



08. ORGANISATIONAL GOVERNANCE : POLICY AND PROCEDURE

8. ORGANISATIONAL GOVERNANCE

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8.1: OVERVIEW

8.1.1 CONSUMER OUTCOME¹

"I am confident Victoria Daly Regional Council Home Care is well run. I can partner in improving the delivery of care and services."

8.1.2 ORGANISATION STATEMENT²

The Victoria Daly Regional Council Home Care Board of Management is accountable for the provision of safe and quality care and services.

8.1.3 OUR POLICY³

Victoria Daly Regional Council Home Care is committed to:

- Engaging consumers in the development, delivery and evaluation of care and services (including supporting consumers to do so)
- Promoting a culture of safe, inclusive and quality care and services and being accountable for their delivery
- Ensuring effective organisation-wide governance systems relating to:
 - Information management
 - Continuous improvement
 - Financial governance
 - Workforce governance, including to assign clear responsibilities and accountabilities
 - Regulatory compliance
 - Risk management, including but not limited to:
 - Managing high impact or high prevalence risks associated with the care of consumers
 - Identifying and responding to abuse and neglect of consumers
 - Supporting consumers to live the best life they can
 - Feedback and complaints
 - A clinical governance framework (where clinical care is provided) including but not limited to:
 - Antimicrobial stewardship
 - Minimising the use of restraint
 - Practising open disclosure.

¹ Australian Government Department of Health Standard 8: Organisational Governance Aged Care Quality Standards June 2018

² Ibid

³ Based on the requirements for Standard 8: Organisational Governance Aged Care Quality Standards June 2018

⁴ This requirement applies only if clinical care is delivered

8.1.4 RESPONSIBILITIES

- Management, with input from relevant stakeholders, develops, maintains, promotes and monitors processes and procedures that ensure the provision of safe and quality care and services
- Staff follow policies and procedures, participate in development opportunities, promote a culture of safe, inclusive and quality care and services and support consumers in the planning, delivery and evaluation of care and services
- Consumers and/or their representatives participate in the planning, delivery and evaluation of care and services and if they feel hindered or unsupported to do so provide feedback to management.

8.1.5 MONITORING ORGANISATIONAL GOVERNANCE

Organisational governance processes and systems are regularly audited as part of our audit programme and staff, consumers and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see 8.3.5 Corporate Calendar and 8.9 Continuous Improvement).

8.1.6 REFERENCES

- Australian Government [Aged Care Act 1997 and Principles](#)
- Australian Government Australian Aged Care Quality Agency [Aged Care Quality Standards Draft Guidance - Full Suite](#) 2018
- Australian Government [Carers Recognition Act 2004](#)
- Australian Government Department of Health [Aged Care Quality Standards](#) June 2018
- Australian Government Department of Health [Aged Care Sector Statement of Principles 2015](#)
- Australian Government Department of Health [Becoming an Approved Provider/What are Key Personnel](#)
- Australian Government Department of Health [Changes to Financial Reporting Arrangements for Residential and Home Care Providers](#) 26 May 2017
- Australian Government Department of Health [Charter of Rights and Responsibilities for Home Care \(Effective 27 February 2017\)](#)
- Australian Government Department of Health [Commonwealth Home Support Programme - Program Manual](#) 2018
- Australian Government Department of Health [Home Care Packages Program Operational Manual](#) December 2015
- Australian Government Department of Health [National Guide to the CHSP Consumer Contribution Framework Last updated 30 January 2018](#)
- Australian Government Department of Health [Schedule of Fees and Charges for Residential and Home Care](#) (updated quarterly)
- Australian Government [User Rights Amendment \(Home Care Pricing\) Principles](#) 2018
- Government of Western Australia [Associations Incorporation Act](#) 2015
- Government of Western Australia [Competition and Consumer Act 2010](#)

- Government of Western Australia Department of Consumer and Employment Protection 2008 Guide to Testing and Tagging Portable Electrical Equipment and Residual Current Devices at Workplaces
- Government of Western Australia Work Health and Safety Act 2011

8.1.7 DEFINITIONS

1. Consumer refers to the consumer and their guardian and/or their representatives nominated by them.
2. Support Worker refers to unregulated healthcare workers.
3. Support Staff refers to all staff involved in delivering services and care to consumers.

