



Australian Government



National Panel of Assessors Performance Framework Guidelines

V1.4

Disclaimer: This document is not a stand-alone document and does not contain the entirety of Disability Employment National Panel of Assessors Providers' obligations. It should be read in conjunction with the Disability Employment National Panel of Assessors Grant Program Agreement (2018-2023) and any relevant Guidelines or reference material issued by the Department under or in connection with the Grant Agreement of Standing Offer.

National Panel of Assessors Performance Framework Guidelines	1
National Panel of Assessors Performance Framework Guidelines and Ongoing Support	
Assessments Quality Framework	3
Document Change History	3
Explanatory Note	3
Background	3
NPA Performance Framework	5
Key Objectives of the Framework	5
Performance Management	5
NPA Key Performance Indicators	5
Efficiency and Effectiveness	6
Assessment Quality Framework	6
Quality of Assessment Reports	7
Comprehensiveness	7
Consistency	8
Appropriateness	8
Quality of Provider Capability	8
Other Performance Information	9
Performance Information for Providers	9
Attachment A – SWS - Performance Evaluation Method	10
Timeliness of Work Order Acceptance	11
Attachment B – OSA - Performance Evaluation Method	12

NPA Performance Framework Guidelines and Ongoing Support Assessments Quality Framework

Document Change History

Version	Effective Date	End Date	Change & Location
1.0	1 July 2018	2 December 2018	Original Version
1.1	3 December 2018	3 March 2019	Updated terminology throughout document
1.2	4 March 2019	30 June 2019	Updated with OSA Performance Evaluation Method
1.3	1 July 2019	7 December 2020	Updated SWS and OSA Performance Evaluation tables (Attachment A and B)
1.4	8 December 2020		

Explanatory Note

The term 'Provider' in this Guideline means a National Panel of Assessors (NPA) Panel Member, unless otherwise stated.

The Department referred to in this Guideline is the Department of Social Services.

Background

The NPA provides a range of Assessment Services to assist with the needs of people with disability in the workplace. Funding is not provided on appointment to the NPA. Providers are required to enter into a non-exclusive Grant Agreement with the Department. Assessment Services are allocated to Providers as required by the Department. Approved assessors, who meet mandatory qualifications and industry experience requirements, must complete assessment Services.

This guideline is designed to inform Providers about the NPA performance framework. Evaluation and management of Provider performance is measured against the Key Performance Indicators (KPIs) in the Disability Employment National Panel of Assessors Program Grant Agreement 2018-2023 (the Grant Agreement). The NPA performance framework applies to Supported Wage System (SWS) and Ongoing Support Assessment (OSA) services. Detailed information about the performance measures for OSA are available on the Provider Portal (Provider Portal>DES>Guidelines and Supporting Documents>Ongoing Support).

Workplace Modifications Scheme (WMS) Assessments are managed through the JobAccess service in accordance with the performance and reporting requirements in the JobAccess contract. In future, consideration will be given to including WMS assessments in this framework.

The Department assesses the quality of service delivery through evidence of compliance with the Grant Agreement, the Employment Services Code of Practice and the Disability Employment National Panel Assessors Service Guarantee, using feedback, complaints, stakeholder satisfaction surveys, Post Program Monitoring surveys, evaluation and audit strategies, quality assurance projects and contract management.

Assessing quality of service delivery includes the following requirements:

- Providers must act with due care and diligence when conducting all aspects of an assessment, especially when communicating with Disability Employment Services (DES) Participants.

- Developing respectful relationships with the parties to an assessment is an important part of service delivery. The Department will use feedback, complaints and results of satisfaction surveys to measure the behaviours of Assessors when delivering assessment services.
- Assessments can only be conducted by Approved Assessors with the required qualifications and experience. The Department may conduct quality assurance projects to check qualifications of assessors and to check that assessments are completed by Approved Assessors.
- Services must be conducted at or above the minimum standards in the Code of Practice and the Service Guarantee, and the Provider must make these documents available to participants.
- A Customer feedback register must be maintained, and will be made available to the Department on request.
- Criminal records checks are completed for Personnel who conduct the Assessment services.
- Comply with all other legal requirements when engaging or deploying persons in a capacity where they may have contact with Vulnerable Persons.

- Any changes in control of the Provider's organisation are reported to the Department.

NPA Performance Framework

The framework has been designed to aid performance and continuous improvement in the delivery of quality services to Participants. The following elements support the framework:

- a Service Guarantee reflecting the services that Participants can expect from Providers
- a Code of Practice that reflects the Australian Government's expectations of Providers' interactions with Participants, Employers and each other
- performance discussions with the Department.

