

**Submission  
No 243**

**INQUIRY INTO IMPLEMENTATION OF THE NATIONAL  
DISABILITY INSURANCE SCHEME AND THE PROVISION  
OF DISABILITY SERVICES IN NEW SOUTH WALES**

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**Submission to the NSW Parliamentary Inquiry into the  
Implementation of the National Disability Insurance Scheme and  
the provision of disability services in New South Wales**

**by**

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**August 2018**

## Overview

The National Disability Insurance Agency (NDIA) is responsible for delivering the National Disability Insurance Scheme (NDIS). In 2016, development of the software (known as 'CRM') and provision/maintenance of the hardware used to manage and track the NDIS was outsourced to the Department of Human Services (DHS). Since its launch on 1 July 2016, CRM has performed very poorly: workflow management is weak, essential functionality is missing, design and integration of existing functionality is poor, and data quality is substandard. Consequently, as reported widely in the media, participants and providers of the NDIS have experienced significant errors, inconsistencies and delays.

In the course of our employment as Business Analysts with the NDIA (see Appendix 2), we became aware of the specific circumstances of numerous participants and formed a view that the short-comings of CRM mean that it is simply not possible for the NDIS to provide time-critical services to vulnerable participants. This means compromised care for past, present and future NSW participants of the NDIS, and therefore our concerns fall within the scope of this inquiry.

The majority of problems being experienced by participants and providers are not:

- random, unfortunate events;
- the fault of participants;
- the fault of providers;
- the result of inadequate NDIA staffing levels;
- the result of inadequate NDIA staff training;
- the result of inappropriate policy decisions; or
- the result of tight deadlines.

The majority of problems being experienced by participants and providers of the NDIS are:

- inevitable;
- avoidable; and
- the direct result of the inadequacy of CRM and associated processes.

There are historical reasons for these inadequacies but the only solution is a major review of CRM to ensure that it meets the needs of the NDIA.

Until CRM is fixed, any other efforts to address concerns of participants and providers will be:

- stop-gap measures; and
- increasingly ineffective as the scheme grows.

Prior to the commencement of a review of CRM there needs to be bi-partisan

- public acknowledgement of the full scope of the problems (as distinct from the current situation with everyone knowing, but pretending that problems don't exist);
- agreement not to be content with band-aid solutions; and
- commitment to invest the required time, money and expertise.

In order to avoid a review that simply endorses the status quo, the review should be conducted by an independent external party with no ties to either the NDIA or DHS.

## Introduction

It is an open secret among NDIA staff that most of the issues experienced by participants and providers are the result of the inadequacies of CRM, and badly designed associated processes.

Some NDIA staff have faith that there is an overall plan in place to fix the problems. Others expect that eventually everything will come to a head and at that point they hope that the NDIA (including CRM) will be re-built in a way that enables it to properly care for participants.

Further, it seems that many participants are grateful for what they have and don't want to risk losing it by making too much of a fuss - particularly those who were unfunded through the previous state government systems.

While working at the NDIA we were told many times that there are a lot of political barriers to admitting that there is a problem. And that even once the problems have been recognised and acknowledged, fixing them is going to take a lot of time and a lot of money.

Many of the NDIA staff that we spoke to sounded defeated. They accept the situation, do what they can and don't make a fuss. For example, in order to cope with the overwhelming number of calls being received, some front-line staff have been advised that a participant's concerns should only be escalated when there is a threat of ombudsman or media involvement, or when the participant is threatening self-harm.

We believe that until the root cause is addressed, these problems will only get worse. To the best of our knowledge there is currently no plan in place to do this.

## Our concerns

The National Disability Insurance Agency (NDIA) is responsible for delivering the National Disability Insurance Scheme (NDIS). In 2016, development of the software (known as 'CRM') and provision/maintenance of the hardware used to manage and track the NDIS was outsourced to the Department of Human Services (DHS). Since its launch on 1 July 2016, CRM has performed very poorly: workflow management is weak, essential functionality is missing, design and integration of existing functionality is poor, and data quality is substandard. Consequently, as reported widely in the media, participants and providers of the NDIS have experienced significant errors, inconsistencies and delays.

