and welfare of the broader community.	Gap

Practice requirement 2.2

Service providers develop connections with the community to promote opportunities for active and meaningful participation.

Practice elements	JAS-ANZ mapping result
6. Service providers actively seek information about other supports and services in their local community to enable people with a disability to achieve their goals and to minimise barriers to participation.	Gap
7. Staff and volunteers model respectful and inclusive behaviour when supporting people in their community as a way of promoting the uniqueness of each individual.	Partly Met
8. Service providers develop ways to maintain and further develop their local connections so that options for people with a disability to be included and valued are increased over time.	Partly Met
9. Service providers actively seek connections with the community for people exiting the criminal justice system.	Gap

NSW Disability Services Standard 3: Individual outcomes

JAS-ANZ Analysis of EQuIP Standards

The JAS-ANZ analysis considers both the NSQHS and EQuIP National Standards, which collectively comprise the EQuIP National Program.

NSQHS

The Standards have a strong focus on the consumer centred approach as it relates to the inclusion of consumers in the development and design of quality health care. Standard 2 is focused on Partnering with Consumers.
The accompanying roles for safety and quality in health care (page 8 of NSQHSS) identify that "*as a partner with health service organisations and their healthcare providers, patients and carers will be involved in making decisions for service planning, developing models of care, measuring service and evaluating systems of care. They will also participate in making decisions about their own health care and for this they will need to know and exercise their healthcare rights and be engaged in their health care and treatment decisions. Patients and carers will have a need to access information about options and agreed treatment plans.*"

There are aspects of the Standards on Patient rights and engagement which are relevant to Individual Outcomes:
1.18.1 *Patients and carers are partners in the planning for their treatment*
1.18.4 *Patients and carers are supported to document clear advance care directives and/or treatment-limiting orders.*

The combination of these requirements account for Practice Requirement (PR) 1 being met. However there is no requirement under the NSQHSS for service providers to support patients to determine the involvement of their family, carers and advocates in planning and decision making processes as required by PR 2.

There is no reference to the role of advocates within these Standards, and the involvement of family is referred to only within the context of acute health care (Standard 9), which accounts for PR 3 being partly met. Volunteers are referred to under the non-clinical workforce and under 1.12.1 have access to quality education and training, which would work towards the requirements of PR 4.

There is a clear commitment to involvement of individuals in decision making, though this does not extend to circumstances around substitute decision makers which accounts for PR 5 being a Gap.
There are specific examples of the types of plans which are to be developed in partnership with patient and carers:

- medication management plans (4.14);
- blood and blood product plans (7.9.2);
- pressure injury management plans (8.10.1);
- advance care plans (9.8.1); and
- falls prevention plans (10.10.1).

However, due to the nature of service being provided by health services, these plans do not cover off on all of PR 6 requirements, which means that this is partly met. There is no reference to review of a patient's plan. The concept of risk referred to within these Standards is in relation to medical risk. Standard 4.13 requires that the clinical workforce informs *patients and carers about medication treatment options, benefits and associated risks.*

Apart from 2.7.1 which ensures that the community is provided with information about the organisation's safety and quality performance, there is no requirement under the NSQHSS for working with community groups to expand the range of service options.

At the broader service level, there are mechanisms to engage consumers in the planning and implementation of quality improvements (2.8.), strategic and/or operational planning (2.2.1), safety and quality (2.2.2), evaluation of patient feedback data (2.9) which partly meets the requirements of PR 10 though these mechanisms do not specifically refer to review of the person centred approach.

EQuIP National Standards

The EQuIP Standards have a patient-centred approach. There is a comprehensive focus on issues of consent as it relates to health care. Criterion 3 (Consumer/Patient Consent) of Standard 11 (Service Delivery) recognises that some consumers/patients may need time for decision-making in partnership with family members, carers and/or community or religious consultants/elders.

The Standards do not specifically require that the service provider supports each person to determine the involvement of their family, carers and advocates in planning and decision making processes. Criterion 3 does give examples of innovative ways to support decision making, such as interpreters, use of diagrams and models. Additionally, Criteria 3 ensures that every effort is made to facilitate understanding before engaging an appropriate substitute decision maker. There are detailed processes outlined prior to using substitute decision makers.