8.2 ABOUT VICTORIA DALY REGIONAL COUNCIL HOME CARE

8.2.1 OVERVIEW

Victoria Daly Regional Council Home Care is a non-profit incorporated organisation that provides a range of services to frail aged people and their carers in town of Victoria Daly Regional Council and surrounding region. Services provided include Home Care Packages (HCPs) and Commonwealth Home Support Programme (CHSP) services; both funded by the Commonwealth Department of Health.

8.2.2 OUR VISION

Our vision is to be a quality provider of services to maintain frail aged people, including those with complex needs, living in their own homes and actively participating within their community.

8.2.3 OUR OBJECTIVES

Our objectives are:

- To support frail, older people to stay living in their own homes for as long as they can and wish to do so
- To support family or other primary care givers in their role and
- To operate Victoria Daly Regional Council Home Care in an effective, efficient and accountable manner in partnership with our consumers and staff.

8.2.4 OUR PHILOSOPHY

Victoria Daly Regional Council Home Care believe in:

- The right of people to make informed choices and maintain their independence in their own lives
- The right of people to dignity, respect, privacy and confidentiality
- The right of people to be valued as individuals
- The right of people to access services on a non-discriminatory basis, and
- The right of the community to receive accountable and responsive services.

8.2.5 PARTNERS WITH CONSUMERS

Consumers are partners with Victoria Daly Regional Council Home Care in pursuing the delivery of high-quality care and services that meet their needs throughout their time with us. (See 2.3.2 Partnering with Consumers.)

8.2.6 AGED CARE SECTOR STATEMENT OF PRINCIPLES

In working to achieve our objectives Victoria Daly Regional Council Home Care remain aware of the Aged Care Sector Statement of Principles and its guiding themes of:

- Consumer choice is at the centre of quality aged care
- Support for informal carers remains a major part of aged care delivery
- The provision of formal aged care is contestable, innovative and responsive
- The system is both affordable for all and sustainable.⁵

⁵ Australian Government Department of Health [Aged Care Sector Statement of Principles 2015](#)

8.2.7 TARGET GROUP

Our target group is older people assessed as eligible by My Aged Care for either a Home Care Package or Commonwealth Home Support Services. (See 1.2.1 CHSP Services/ii) Eligibility for CHSP services and 1.2.2 Home Care Packages/ii) Eligibility for HCP services.)

8.2.8 SERVICES PROVIDED

Victoria Daly Regional Council Home Care provides Home Care Packages (HCPs) and Commonwealth Home Support Program services (CHSP). HCPs provide individually planned and coordinated packages of community aged care services for people with needs higher than can be catered for by the CHSP.

A range of service types are delivered including:

- Personal care
- Domestic assistance
- Social support
- Transport
- Meals.

(See 1.2 Services Provided, for additional details.)

8.2.9 KEY RESULT AREAS

Victoria Daly Regional Council Home Care has identified a range of key result areas to ensure our vision and objectives are achieved. These are assessed at the end of each year and are reported in the Annual Report. Key result areas include:

i) Ensure continuous improvement

Victoria Daly Regional Council Home Care strive to continually improve services by seeking ongoing feedback about our services from all stakeholders including consumers, their families and advocates and staff. We conduct ongoing reviews of our procedures and processes to ensure that they are meeting the requirements of our consumers and the organisation, and the Aged Care Quality Standards, and we ensure reflective practice. We also monitor and review the care and clinical outcomes for consumers to support their health, safety and well-being.

Our success is measured by the number of feedback forms received, the proportion of feedback forms resulting in the identification of an improvement, the proportion of improvements implemented and the success (outcomes) of the improvements (see 8.9 Continuous Improvement).

ii) Funding and other accountability requirements are met

Victoria Daly Regional Council Home Care is continuously improving systems and processes to monitor and meet the accountability requirements of incorporation and funding providers including contracted outputs.

Success is measured by the extent to which Victoria Daly Regional Council Home Care meets the service delivery targets of the CHSP and meets the program and financial requirements of the CHSP and HCP programs. Information is monitored on an ongoing basis (see 8.6 Funding Reports and Monitoring).

iii) A skilled and efficient workforce is maintained

A skilled and efficient workforce is essential for the delivery of quality and effective services and maintaining a stable workforce.

Success is measured by the number of complaints received about staff performance, the amount of training provided, the outcomes for staff from the training, staff turnover and staff satisfaction (see Section 7 4.3 Staff Education and Training).