Key Objectives of the Framework

The NPA performance framework aims to deliver:

- assistance to contracted organisations to deliver highly effective assessment services to job seekers with disability
- assessments that measure Provider performance and produces reliable evaluation data
- continuous performance improvement.

Performance Management

The Department will undertake evaluation activities for purposes of evaluating the assessment services, including the Provider's performance.

Providers will be able to access data about their own performance relative to the KPI measures. This data will be provided on a quarterly basis. The Department will also conduct yearly performance reviews, or more often if required, to provide the Department's views on performance that is good and where it can be improved. Where a Provider is not performing well, the Department will work with the Provider to improve performance, including sharing best practice. Performance Reviews will normally be completed by phone and email.

Where a Provider's performance does not meet the KPIs, and is not subsequently improved, the Department may reduce or stop the allocation of work orders to the Provider. This is in accordance with Section 27 of the Grant Agreement.

NPA Key Performance Indicators

The assessment of a Provider's performance is directly linked to the KPIs that are specified in the Grant Agreement. The business rules for measurement of performance are outlined at [Attachment A](#).

Efficiency and Effectiveness

A Provider's performance evaluation will be based on the measurement of their performance against KPI1 and KPI2 as follows:

KPI	Description	Measure
KPI 1 Efficiency	1.1 Timeliness	<p>(a) 90% of assessment services are completed within the timeframes set out in the Agreement and any Grant Agreement.</p> <p>(b) 90% of allocated assessments are accepted by the Panel Member.</p> <p>(c) Where Panel Members reject allocated assessments, the Panel Member provides acceptable reasons for all rejections.</p> <p>(d) Where the Department has returned Assessment Reports to the Panel Member for corrective action, all subsequent reports are finalised and submitted to the Department within five business days of receipt of request by the Panel Member for SWS and OSA and, within 2 Business Days of receipt of request by the Panel Member for WMS.</p>
KPI 2 Effectiveness	<p>2.1 Accurate, individualised assessments</p> <p>2.2 Thorough assessment reports</p>	<p>(a) Assessments are conducted in a manner that responds to the individual with disability's circumstances, measured by:</p> <p>(i) Department sampling of assessment reports; and</p> <p>(ii) taking into consideration where there is a higher than average level of appealed decisions that are overturned.</p> <p>(b) 90% of Assessment Reports sampled by the Department are accepted as complete, without requiring further work.</p>

Assessment Quality Framework

Panel Members are required to meet the KPIs in providing Assessment Services. The Department will measure the Panel Member's performance against the KPIs taking into consideration:

- deliverables specified in the Grant Agreement and Work Order
- each assessment
- feedback, complaints and disputes
- performance audits conducted by the Department including customer satisfaction surveys

Assessors are guided by the guidelines pertinent to the particular assessment when undertaking assessments.

In addition to the measurement of efficiency and effectiveness, **KPI 3 Quality** - the delivery of quality services, is managed through the Quality Framework for Providers of Assessment services. The performance against KPI 3 is measured as follows:

KPI	Description	Measure
KPI 3 Quality	3.1 Stakeholder satisfaction	The Department’s satisfaction with the delivery of the Service, as measured by but not limited to results of stakeholder satisfaction surveys, satisfaction feedback (including from other assessors subsequently assessing the same client) and complaints.

The Quality Framework enables the Department to assess Providers’ performance against KPI 3 in a fair and objective manner. The Framework provides the basis for assessing quality using three categories:

- quality of Service Delivery
- quality of Reports
- Provider Capability

Note: There is some overlap between the Quality Framework, the Performance Framework and the other KPIs, especially KPI 2 – Effectiveness, however, this overlap does not result in duplicated or unnecessary reporting. The Effectiveness KPI focuses on assessment delivery and reports and the quality of these is a major part of Provider services.

Service delivery is included under the Quality Framework that emphasises the requirement on Providers to act with due care and diligence, to ensure that Participants, Providers and Employers receive the services for which the Provider is receiving payment. The Department will assess this component through evidence of compliance with the Grant Agreement. Any non-compliance will be detected through program assurance and contract monitoring arrangements.

Issues identified in feedback from sources including quality assurance projects, evaluation activities, Post Program Monitoring survey, Fair Work Commission information, the National Customer Service Line (NCSL) and quality audits may also be taken into account when measuring Provider performance against KPI 3.

The Department will give Providers clear and timely feedback and the opportunity to consider and rectify issues raised. KPI 3 will also encourage the continuous improvement of service delivery.

Quality of Assessment Reports

An Assessment Report should deliver a comprehensive, consistent and appropriate assessment of a Participant’s ongoing support that they require to maintain their current employment.