There is reference to care planning (Standard 12) which ensures that the current and ongoing needs of the consumer/patient are identified, documented in the health record, and carried out with consumer/patient consent, and where appropriate carer participation. Standard 11 requires that cultural, spiritual and language needs are an important part of responsive health care. Within Standard 12 there is reference to the available guidelines

for physical, spiritual, cultural, psychological and social, and health needs, and specifically indigenous consumers/patients.

The concept of risk taking within the EQuIP Standards has a different focus to that of the NSW DSS. Within Standard 12, there is a requirement for risk management strategies to take into account consumer/patient needs so that issues such as malnutrition and death are managed appropriately.

Criterion 5 (Diverse Needs and Diverse Backgrounds) ensures that there is well developed partnerships and collaborations with community groups to improve access to diverse consumers/patients within the community. Standard 15 (Corporate System and Safety) ensures that there are strategic and operational planning processes, which ensures that review of progress against vision, goals and objectives of the strategic plan. There is no direct requirement for review of person centred approaches.

Based on this, Practice Requirements 1, 4, 5 and 9 are met.
Practice Requirements 3, 6, 7, 8 and 10 are partly met.
Practice Requirement 2 is a gap.

JAS-ANZ mapping of EQuIP Standards against NSW DSS

Practice requirement 3.1

Service providers maximise person centred decision making.

Practice elements	JAS-ANZ mapping result
1. Service providers respect the right of each person to be at the centre of decision making and to have responsibility, as much as possible, for each decision which affects them.	Meets NSW DSS
2. Service providers support each person to determine the involvement of their family, carers and advocates in planning and decision making processes.	Gap
3. Service providers respect the views of family and carers in planning and decision making processes. The person with a disability has the final say in the process.	Partly Met
4. Staff and volunteers respond in innovative and flexible ways to each person's need for decision support which reflect their individual and cultural needs.	Meets NSW DSS
5. Service providers make every effort to enable a person to make a decision or assist families, carers and advocates to come to an agreement before a substitute decision maker is engaged.	Meets NSW DSS

Practice requirement 3.2

Service providers undertake person centred approaches to planning to enable each person to achieve their individual outcomes.

Practice elements	JAS-ANZ mapping result
6. Service providers work together with the person to develop and implement a plan that identifies and builds on the person's strengths, aspirations and goals. Plans should draw on broader family, cultural and religious networks and community organisations.	Partly Met
7. Service providers support each person, and (when necessary with consent) their family, carer or advocate to develop, review, assess and adjust their plan as their circumstances or goals change.	Partly Met
8. Service providers recognise the importance of risk taking and enable each person to assess the benefits and risks of each option available to them and trial approaches even if they are not in agreement.	Partly Met
9. Service providers work with other organisations and community groups to expand the range of service options available in their community.	Meets NSW DSS
10. Service providers regularly review their person centred approaches to ensure the organisation has the capacity and capability to deliver flexible and responsive supports and services that meet Individual needs and expectations.	Partly Met

NSW Disability Services Standard 4: Feedback and complaints

JAS-ANZ Analysis of EQuIP Standards

The JAS-ANZ analysis considers both the NSQHS and EQuIP National Standards, which collectively comprise the EQuIP National Program.

NSQHS

Standard 1 of the NSQHS Standards is focussed on Incident and complaints management. This requires that patient safety and quality incidents are recognised, reported and analysed, and this information is used to improve safety systems.

This Standard includes implementation of a complaints management system, which includes partnership with patients and carers. It has eleven required actions. The following actions have some commonality with the NSW DSS:

1.15.1 *Processes are in place to support the workforce to recognise and report complaints;*
1.15.2 *Systems are in place to analyse and implement improvements in response to complaints;*
1.15.3 *Feedback is provided to the workforce on the analysis of reported complaints; and*
1.15.4 *Patient feedback and complaints are reviewed at the highest level of governance in the organization.*

These aspects of Standard 1.15 work towards meeting the NSW DSS practice requirements but do not specifically address all requirements, for example about informing individuals of their right to complain, the provision of a safe environment for each person to make a complaint and the lack of negative consequences.

Standard 1 has a strong focus on patient rights and engagement, and ensures that patient rights are respected and their engagement in their care is supported. Specifically this includes a requirement for organisations to have a *charter of patient rights that is consistent with the current national charter of healthcare rights* (1.17.1), information on patient rights provided and explained to patients and carers (1.17.2) and systems in place to support patients who are at risk of not understanding their healthcare rights (1.17.3). The national charter of health care rights[3] includes the right for concerns/complaints to be addressed promptly.