In the course of our employment as Business Analysts with the NDIA (see Appendix 2), we became aware of the specific circumstances of numerous participants and formed a view that the shortcomings of CRM mean that it is simply not possible for the NDIS to provide time-critical services to vulnerable participants. See Appendix 1 for examples.

These shortcomings mean compromised care for past, present and future NSW participants of the NDIS, and therefore fall within the scope of this inquiry.

Some of our concerns are itemised on the following pages. They are grouped under the following headings

1. Weak workflow management
2. Missing essential functionality
3. Poor design/integration of existing functionality
4. Substandard data quality/availability

Knowing these limitations, we believe that the disappointing, and sometimes devastating, experiences of many participants are entirely predictable, and often inevitable.

## 1. Weak workflow management

- Much of the workflow within CRM is managed manually eg tasks may require manual intervention to move them from one CRM 'inbox' to another before they can be actioned.
- Unless an inbox is actively managed, the work inside it is invisible. At best this results in work being delayed.
- Frequently, delays are compounded as work is moved across multiple inboxes before it finds the correct staff member.
- At worst, as we witnessed during our time at the NDIA, work sits in abandoned in-boxes until it is accidentally discovered.
- A significant number of staff are employed to manage inboxes. They fulfil a vital function but add no value to the process.

## 2. Missing essential functionality

- **Complaints and Unscheduled Reviews** are being managed outside the system using Excel spreadsheets that have been developed by NDIA Head Office. There are numerous problems with managing these vital functions in this way, including the lack of an audit trail and issues of data integrity. In particular, it is impossible for anyone in the agency to know with certainty exactly how many complaints and unscheduled review requests have been received/resolved because maintenance of these spreadsheets is a manual process. Also, there is no data field attached to a participant record to indicate that they have an active (or resolved) complaint or unscheduled review. The only way to determine this information is to read through a participant record and hope that the relevant information has been accurately recorded in the (free text) interactions and/or (manually) attached documentation. One common consequence for participants is that complaints and requests for unscheduled reviews are lost.

Note: A large number of unscheduled reviews contain issues that actually constitute complaints. However, unless a participant specifically states that they are making a complaint, it is not recorded as such. It is our belief that a more accurate measure of participant dissatisfaction is the combination of complaints and unscheduled reviews ie that the number of complaints is significantly under-reported.

- **No reporting function.** CRM contains no reporting function. For example, it is not possible to generate a list of scheduled reviews due in the next month. Or those using a particular provider. Or those living in a particular area. Instead, reports are generated by Business Analysts via analysis of data sets that are produced periodically by the actuarial team.
- **No functionality to manage Assistive Technology requests.** Assistive Technology (AT, eg wheelchairs, prosthetics) is a significant cause of participant distress and common reason for a request for an unscheduled review. Even if a planner includes the provision of AT within a participant's Plan, there are still two further steps before the participant can proceed to purchase the AT:
  1. Approval of the AT by a specialist NDIA team of assessors (TAT); and
  2. Acceptance of a quote for the approved AT. This is outsourced to an external company, 'Enable'.

Both of these steps are done outside of CRM, often resulting in significant delays in providing participants with vital equipment.

For example, correspondence between Enable and the NDIA is conducted by email and is subject to workflow management delays (as per 'Weak workflow management', above). Any delays can have devastating consequences for participants: once a quote expires, the process begins again from the beginning ie the participant is required to submit a revised quote, even if the expiry of the quote is due to delays within NDIA/Enable. During this time the participant is unable to purchase their AT.

Also, documentation of AT quotes and NDIA/Enable decisions for a particular participant is not standardised and is difficult to follow as it relies on interactions and/or inbound attachments (see below).