The Department will conduct regular audits of Assessment Reports and reserves the right to change the frequency of the audits. A minimum sample of Assessment Reports will be quality audited by the Department. Samples will be selected to ensure Assessment Reports completed by each Provider are audited each six months.

Providers will be given an Assessment Audit Report within six weeks of the end of each quarterly reporting period, outlining the Assessment Reports that were audited, the results and any qualitative feedback that may be useful to consider in future assessments.

The three main areas, which form the focus of the quality audits of Assessment Reports, are comprehensiveness, consistency and appropriateness and are detailed below.

Comprehensiveness

Each Assessment Report should demonstrate that the Assessor has taken a thorough approach to gathering information from all relevant people including the DES Provider, the Employer, the Participant and a Nominee or an Advocate (if applicable), where the Participant has nominated an Advocate be involved.

Where the Assessment Report has excluded any components of an Assessment, the Assessor has obtained an exemption to exclude those components, and the Assessment Report further substantiates the reasons for the exclusion.

The quality audits of Assessment Reports will assess whether the following parts of the Assessment Report demonstrate a comprehensive gathering of evidence and comprehensive summary of the conclusions from the relevant part of the Assessment:

- Provider interview
- Participant interview
- Employer interview
- Workplace visit
- File summary.

Consistency

The quality audits will assess whether all parts of each Assessment Report are cohesive and where there are any inconsistencies between any parts of the Assessment Report, that there is acceptable explanation or reasons for the differences.

The Assessor must gather all available and relevant information and it will not always be the case that all parts of the assessment will be fully consistent. However, where there are important differences in views or information provided to the Assessor, the Assessment Report must adequately synthesise all relevant information so that the Assessment Summary contains no unsubstantiated or unexpected recommendations.

Appropriateness

The Assessment Report will clearly identify the Participant's ongoing support requirements including the type of support, frequency and amount.

The Assessment Report will clearly articulate why the recommended future level of support is required to maintain the Participant's current employment, and relates the nature of support to the Participant's barriers to working independently in their current job.

Statements in the Assessment Report about the Participant's support requirements and the support received are relevant to the requirements in the appropriate Guidelines.

The Assessment Report and its recommendation demonstrate the Assessor understands the requirements of the Assessment Guidelines.

The language used in the Assessment Report is appropriate, respectful and non-offensive.

Quality of Provider Capability

Quality of Assessment Services is influenced by the capabilities of the Organisation. The Department assesses performance at an organisation level. Providers are contracted and administered at organisation level.

The Department will provide Assessment data to assist Providers to analyse, assess and continually improve their performance.

The Department will include the following factors in its ongoing Grant Agreement management arrangements of Providers:

- The Provider complies with the Information Privacy Principles of the *Privacy Act 1988* to protect and respect the rights of individual DES Participants. The Provider does not disclose personal information about Participants without their informed consent.
- The Provider has management systems in place that facilitate quality management practices and continuous improvement.
- The Provider has management systems in place to ensure that all assessors have appropriate skills and qualifications.

- The Provider has systems in place to provide training, skills development including ensuring that they have completed the ECSN Learning Modules and they have read the relevant guidelines relating to the delivery of the assessment services.
- The Provider demonstrates responsiveness to feedback received about its delivery of Assessment Services.
- The Provider has management systems in place to identify any new and amended Guidelines, IT systems or instructions related to Assessment Services.
- The Provider is aware of its responsibilities to manage its availability and capacity to deliver assessment services and to communicate with their contract manager, especially in relation to extensions of due dates for completion of assessments.

Other Performance Information

In addition to the KPIs outlined in the Grant Agreement, the Department considers all available information in assessing and monitoring performance.

Performance Information for Providers

Performance and Administrative Reporting

Administrative and performance data will be made available to Providers through the provision of assessment management reports. This will allow Providers to evaluate their performance and take appropriate action to improve servicing strategies and processes. Providers can use the reports to examine quantitative data relating to assessment timeliness, and rejection of assessment allocations.

Assessing Performance

The assessment management reports will allow Providers to manage their performance against KPI 1 requirements and to monitor this over time. This data will be at the national level.

The Department is committed to monitoring and reviewing the Quality Framework to ensure that it is achieving its aim of delivering high quality disability employment services.