There is not a specific reference to privacy and confidentiality in regards to complaint handling. Standard 1.19 requires that procedures are in place to "*protect the confidentiality of patient clinical records without compromising*

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[3] (http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Charter-PDf.pdf)

appropriate clinical workforce access to patient clinical information". There is also not a direct requirement for ongoing information, support and feedback to the complainant, though feedback is provided to the workforce.

There is a strong focus on quality improvement throughout the NSQHS Standards. Standard 1.6 requires that there is an overall "*organisation-wide quality management system that monitors and reports on the safety and quality of patient care and informs changes in practice".* The reference above in 1.15.2 ensures that systems are in place to review and implement improvements in response to complaints.

Standard 1.20 also requires that patient feedback mechanisms are used to evaluate the health service performance. There is not a specific reference to training of staff and volunteers in complaint handling, though this is partly met by Standard 1.4 which requires orientation and ongoing training programs to meet the requirements of the NSQHS.

There is reference to a specific complaint process, but not a policy, however there are requirements for policies and procedures at the organizational level (1.1), which should cover off on complaints handling requirements.

EQuIP National Standards

There are minimal extra requirements within the EQuIP National Standards about Feedback and Complaints. The Guidelines for Standard 11.5 (Appropriate and Effective Care) note that consumer/patient complaints are an important source of information and can be utilised to assess appropriateness of care.

Standard 13 (Workforce Planning and Management) requires that organisations have a system to protect the interests of consumers/patients during the management of a complaint (13.9). Criterion 5 (Diverse Needs and Diverse Backgrounds) of Standard 11 (Service Delivery) provides comprehensive requirements to meet the needs of diverse consumers, including providing relevant and accessible information, though this is not specific to complaints handling.

Criterion 1 (Information about Services) ensures that consumers/patients are informed about access to support services, such as advocacy, though again, this is not specific to complaint handling.

11.1 further requires that there is evidence of evaluation and improvement of the quality of information provided to consumers/patients about access to support services, including advocacy.

Standard 14: Information Management requires that there is monitoring and analysis of clinical and non-clinical data and information with a focus on improvements made as required – though again this is not specific to complaints.

Based on this, Practice Requirements 14 and 17 are met.
Practice Requirements 1, 2, 4, 5, 6, 7, 9, 10, 11, 12, 15, 16, 18, 19 are partly met.
Practice Requirements 3, 8, 13, 20 and 21 are Gaps.

JAS-ANZ mapping of EQuIP Standards against NSW DSS

Practice requirement 4.1

Each person is treated fairly by the service provider when making a complaint.

Practice elements	JAS-ANZ mapping result
1. Service providers inform each person of their right to complain and work with the person, their families and carer to try and resolve the issue.	Partly met
2. Service providers provide a safe environment for each person to make a complaint.	Partly Met
3. Service providers ensure that there are no negative consequences or retribution for any person who makes a complaint.	Gap
4. Service providers support participation in the complaint handling process of any person wanting to make a complaint and work with the person to identify the desired goal.	Partly Met
5. Service providers treat each person making a complaint in a manner that protects their privacy and respects confidentiality.	Partly met
6. Service providers are committed to and demonstrate fair and timely resolution of complaints.	Partly met
7. Each person is kept informed at all stages of the decision making process concerning their complaint and the reasons for those decisions.	Partly Met
8. Service providers inform each person of their right to complain to an external body.	Gap

Practice requirement 4.2

Each person is provided with information and support to make a complaint.

Practice elements	JAS-ANZ mapping result
9. Each person has continuous and easy access to meaningful and culturally relevant information about the service provider's complaint policy and processes.	Partly met
10. Each person has the opportunity to have a chosen support person such as an advocate to assist or represent them during the process.	Partly Met
11. Each person making a complaint is supported by the service provider, in a way which reflects their individual, cultural and linguistic needs to assist them to understand and participate in the complaint handling process.	Partly met
12. Each person determines how, when and where the complaint will be made.	Partly met
13. Each person has the opportunity to nominate the person they want at the service as the key contact regarding the complaint.	Gap

Practice requirement 4.3

Each service provider has the capacity and capability to handle and manage complaints.