- **No requirement for self-managed invoices.** Self-managed participants pay providers directly and then make claims via the NDIA participant portal. There is no vetting of such claims but participants are subject to audit. During our time with the NDIA we identified several cases of possible fraud when examining self-managed claims and noted that this was probably inevitable given that CRM does not require the self-managed participant to load any documentation (eg receipts) in support of their claims. This would seem to be a basic safeguard.

In contrast, we were interested to learn of the recent allocation to the NDIA of 100 staff to address possible provider fraud. Given the many other issues that we have identified, this seems to be a case of misdirected resources due to misplaced priorities.

- **No test environment.** CRM changes are immediately released into the live environment. Users are expected to report any problems and cope with compromised functionality while errors are corrected.
- **No dummy database.** There is no access to a dummy version of CRM and/or a dummy database for staff testing. Training relies on CRM screen shots.

**No audit trail.** CRM does not prompt for details of or reasons for changes to a participant record - it relies on users to create an interaction (see below).

### 3. Poor design/integration of existing functionality

- **Use of task cards.** Task cards are sets of written instructions stored on the NDIA intranet. Many describe manual procedures that are required due to CRM's shortcomings. They are often complex and difficult to understand, resulting in errors in participant plans and inconsistencies in participant data.

(Some task cards support ridiculous procedures: we note examples of NDIA staff making multiple attempts (up to 9!) to contact a participant on a disconnected phone number because the task card states that multiple attempts must be made at various times of the day and night.)

It was not clear to us to what extent task cards are a temporary solution, pending upgrades to CRM, or whether some/all are expected to be a permanent fixture.

- **Interactions.** 'Interactions' (ie file notes) are a significant part of each participant's CRM record. NDIA staff are encouraged to use interactions to make a note of
  - changes to participant records, and
  - phone calls/ face-to-face encounters with participants.

Interactions are:

- i. not required by the system – this means that whether or not an interaction is recorded is at the discretion of the staff member.
- ii. free text – this means that the quality and type of information recorded is at the discretion of the staff member.
- iii. not able to be grouped and not searchable - There is no way to search, flag or group interactions. This means that a participant may speak with the NDIA multiple times regarding a matter but may feel each time that it is as if they are raising the matter for the first time. This is because
  - some participants already have more than 100 interactions; and
  - because interactions are at the discretion of staff members, the relevant information may or may not have been recorded.
- iv. not necessarily in date order – users can also copy and paste from previous interactions which means that, even if all the information has been accurately recorded, establishing a time-line of events is very difficult.
- v. not able to be printed.

- **Attachments - Inbound**

- a. Confusingly, all documents not generated by CRM are stored under an icon labelled 'Inbound Documents' – even emails and letters sent by NDIA staff.
- b. The system places no constraints on the way in which documents (eg complaints, requests for unscheduled reviews, emails) are attached to a participant's record. Resulting issues that we encountered include
  - The description is free text – this means that the usefulness of the description is at the discretion of the staff member; and
  - Multiple attachments may be embedded under the one description. There is no way of identifying the embedded documents without clicking on the description.
- c. Attachments are not searchable – this means that you often have to read through all attachments to find information that may or may not be recorded.
- d. It is not possible to link attachments to interactions. This means that
  - interactions may include pasted copies of emails that are also included in attachments; and
  - even if all documents referred to in interactions have been accurately attached, establishing a coherent time-line of events is very difficult and time-consuming.
- e. Because complaints and unscheduled reviews are managed outside of CRM, the system does not require that associated documents are attached. For example, we came across participant records where interactions indicated that an unscheduled review had been requested, but no supporting documentation was attached. This made it impossible to determine the date on which the request was received by the NDIA. This date is important as the NDIA has a limited time within which they can decline a request for a review - if this time expires, the NDIA must conduct a review.