8.2.10 OUR STAFF

The following staff are employed in Victoria Daly Regional Council Home Care:

- Manager
- Coordinator Home Care Packages
- Coordinator Commonwealth Home Support Program
- Registered Nurse
- Team Leaders
- Consumer Care Coordinator
- Activities Officers
- Support Workers
- Team Leader Administration
- Bookkeeper
- Clerical Assistant.

In addition, Victoria Daly Regional Council Home Care employ a team of volunteers to assist in the delivery of meals and provide transport services.

The management structure is described in 8.3 Management Structure and Governance Processes. (see also Figure 8.3.1: Management Structure).

8.2.11 INCORPORATION REQUIREMENTS

i) Key requirements of incorporated groups

The key requirements of the Western Australian Associations Incorporation Act 2015⁶ are:

- Maintain proper records of accounts showing the financial position of the group and present these at the AGM
- Maintain an up-to-date Register of Members and Register of Board of Management Members and make it available to members
- Maintain the constitution up-to-date and make it available to members
- Hold an AGM within four months after the end of the financial year
- Advise the Department of Commerce of any changes to the constitution or rules of the association.

⁶ Government of Western Australia Associations Incorporation Act 2015

ii) Register of members and register of board of management members

The Secretary of Victoria Daly Regional Council Home Care maintains a Register of Members and a Register of Board of Management Members that includes:

- The name and address of the member
- The date of joining
- Subscription information
- Position on Board of Management (for Board members)
- Date of resignation.

The Manager is responsible for ensuring that the Registers are maintained up to date.

iii) Membership

Classes of membership include:

- Ordinary members: any person other than a life member who is approved for membership
- Associate members: organisation members
- Life members: are appointed on recommendation of the Board of Management at an Annual General Meeting.

Applications for membership

Any person or organisation wishing to become a member completes an Application for Membership form. These are available from our office.

Any person not approved by the Board of Management are advised of the reason why within 30 days of the meeting at which the decision was made. There is no appeal against the rejection of an application for membership.

Membership fees

The Board of Management sets the membership fees. Current fees are:

- Ordinary members - \$20.00 per year
- Associate members - \$50.00 per year.

iv) The constitution

The constitution underpins all of Victoria Daly Regional Council Home Care's operations and services and specifies the legal framework in which Victoria Daly Regional Council Home Care operate.

Familiarity with constitution

Board of Management members and the Manager are familiar with the details of the constitution, and make sure that all of Victoria Daly Regional Council Home Care's policies and practices are consistent with the constitution. In particular, the Board makes sure that the legal requirements specified in the constitution and the Associations Incorporation Act 2015 are met.

Review of constitution

The constitution is reviewed by the Board every three years to ensure that it is up-to-date and relevant to the changing environment in which Victoria Daly Regional Council Home Care operates.

Changing the constitution

The Associations Incorporation Act requires that any alteration to the constitution is by special resolution. A special resolution is a resolution passed at a general meeting by a majority of not less than three quarters of the members who are entitled to vote and vote in person (see 8.2.11 Incorporation Requirements/v) General meetings).

Fourteen (14) days' notice of the meeting and of the resolution is given to all our members, whether or not they have voting rights.

A notice of the special resolution is forwarded to the Department of Commerce within one month of passing the special resolution. The notice specifies the changes and includes certification by a member of the Board of Management that the resolution was passed as a special resolution and that the altered rules conform to the requirements of the Associations Incorporation Act (a form is available from the Department of Commerce for this purpose).

Victoria Daly Regional Council Home Care also advise the Commissioner of Taxation of the changes within 30 days of the changes being made and advises funding providers.

v) General meetings

(See Table 8.3.1: Management Meetings.)

vi) Board of management

Victoria Daly Regional Council Home Care is managed by a Board of Management of six people comprising:

- Chairperson
- Vice Chairperson
- Treasurer
- Secretary
- 2 other Board of Management members.

Role of the board of management

The Board of Management provides strategic direction to and monitors the operations of Victoria Daly Regional Council Home Care to ensure that it:

- Meets its objectives as specified in the constitution
- Remains a viable organisation, and
- Meets legal requirements including those related to incorporation, funding, contractual arrangements, the employment of staff and the provision of services.

The Board of Management is responsible for ensuring Victoria Daly Regional Council Home Care operates within its approved budget and in accordance with the policies and procedures set down by the Board and is accountable for the provision of safe and quality care and services⁷.