Practice elements	JAS-ANZ mapping result
14. Service providers have a written complaints policy and associated processes which reflect relevant legislation, standards and sector policy.	Meets NSW DSS
15. Service providers ensure that policies and processes include ways of responding to the cultural and linguistic needs of individuals.	Partly Met
16. Staff and volunteers are trained in complaint handling and demonstrate understanding and capacity to implement complaint handling.	Partly met
17. Service providers record and analyse trends from complaints to drive organisational policy development and continuous improvement.	Meets NSW DSS
18. Service providers support each person to participate in the review and development of local complaint handling policy and processes and report outcomes to them and their families, carers or advocates.	Partly met
19. Board and/or management committee meetings should include a standing agenda item on complaint handling, with trends presented and implications for service planning discussed.	Partly Met
20. Service providers need to be aware that some complaints need to be managed in a particular way, either because the person making a complaint has specific rights of review or because the complaint includes allegations that must be reported to an external body. For example, criminal allegations should be reported to the police.	Gap
21. Service providers inform each person of their right to make a complaint (where relevant) to the Ombudsman about the provision of a service by a service provider under the Community Services (Complaints, Review and Monitoring) Act 1993 (NSW).	Gap

NSW Disability Services Standard 5: Service access

JAS-ANZ Analysis of EQuIP Standards

The JAS-ANZ analysis considers both the NSQHS and EQuIP National Standards, which collectively comprise the EQuIP National Program.

NSQHS

The NSQHSS aim to protect the public from harm and to improve the quality of health service provision.   People with disability are not referred to specifically within the Standards, however would be part of the target group which includes patients and carers. These Standards do not have an equivalent Standard to that of Service Access. Although not contained within the Standards, the accompanying section about the roles for each group of participants provides that patients and carers will have a need to access information about options and agreed treatment plans.

Within the Standard on Patient rights and engagement, Standard 1.17.2 requires that "*information on patient rights is provided and explained to patients and carers".* Although there is not a specific standard about accessible information, Standard 1.18.3 ensures that "*mechanisms are in place to align the information provided to patients with their capacity to understand".* Standard 2 is titled *Partnering with Consumers,* and 2.1.2 requires that governance partnerships are "*reflective of the diverse range of backgrounds in the population served by the health service organization".* 2.7 requires that consumers and/or carers are informed about "*the organisation's safety and quality performance in a format that can be understood and interpreted independently".* Similarly there are several Standards which require that medicine information (4.15), blood and blood product use (7.10). prevention and management of pressure injuries, escalation of care (9.9.2), falls, risk and prevention strategies (10.9.1) requires that medicine information should be provided in a format that meets consumer needs.

There is a strong focus on consumer input in implementing policies, procedures and protocols in quality improvement activities under 2.2. Consumers and/or carers should provide feedback on patient information publications under 2.4.1, and action should be taken to incorporate their feedback into publications under 2.4.2. The only reference to referral mechanisms is under discharge planning (10.8.1), which includes referral to appropriate services, where available.

EQuIP National Standards

Standard 11, Criterion 1 (Information about Services) requires organisations to provide comprehensive information about services provided and how to

access them (11.1.1), including in appropriate formats (11.1.2). Criterion 5: Diverse Needs and Diverse Backgrounds of Standard 11 (Service Delivery) requires organisations to ensure that services are provided in a manner which is appropriate to consumers/patients with diverse needs, and from diverse backgrounds, for example the use of sign language interpreters, particular rituals/practices. This is to be considered in all aspects of service delivery, including access.

There is a specific Criterion 2 on Access and Admission to Services, which aims to ensure that access is prioritised according to healthcare needs. 11.3.1 requires that organisations evaluate and improve their systems (including documented processes) for admission and prioritisation of care, using feedback from consumers/patients to assist with service improvements.

Criterion 5: Diverse Needs and Diverse Backgrounds recognises a range of barriers for people from diverse backgrounds and with diverse needs (including people with disability), and requires that services meet those needs. Access is not specifically referred to in Criterion 5, however the combination of Criterion 2 and 5 indicates that people with disability would be included in review of access policies with a focus on minimising barriers.

Standard 11 includes three criteria specific to community engagement – "Information about Services" which requires that the community has information on health services appropriate to its needs; "Diverse Needs and Diverse Backgrounds", requires demonstrated partnerships and collaboration with community groups and organisations supporting individuals with particular needs (including disability); and "Population Health" requires partnerships to promote better health and wellbeing.