- **Attachments - Outbound**

We were told that documents generated by CRM were designed to be stored under the icon labelled 'Outbound Documents' but that this functionality was not working. We are not sure whether this means that CRM does not generate letters or whether it does generate letters but does not keep copies. There did not seem to be an expected date for this functionality to be restored.



#### 4. Substandard data quality/availability

- **Missing unscheduled review requests:** In some cases, the interactions on a participant record indicated that an unscheduled review request had been received by the NDIA, but the request was missing from the unscheduled review spreadsheet. Sometimes this was due to workflow delays (as per 'Weak workflow management', above). In other cases, the extent of the delay suggested that the request may have been overlooked.
- **Missing/incorrect unscheduled review data:** The date that an unscheduled review request was received is often open to interpretation (see 'Attachments – Inbound' above). There are no data validation tests within the spreadsheet. Data can be overwritten and there is no audit trail. A team of NDIA staff has responsibility for maintaining the spreadsheet, including updating when unscheduled reviews are declined or completed, but this data is significantly out of date as it has to be determined by the laborious process of reading through the CRM interactions for each participant. And, as noted under 'Interactions' above, this information is not always recorded.
- **Unwieldy unscheduled review data:** Even where completion dates are recorded, it is very difficult to determine how many unscheduled reviews are completed in a given period because
  - a participant could have multiple unscheduled review requests recorded in the spreadsheet;
  - a participant could have multiple entries for a single review request; and
  - review requests and completion dates could be backdated.
- **Missing complaints:** In some cases, the interactions on a participant record indicate that a complaint had been received by the NDIA, but the request is missing from the complaint spreadsheet.
- **Typical Support Package inconsistencies:** Each week an 'Over TSP' (Typical Support Package) investigation is completed for 20 records as determined by the actuarial team. For these records, the actuarial report provides a comparison of the dollar value of the TSP (calculated based on the type and severity of disability, and answers to pre-planning questionnaires), and the actual dollar amount of the approved plan. Numerous data (and other) issues arose in the course of this analysis:
  - multiple examples of the actuarial TSP value not being equal to the TSP value as recorded in CRM ie the data extracted by the actuarial report did not match the 'live' CRM data
  - multiple examples of the actual value as recorded in the system being less than the TSP value recorded on the report ie the participant's plan was not 'over TSP', despite being identified as such
  - The actuarial report only shows total values. CRM shows three main categories of funding, with multiple sub-categories. The only way to determine which categories are above TSP is by interactions recorded by the planner. These interactions are not compulsory, and do not have a standard format. Often, there are subsequent interactions added by line managers suggesting changes to funding, but these do not specify amounts. Final approved values by category are often not recorded in interactions.
  - Final plans are not visible in the system (only draft plans are visible unless it is a first plan).Analysis of actual plans compared with TSP is a tool used to manage the sustainability of the NDIA. However, given all of these errors, variations and missing data, it is not possible to determine whether appropriate funding is being provided.
- **Participant data extracts:** The Participant List report is produced periodically by the actuarial team and is used by the NDIA as an authoritative source of date. We encountered examples of participant records appearing in the system but not on the corresponding Participant List. We encountered multiple examples of statuses / sub-statuses not appearing on reports despite being on the participant's record. There were instances where plans lapsed because records did not appear on the correct region's report until the review was initiated (despite CRM having correct data).
- **Lack of internal data consistency.** Basic data links are missing eg if a participant dies, entering a date of death does not automatically change the participant status to 'deceased'; updating a participant's address does not automatically change the region.
- **Lack of provider data.** Some shortcomings in CRM's reporting functions is compensated for by analysis of data sets that are produced periodically by the actuarial team (see above under 'Missing essential functionality'). During our time at the NDIA, such data sets were only available for regional participant data. It was not possible to obtain a data set for provider data, despite repeated requests from the staff responsible for liaising with providers. We note that ready availability of reliable provider data would be a basic tool for identifying and managing provider fraud.