Working with the manager

The Board of Management works in partnership with the Manager who is responsible for implementing the directions and decisions of the Board and for providing the Board with the information necessary to effectively monitor the operations of the service. Information includes input from staff and consumers.

The Manager implements the directions and decisions of the Board of Management by ensuring day to day operations of the service are managed in accordance with the policies and procedures.

Issues that are not covered by established policies and procedures are referred to the Board of Management for consideration and direction.

Involvement in day to day management

The Board of Management is not involved in the day to day management of Victoria Daly Regional Council Home Care and Board members cannot direct the staff or volunteers of the service unless authorised by a meeting of the Board of Management to do so. The Board may nominate a member to liaise with the Manager on an ongoing basis.

Responsibilities of the board of management

Specific responsibilities of the Board of Management are:

Legal Responsibilities

Ensure that Victoria Daly Regional Council Home Care operates within relevant Federal, State and Local Government laws and funding provider requirements including:

- Operates in line with:
 - The constitution
 - The *Associations Incorporation Act*
 - Funding/grant agreements
 - Aged Care Quality Standards
- Complies with all legislation in relation to the employment of staff and volunteers including:
 - Minimum conditions of employment and any awards that may apply
 - Income tax requirements
 - Occupational health and safety requirements
 - Equal employment opportunity legislation
 - Workers compensation and
 - Superannuation
- Has adequate insurance cover

⁷ Accountable for the provision of safe and quality care and services is a requirement of Standard 8 of the Aged Care Quality Standards

- Complies with the Privacy Act and regulations, the Aged Care Act and any other relevant legislation or regulations.

Policy and Planning

Ensure that:

- Victoria Daly Regional Council Home Care has clear and relevant objectives that guide the operations of the organisation
- A service plan is developed and reviewed each year and identified priorities are implemented
- Safe and quality care and services are delivered to consumers in line with the Aged Care Quality Standards and relevant funding program guidelines (CHSP and Home Care Packages) through management reports
- This policies and procedures manual is kept up-to-date and is adhered to.

Financial

Ensure that:

- Victoria Daly Regional Council Home Care has an annual budget that is approved by the Board of Management, and that expenditure is within the budget
- Victoria Daly Regional Council Home Care have sufficient income to meet the budget requirements
- The conditions of the CHSP Grant Agreement and Home Care Deed of Agreement are followed
- Funds are properly accounted for and an audit is completed every year.

Staff Management Responsibilities

- Ensures management recruits the best possible staff
- Assures themselves that management provide staff with support, direction and supervision
- Ensure that management effectively recruits volunteers and they are provided with training, support, direction and supervision.

Other Board Responsibilities

- Ensure that Victoria Daly Regional Council Home Care maintains a strong membership base and community support and remains a viable organisation
- Represent the organisation to the public.

Board member responsibilities

The responsibilities for each position are clearly communicated to our members prior to the election of Board members to ensure prospective Board members understand their responsibilities. By accepting a position on the Board, members agree to carry out the responsibilities of their position as follows:

General Responsibilities

All Board members agree to accept responsibility for:

- Meeting the requirements specified in the Constitution and the Associations Incorporation Act 2015
- Meeting the requirements of funding agreements
- The delivery of quality and effective services
- The management, supervision and support of staff
- Making sure that membership support is maintained
- Making sure that policies and procedures defined and agreed to by the Board are followed.

Attendance at Meetings

Board members agree to attend all scheduled and extraordinary Board of Management meetings. If unable to attend a meeting, members agree to give the maximum notice possible. Notice should be given to the administration staff or the Manager to ensure that a quorum for the meeting is met.

Resignation of Member

In the event that a Board of Management member resigns they agree to give at least one month's notice in writing.

Expulsion of Member

A Board of Management member can be expelled from the Board as per the procedures specified in the Constitution including not attending three meetings in a row without an acceptable reason.

Responsibilities of the Chairperson

The responsibilities of the Chairperson include:

- Make sure regular Board of Management meetings are held
- Encourage members of the Board to attend meetings
- Lead the meeting through the agenda, keeping discussion relevant, decision making clear and encouraging broad participation
- Sign letters or documents on behalf of Victoria Daly Regional Council Home Care as required
- Make sure meetings are run in accordance with Victoria Daly Regional Council Home Care's Constitution
- Act as a spokesperson for Victoria Daly Regional Council Home Care.