Referral processes have a greater focus on information provision to relevant external service providers (11.2.2), rather than on support to the person when recommending or referring other services. Organisations are required to have referral systems in place (12.2.2) which are evaluated and improved. Care planning and delivery (12.3.1) is carried out with consumer/patient consent, but is not specific to referral. Planning for discharge and use of the referral system is required under 12.4.1 and must meet consumer needs, though does not specifically refer to information and support provision.

Based on this, Practice Requirements 1, 2, 3, 4, 5, 6 and 7 are met.
Practice Requirement 8 is partly met.

JAS-ANZ mapping of EQuIP Standards against NSW DSS

Practice requirement 5.1

Service providers make information available about their services.

Practice elements	JAS-ANZ mapping result
1. Service providers are both proactive and responsive in providing people with a disability, their families and carers information about the features and capacity of the services they offer.	Meets NSW DSS
2. Service providers' information about their services is in formats that can be readily accessed and easily understood by the diverse mix of people within their community.	Meets NSW DSS
3. Service providers use communication strategies that enable people with cognitive and/or sensory needs and diverse cultural styles to know how to access the service.	Meets NSW DSS

Practice requirement 5.2

Service providers have clearly defined processes to access services.

Practice elements	JAS-ANZ mapping result
4. Service providers develop and apply easy to understand, consistent and transparent access processes so that each person is treated fairly and according to their assessed need.	Meets NSW DSS
5. Service providers regularly review their information, policies and practices for service access in consultation with people with a disability, their families and carers to identify and minimise barriers that may impact on a person's fair and equal access to services.	Meets NSW DSS

Practice requirement 5.3

Service providers' work with other organisations to increase each person's support options.

Practice elements	JAS-ANZ mapping result
6. Service providers understand the broad range of supports and services available to meet the needs of people with a disability, their families and carers in the community	Meets NSW DSS
7. Service providers work with local community and other mainstream and specialist organisations to maintain community engagement and referral networks.	Meets NSW DSS
8. Service providers provide information and support to the person when recommending or referring other services or activities.	Partly Met

NSW Disability Services Standard 6: Service management

JAS-ANZ Analysis of EQuIP Standards

The JAS-ANZ analysis considers both the NSQHS and EQuIP National Standards, which collectively comprise the EQuIP National Program.

NSQHS

There is a clear focus on governance within the NSQHS Standards. Standard 1 'Governance for Safety and Quality in Health Service Organisations' and Standard 2 'Partnering with Consumers' set the overarching requirements for effective implementation of the remaining eight Standards, which address specific clinical areas of patient care.

The overarching governance requirements within Standard 1.1 have commonalities with many of the NSW DSS Service Management requirements. Standard 1.1 requires implementation of a governance system that sets out the policies, procedures and/or protocols for:

- establishing and maintaining a clinical governance framework
- identifying safety and quality risks
- collecting and reviewing performance data
- implementing prevention strategies based on data analysis
- analysing reported incidents
- implementing performance management procedures
- ensuring compliance with legislative requirements and relevant industry standards
- communicating with and informing the clinical and non-clinical workforce
- undertaking regular clinical audits.

It may be assumed, however, that the NSQHS do not specifically require that the governing body is comprised of appropriately skilled and trained members. The NSQHS also are not specific about how strategic planning and developing visionary direction for the organisation is based on person centred approaches and future industry needs.

The delineation between corporate affairs and decision making on operational matters is addressed in part by Standard 1.2 which requires that the board, chief executive officer and/or other higher level of governance within a health service organisation takes responsibility for patient safety and quality of care. The requirements for a skilled, engaged and responsive workforce, succession planning, recruitment practice and training are addressed by:

- support for individuals with delegated responsibilities are supported to

understand and perform their roles and responsibilities, in particular to meet the requirements of these Standards (1.3.2)

- training in the assigned safety and quality roles and responsibilities (1.4)
- ensuring Managers and the clinical workforce have the right qualifications, skills and approach to provide safe, high quality health care (1.10)
- implementing a system that determines and regularly reviews the roles, responsibilities, accountabilities and scope of practice for the clinical workforce (1.10)
- Implementing a performance development system for the clinical workforce that supports performance improvement within their scope of practice (1.11)
- Ensuring that systems are in place for ongoing safety and quality education and training (1.12).

Systems of control are to be in place for risk management through Standard 1.5 which establishes an organisation-wide risk management system that incorporates identification, assessment, rating, controls and monitoring for patient safety and quality. There is not a similar identified requirement for financial and operational control, though this could be inferred by the broad governance requirements referred above, in particular Standard 1.10 which refers to accountabilities.