## NDIA response

While working for the NDIA we escalated our concerns internally. We raised the issues with our Regional Manager and were then invited to have a phone conversation with one of the direct reports to the Chief Information Officer (CIO).

We urged him to look at some particular participant records in order to see first-hand the short-comings of the system and the real-life implications. He was shocked at the suggestion that he, or any of the members of the CIO's team, would 'breach privacy' by looking at actual participant data. (This is a weak excuse – see below.)

He then assured us that the NDIA Board were confident that the system was "industry standard" and "fit for purpose". A large part of this confidence seemed to come from the CIO (Ian Frew) having observed a planner using the planning module within CRM. This is the most developed part of CRM and seems to have given the CIO false confidence in the rest of CRM's functionality.

He further noted that there were procedures in place for the business to request enhancements to CRM and CRM would therefore evolve over time to address the needs of the business. Current requests were being reviewed and prioritised.

We asked whether there was an overarching structural plan. We could not get a definitive answer and were left with the impression that if there was, it was not comprehensive enough to address our concerns.

## Our observations

### Business-led improvements

- Business-led improvements are appropriate when the core system is suitable and adequate. It is not an appropriate process to address many of the issues that we have identified with CRM.
- There are multiple layers of approval that are required before a suggestion is submitted to the CIO's office. Many ideas are discarded or watered down during the process.
- We are aware of some NDIA staff whose suggestions to improve CRM were endorsed by the NSW Central regional office. The process from endorsement to implementation seems to be a lengthy one, even for relatively simple changes.
- We observed that regional (and head office) staff were implementing solutions outside CRM eg the complaints and unscheduled review spreadsheets. This suggests a lack of confidence in the timeliness of business-led improvements to CRM.
- Staff are wary of CRM upgrades as they often result in errors and system instability due to the lack of testing prior to release.

### Other

- The NDIA does not seem to have the power to hold DHS accountable.
- We cannot understand how the CIO's office can make an assessment of the system without using it.
- Our request was for the CIO's office to look at just 3 participant records. Given the seriousness of our concerns, we were dismayed that this request was dismissed out of hand. Privacy is not breached if you have a legitimate reason for accessing a participant record.
- The Board and senior management are out of step with the experiences of participants and general NDIA staff in believing that the current system is sound and just needs gradual improvement.
- We believe that the Board's confidence in CRM is misplaced and is the result of a significant gap between the CIO's office and the staff who actually use CRM.

## The way forward

A comprehensive review of CRM is required. This review should be conducted by a suitably qualified independent external party with no ties to either the NDIA or DHS.

Our experience at the NDIA was limited to CRM as used by NDIA staff to interact with the participant database. The issues we experienced affect both participants and providers. In addition, we understand that significant issues also exist for the portals used by providers and participants to interact with the NDIA. Therefore, the review should cover

- CRM as used by NDIA staff and partners;
- The participant portal; and
- The provider portal.

We note that staff within the NDIA who have worked at the ATO and Service NSW observed that these organisations have computer systems that, apparently effortlessly, accommodate many of the problems that CRM is struggling with.

The review should answer questions such as

- What were the original business requirements/specifications for CRM?
- What was the make-up of the project team involved: system architects, business analysts, managers, planners, providers, participants, representatives of state-based services eg ADHC, FACS?
- How does CRM match the original specifications (noting the heavy reliance on external spreadsheets)?
- How does CRM functionality compare with those of organisations with similar needs?
- What changes to CRM have been made since 1 July 2015? What was the driver for each change? What errors (if any) were incurred with each change?
- What is the current process for submission and escalation of business-led suggestions for changes to CRM? What suggestions have been discarded previously, and why? For those that have been implemented, what was the timeframe from suggestion to implementation, how closely did the implementation match the request?
- What is the proposed development timeline of CRM?
- What training/communication is given to all levels of NDIA staff re CRM?

Those conducting the review should be given first-hand experience of CRM. It is not sufficient for them to interview, record and parrot back the views of current users.