Attachment A – SWS - Performance Evaluation Method

Description	Measure	Evaluation Method
1.1 Timeliness	(a) (a) 90% of assessment services are completed within the timeframes set out in the Agreement and any Grant Agreement.	<p>Percentage of submitted SWS Reports where the submitted date is on or before the SWS Contract End Date.</p> <p>Note: If a SWS Contract End Date is amended in response to a Panel Provider request then the KPI is measured using the amended SWS Contract end date.</p>
	(b) 90% of allocated assessments are accepted by the Panel member.	Percentage of allocated assessments accepted.
	(c) Where Panel Members reject allocated assessments, the Panel Member provides acceptable reasons for all rejections.	<p>Number of allocated assessments not accepted, without an acceptable reason.</p> <p>Where a Provider does not accept an allocated assessment, the Department will consider the acceptability of the reason provided. The Department will contact the Provider for clarification if the reason provided does not appear acceptable.</p>
	(d) Where the Department has returned SWS Reports to the Panel Provider for corrective action, all subsequent reports are finalised and submitted to the Department within five business days of receipt of request by the Provider for SWS.	Number of SWS Reports declined by the Department and re-submitted by the Provider greater than five Business Days later, where the reasons are not outside the Assessor’s control. E.g. the employee is unavailable.
2.1 Accurate individualised assessments	(a) Assessments are conducted in a manner that responds to the Participant’s circumstances, measured by:	<p>The Department will review submitted SWS Reports, and all reported feedback and complaints about SWS assessments.</p> <p>Where a Provider has had a significant number of disputed reports, the Department will arrange a performance discussion to facilitate improvement, if required.</p>

Description	Measure	Evaluation Method
	(i) The Department sampling of assessment reports (ii) taking into consideration where there is a higher than average level of appealed decisions that are overturned.	
2.2 Thorough assessment reports	(b) 90% of SWS Assessment reports sampled by the Department are accepted as complete, without requiring further work.	Percentage of SWS Reports accepted by the Department as being of acceptable quality, not requiring further work. If a SWS Report is declined by the Department due to an error or omission then the Report is considered to require further work.

Timeliness of Work Order Acceptance

Panel members must accept or reject each Work Order within one Business Day of receiving it (refer to clause 4.4 of the Grant Agreement)

Acceptance of Work Orders	Providers must accept or reject each Work Order within one Business Day of receiving it.	Percentage of Work Orders accepted/rejected within one Business Day of allocation.
---------------------------	--	--

Attachment B – OSA - Performance Evaluation Method

Description	Measure	Evaluation Method
1.1 Timeliness	(c) 90% of assessments are completed within the timeframes set out in the Grant Agreement.	Percentage of submitted OSA Reports where the submitted date is on or before the OSA Due Date. Note: If a Report was placed 'Under Review' then the original submission date is used, rather than the date the report was re-submitted. If an OSA Due Date is amended then the KPI is measured using the amended OSA Due Date.
	(d) 90% of allocated assessments are accepted by the Provider.	Percentage of allocated assessments accepted. Note: Calculation will ignore Work Orders where the Rejection reason is 'Conflict of Interest' or 'Outside Coverage Area'.
	(e) Where Providers reject allocated assessments, the Provider provides acceptable reasons for all rejections.	Where a Provider rejects a significant number (more than 10%) of allocated assessments, the Department will contact the Provider to discuss the acceptability of the rejection reasons.
	(f) Where the Department has returned OSA Reports to the Provider for corrective action, all subsequent reports are finalised and submitted to the Department within five Business Days of receipt of request by the Provider.	Number of OSA Reports set to 'Under Review' for reason of 'Requested by the Department' and resubmitted more than five Business days later, where the reasons are not outside the Assessor's control. E.g. the employee is unavailable.
2.1 Accurate individualised assessments	<p>(g) Assessments are conducted in a manner that responds to the individual with disability's circumstances, measured by:</p> <p>(iii) The Department sampling of assessment reports; and</p> <p>(iv) taking into consideration where there is a higher than average level of appealed decisions that are overturned.</p>	<p>Outcomes of disputed OSA Reports requiring adjudication by the Department will be monitored.</p> <p>Where a Provider has had a significant number of disputed reports the Department will arrange a performance discussion to facilitate improvement, if required.</p> <p>The Department will provide feedback to Providers regarding disputed reports.</p>

Description	Measure	Evaluation Method
2.2 Thorough assessment reports	(h) 90% of OSA Reports sampled by the Department are accepted as complete, without requiring further work.	Report quality will be assessed in accordance with the OSA quality framework using a checklist available to Providers.

Timeliness of Work Order Acceptance

Panel members must accept or reject each Work Order within one Business Day of receiving it (refer to clause 4.4 of the Grant Agreement).

Acceptance of Work Orders	Providers must accept or reject each Work Order within one Business Day of receiving it.	Percentage of Work Orders accepted/not accepted within one Business Day of allocation.
---------------------------	--	--