There is a strong focus on quality management and improvement. Within Standard 1 there is a section on Governance and quality improvement systems whereby there are integrated systems of governance to actively manage patient safety and quality risks.

Standard 1.6 requires establishment of an "*organisation-wide quality management system that monitors and reports on the safety and quality of patient care and informs changes in practice".* This involves seeking regular feedback from the workforce to assess their level of engagement with, and understanding of, the safety and quality system of the organisation (1.13).

There is equally an emphasis on consumer partnership in quality improvement activities. Consumer is defined as patients, carers and organisations, which could be extended to include community. This involves implementing policies, procedures and/or protocols for partnering with patients, carers and consumers in:
- strategic and operational/services planning
- decision making about safety and quality initiatives
- quality improvement activities (Standard 2.2).

Standard 2 also requires that consumers and/or carers receive information on the health service organisation's performance and contribute to the ongoing

monitoring, measurement and evaluation of performance for continuous quality improvement.

Effective governance and management systems and quality improvement activities are required for healthcare associated infections, control and surveillance (Standard 3), medication safety (Standard 4), effective clinical handover (Standard 5), blood product prescribing and clinical use (Standard 7), pressure injury management (Standard 8), recognition and response systems (9.1.1), and prevention of falls (Standard 10). For clinical handover there should be regular review of local processes in collaboration with clinicians, patients and carers (6.3) with a focus on good practice.

As with Service Access above, there is not a specific NSQHS standard about accessible information and policies etc. provided in accessible formats, though Standard 1.18.3 partly meets this by ensuring that "*mechanisms are in place to align the information provided to patients with their capacity to understand".*

EQuIP National Standards

Standard 15 (Corporate systems and safety) ensures that systems facilitating the delivery of quality health care are implemented and governed appropriately. This requires effective leaders and managers (15.1.2) and mechanisms to ensure the effective performance of the governing body (formal orientation, ongoing education, defined terms of reference, composition, defined duties and responsibilities of the governing body 15.3.1).

15.1 requires reviewing progress towards achieving the vision, goals and objectives of the strategic plan, including analysis of community needs. This is consistent with requirements of the NSW DSS, and although this Standard does not specifically refer to the person centred approach, the overall focus of the EQuIP Standards is around consumer/patient focus.

The requirement for system and delegation practices (15.3 to 15.8) should work towards ensuring that corporate matters are separate to operational matters.

Standard 15 places importance on consultation with relevant stakeholders (15.2), and communication of information and decisions with relevant stakeholders (15.3) within governance. 15.6 ensures that there is evidence of evaluation and improvement of the system to govern with ethical implications. Standard 15 refers to regular review of strategic and operational planning (15.1.1), and evaluation of governance processes (15.3).

Sound financial management practices are required under 15.8.1. There is a strong focus on risk management throughout, including governance of an ICT system that includes a risk management framework (14.9), inclusion of risk management in development of plans (15.2), implementation of organisation wide system for work health and safety (15.13), implementation of risk

reduction system for buildings, plant and equipment (15.15), emergency and disaster management (15.18), physical and personal security (15.21).

Compliance with relevant legislation appears throughout the Standards (for example 15.3), with requirements for formal quality management (15.5). Consultation with relevant stakeholders, including external organisations is required under Standard 15 (Corporate Systems and Safety).
Standard 15 requires accountability, responsibility and evaluation throughout. Although 'contemporary' practices are not referred to specifically, there is a requirement for consumers and researchers to work in partnerships to develop the body of research knowledge (15.10.1 & 15.10.2). 14.8.1 ensures that staff have access to contemporary reference and resource material. There is a complete Standard on Workforce Planning and Management, which ensures the skill mix and competence of staff (13.4), and that the selection meets the needs of the organisation (13.6).

15.22 ensures that staff are consulted in decision making that affects organisational and personal risk. Throughout Standard 15 there is the requirement for consultation with relevant stakeholders in strategic and operational planning, which should include staff.

11.1.1 ensures that there is evidence of evaluation and improvement of the quality of information provided to consumers/patients. The overview of Criterion 5 (Diverse needs and diverse backgrounds) states that organisations have a responsibility to develop policies and procedures that fulfill the relevant legislative requirements and that recognize and provide for the diverse needs of consumers/patients.