# Appendix 1 - Examples

All these examples are from memory. Neither Amanda nor Catherine has any notes on any participants, providers or processes from their time at the NDIA (see Appendix 2). The horror stories were overwhelming, and having read through so many participant records and not taken any notes with us when we left NDIA, the details are slightly fuzzy and cases have begun to merge into one another.

## Case 1

This was the first distressing case that Catherine came across, which is why she can recall it in detail.

- October 2017: NDIS plan issued.
- November 2017: An urgent request for an unscheduled review lodged, asking for funding for Support Co-ordination to be added as the participant needed assistance with the process of engaging providers ie he was not able to implement the plan without help.
- April 2018: An 'interaction' was recorded on the file stating that a phone call had been received by the NDIA advising that when the participant had attended an appointment, maggots had been observed on his clothing as he had apparently not engaged the necessary assistance to attend to his amputated limb. The interaction was assigned to a team leader for action.
- May 2018: Catherine read the interaction, and was concerned that the request may have been overlooked as there were no further file notes. She drew it to the attention of her supervisor. The supervisor:
  - Agreed that it was not possible to tell from the system whether any action had been taken on this matter;
  - Agreed that it was possible that no action had been taken. Assigning the task to the team leader simply meant that the item would appear in their system 'in box'. There was no way for it to be flagged as urgent. It could, therefore, easily have been overlooked. The only way to ensure that the matter was drawn to the attention of the team leader would have been for the NDIA employee who assigned the task to also send a separate Outlook email to the team leader and/or speak to the team leader; and
  - Escalated the matter to the regional Complaints manager.
- June 2018: Catherine followed up with her supervisor. There had been no feedback from the Complaints manager.

## Issues highlighted by this case

- The urgent unscheduled review had still not been conducted five months after it was requested.
- Unscheduled reviews are not tracked by the system.
- Unless this participant lodges a complaint, the distress he suffered is not captured in any official statistics.
- Urgent ad hoc matters are not tracked within the system and are easily lost.
- System in-boxes provide limited functionality eg cannot flag urgent items.
- For urgent matters to be addressed, double-handling and manual intervention is required (Outlook email and/or phone call follow-up).
- It is difficult to get information/resolution even when you work within the NDIA!

## Case 2

- NDIS plan was prepared for child who required a wheel chair. Parents noted that the current chair was too small and needed replacing.
- Due to delays within the NDIA/Enable (Catherine cannot recall the specifics), a new wheelchair was finally received 13 months after the original plan was implemented.
- Over the course of the 13 months, interactions on file recorded the increasing distress of the parents
  - "we can't strap him into the chair – it is unsafe"
  - "he keeps falling out of the chair"
  - "we can't take him out of the house anymore because the chair is too small"

## Case 3

- NDIS plan was prepared for a severely disabled child who required home modifications.
- The parents submitted a quote for the modifications which was rejected.
- As per CRM interactions, the parents became increasingly distressed
  - They asked for reasons for the rejection so that they could submit a more suitable quote
  - Due to Workplace Health and Safety (WHS) restrictions they could not engage helpers for their child until the home modifications were complete
  - The mother had had to give up her job in order to care for her child
  - The parents' marriage was under strain due to exhaustion caused by the child's sleeping difficulties
  - The mother's health was suffering due to the WHS problems with bathing the child
  - The mother threatened to harm herself and the child
- Catherine cannot remember the outcome of the case.

#### **Case 4**

Amanda recalls a 9 year old girl, whose disability meant that she was confined to either bed or a wheelchair. Her parents (on a doctor's recommendation) had requested a standing frame to allow her to reduce the pressure on her hips and spine, particularly as she grew. Due to the delays in providing the required frame, the girl was required to have surgery on both hips. Amanda's recollection of this is that the delays were as a result of a TAT analysis, where the request was declined, and a subsequent RORD (request for a Review of a Reviewable Decision, a type of unscheduled review). Both the TAT analysis and the RORD took months to complete. This illustrates issues with workflow management.

#### **Case 5**

Amanda recalls examples of parents and carers of participants suffering injuries as a result of delays in the agency providing funding for chairs, hoists, handrails etc. These were the direct consequences of issues with workflow management.

#### **Case 6**

Amanda recalls seeing a number of examples of plans lapsing as a result of the participant being unable to be contacted. Generally this was as a result of the participant having moved and not notifying the NDIA of their new address and contact phone numbers.

In one case, the participant had attended an NDIA office to follow up on their plan as it was lapsed. The person who they spoke to put an interaction on the record and requested the participant be contacted for a plan review. The person who took the call was not aware that the plan had lapsed due to out-of-date contact details for the participant and, therefore, did not request these details and update CRM. Therefore the participant still could not be contacted. This case highlights missing CRM functionality - there is not a flag which can be assigned to a record to indicate that contact details need to be updated

#### **Case 7**

Another example in the same vein was where the participant contacted the agency to advise of their new contact details, the person who took the call recorded the new information in an interaction, but did not update the actual data in the system. Subsequent attempts to contact the participant were made to the old contact details as the interaction was lost in the 'noise' of multiple interactions.

## Appendix 2: About the authors

As business analysts in the NDIA Penrith Quality and Performance team, we were in the unusual position of both seeing the big picture (via working with the regional participant database), and also the individual experience (via reviewing the records of individual participants in order to make sense of the data). We saw first-hand the devastating limitations of CRM and believe that we have a responsibility to do what we can to advocate for it to be improved.

### Amanda Brodbeck

- A Business Analyst with extensive experience in developing, testing and implementing IT systems and associated processes
- Engaged with the NDIA as an employee for 7 months (December 2017 to June 2018) as a (contracting) business analyst in the Penrith office of the NDIA

*“When I was offered the opportunity to work with the NDIA I was excited to think that I could be a part of something which was designed to help the most vulnerable and at-risk in our community. I expected it to be something I could be proud to participate in. The reality of the experience was something else entirely.”*

### Catherine Rush

- A qualified actuary by training.
- Experienced in managing IT projects and designing processes.
- Engaged with the NDIA as a provider and as an employee:
  - for 2.5 years (August 2015 to February 2018) as practice manager for an Allied Health provider registered with the NDIA; and
  - for 3 months (April 2018 to June 2018) as a (contracting) business analyst in the Penrith office of the NDIA.

*“When working for an NDIS provider, my experience of the NDIA was consistently frustrating and disappointing. In addition, I observed the inexplicable difficulties that our clients had when engaging with the NDIA on the simplest matters. However, nothing could have prepared me for what I found when working within the NDIA.*

*As a tax-payer, I felt complicit in the suffering of the participants – I had outsourced to the NDIA my responsibility for caring for some of the most vulnerable members of our society, and the NDIA were failing to do this. As an Australian, I felt embarrassed that this was the best computer system that we could come up with. As the wife of a man who has suffered a stroke, I was devastated to think that under different circumstances we might have had to rely on the NDIA for help. As a human being, I cannot understand how this is an open secret that has not yet been addressed.”*

### The Nature of our work at the NDIA

As Business Analysts, part of our role was to analyse participant data and provide meaningful reports to our region. In order to do this we were required to access participant records, and read through plans, complaints, interactions etc to gain a true understanding of the history or current status of the record. Due to the nature of CRM, it was necessary to read almost everything written on a record in order to find the specific piece of data required.

In addition, Amanda worked with the other NDIA staff to repair and improve the complaints spreadsheet, and to design a regional workflow spreadsheet to be used to track regional planner workload and workflow.

## A note on privacy

As per privacy requirements, we only looked at participant records when we had a legitimate reason to do so. The nature of our work meant that we needed to look at a large number of individual records. This document has been prepared entirely from memory – neither of us has any notes from our time at the NDIA regarding participants, providers or procedures.