15.3 ensures that there are systems practices in place to assess compliance with legislation, and overall quality and performance (15.5). Although people with disability, families and carers are not highlighted specifically, there is a requirement for consultation with relevant stakeholders in strategic and operational management and evaluation throughout Standard 15, including a feedback loop.

There is a detailed Workforce Planning and Management Standard 13 which addresses requirements for recruitment processes, including probity and meeting the needs of the organisation. The focus on workforce planning (13.1) would indicate that succession planning is addressed. The focus on continuing employment and development (13.7, 13.8) and employee support and workplace relations (13.10 to 13.13) ensures that there is training, support and supervision.

There are comprehensive safety management systems required under Standard 15. Relationships with external organisations, and analysis of community needs are a requirement of strategic planning (15.1), which indicates that this would identify evidence of good practice.

Based on this, Practice Requirements 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13,

14, 15, 16, 17, 18, 19, 20 and 21 are met.

JAS-ANZ mapping of EQuIP Standards against NSW DSS

Practice requirement 6.1

Each person receives quality services which are effectively and efficiently governed.

Practice elements	JAS-ANZ mapping result
1. The corporate governance body of an organisation is comprised of members who possess or can acquire appropriate knowledge, skills and training to fulfil all responsibilities which are clearly defined, documented and disclosed.	Meets NSW DSS
2. The corporate governance body of an organisation is equipped and fulfils all responsibilities for strategic planning and developing visionary direction for the organisation based on person centred approaches and future industry needs.	Meets NSW DSS
3. The corporate governance body of an organisation is able to exercise objective and independent judgement on corporate affairs which is separate to decision making on operational matters.	Meets NSW DSS
4. The corporate governance body of an organisation is accountable to stakeholders and demonstrates high ethical standards acting in their best interests.	Meets NSW DSS
5. The corporate governance body of an organisation monitors the effectiveness of the organisation's governance policies and practices and makes changes as needed.	Meets NSW DSS
6. The corporate governance body of an organisation ensures the integrity of the organisation's accounting and financial reporting systems and that appropriate systems of control are in place for risk management, financial and operational control (including fire safety and appropriate insurance), and compliance with legislation and funding requirements.	Meets NSW DSS
7. The corporate governance body of an organisation ensures the organisation has a quality management system and internal controls are in place to comply with relevant standards.	Meets NSW DSS
8. The corporate governance body of an organisation uses feedback from stakeholders and the community to inform and develop continuous improvement strategies.	Meets NSW DSS
9. The corporate governance body of an organisation regularly reviews its policies to reflect contemporary practice and feedback from people with a disability and other key stakeholders.	Meets NSW DSS
10. The corporate governance body of an organisation recruits, supports and monitors senior management positions in line with the vision and values of the organisation and probity requirements has strategies in place for communication with staff to promote continuous improvement and a collaborative, responsive organisation.	Meets NSW DSS
11. Have strategies in place for communication with staff to promote continuous improvement and a collaborative, responsive organisation.	Meets NSW DSS

Practice requirement 6.2

Each person receives quality services that are well managed and delivered by skilled staff with the right values, attitudes, goals and experience.

Practice elements	JAS-ANZ mapping result
12. Service providers have written policies and associated processes which reflect relevant legislation, standards, funding requirements and sector policy that are accessible to all stakeholders.	Meets NSW DSS
13. Service providers have written policies and associated processes which reflect relevant legislation, standards funding requirements and sector policy that are accessible to all stakeholders.	Meets NSW DSS
14. Service providers encourage and support people with a disability, their families and carers to participate in the planning, management and evaluation of the service.	Meets NSW DSS
15. Service providers inform stakeholders how feedback has been used to improve service management and delivery	Meets NSW DSS
16. Service providers have a workforce planning and recruitment strategy in place to ensure the organisation has a skilled, engaged and responsive workforce.	Meets NSW DSS
17. Service providers have processes in place for succession planning of leadership staff and other key positions.	Meets NSW DSS
18. Recruitment practices meet all probity requirements and ensure the right workforce is recruited and maintained to deliver the range of services provided by the organisation to meet service delivery outcomes.	Meets NSW DSS
19. Service providers provide regular staff and volunteer training, support and supervision to flexibly meet the needs of people they support.	Meets NSW DSS
20. Service providers create and maintain accessible and safe physical environments in accordance with all fire safety requirements and occupational health and safety legislative and policy requirements.	Meets NSW DSS
21. Service providers implement the organisation's strategic and business plans utilising good practices including community engagement initiatives.	Meets NSW DSS