Responsibilities of the Vice-chairperson

The responsibilities of the Vice Chairperson include:

- Take on the role of Chairperson when he/she is absent from any meetings
- Assist the Chairperson in their duties
- Act as a spokesperson for Victoria Daly Regional Council Home Care
- Be a member of and/or chair sub-committees/task groups as required
- Sign letters or documents on behalf of Victoria Daly Regional Council Home Care as required

- Undertake any other tasks as needed.

Responsibilities of the Treasurer

The responsibilities of the Treasurer include ensuring:

- Books of account are properly maintained and kept safe
- Monthly financial reports are prepared and present these at monthly Board meetings
- Financial/accountability requirements of funding bodies are met
- Board members understand the financial position of Victoria Daly Regional Council Home Care
- Funds are not being mismanaged
- An annual audit of the books of account is conducted and the audited financial statements are presented to the Board and to the Annual General Meeting.

Responsibilities of the Secretary

The responsibilities of the Secretary include ensuring:

- Accurate minutes of all meetings are taken and are properly filed
- Copies of the minutes of Board meetings are distributed to Board members prior to the next Board meeting
- A Register of Board Members and Association Members is maintained
- Any reporting under the Associations Incorporation Act is completed.

Responsibilities of other Board of Management Members

The responsibilities of other Board members include:

- Assisting the Chairperson, Secretary or Treasurer to undertake their duties
- Acting as a spokesperson when requested by the Board
- Manage and support staff when requested by the Board
- Be a member of and/or chair sub-committees/task groups as required
- Sign letters or documents on behalf of Victoria Daly Regional Council Home Care as required
- Assist with any other tasks that may arise.

Code of Behaviour for Board of Management Members

Boards of Management operate most effectively if all members are aware of the expectations of them. To clarify expectations, the following Code of Behaviour for Board of Management members has been developed.

Board members agree to:

- Abide by Victoria Daly Regional Council Home Care's philosophy
- Observe all the rules including those specified in the constitution, the *Associations Incorporation Act 2015* and any others set by the Board of Management or membership
- Follow any policies and procedures set down in Victoria Daly Regional Council Home Care's Policies and Procedures Manual

- Attend monthly Board meetings whenever possible, and, if unable to attend, to send apologies
- Not act on organisational matters without the consent of the Board, including not interfering in the day-to-day operations of Victoria Daly Regional Council Home Care
- Adhere to all accounting procedures
- Represent Victoria Daly Regional Council Home Care in a positive way
- Not discuss confidential issues with people outside of Victoria Daly Regional Council Home Care or with staff or members without the consent of the Board
- Follow any grievance procedures set down by the Board of Management to try to resolve any conflicts with staff or members of Victoria Daly Regional Council Home Care
- Not abuse, physically or verbally, staff or members of Victoria Daly Regional Council Home Care.

Conflict of interest

Members and staff act in the best interests of the organisation. If business or personal interests or affiliations of members conflict with (or may be perceived to conflict with) the interests of the organisation the following procedures, as specified in the *Associations Incorporation Act 2015*, apply:

- If a member of the Board has any direct or indirect pecuniary interest in any contract being considered by the Board of Management as soon as they become aware of their interest, disclose it to the Board. This excludes an interest resulting entirely from a Board member also being an employee or member of Victoria Daly Regional Council Home Care
- An interest disclosed by a Board member be recorded in the minutes of the Board meeting at which it was disclosed
- A Board member with any direct or indirect pecuniary interest in any contract being considered by the Board shall not take part in any deliberations or decision of the Board with respect to that contract.

Failure to abide by the Code of Conduct may result in the expulsion of a Board Member from the Board.

(See Sections 21 and 22 of the Associations Incorporation Act 2015.)

Board of management meetings

(See Table 8.3.1: Management Meetings.)

Orientation for board of management members

If new members are elected at the AGM the first meeting following the AGM includes a short orientation session for new members. This covers information in this section of the Policies and Procedures Manual including:

- The vision, objectives and philosophy of Victoria Daly Regional Council Home Care
- Board and Board member roles and responsibilities
- Information on funding
- Information on home care and the services delivered including a review of the Consumer Handbook
- Information on staff

- Information about Board meetings
- The Code of Behaviour for Board members.

New Board members are given a copy of the above information, the constitution and the Consumer Handbook.

The Manager is responsible for preparing this information for new Board members.

8.2.12 APPROVED PROVIDER RESPONSIBILITIES⁸

i) Key personnel

Victoria Daly Regional Council Home Care is an Approved Provider under the Aged Care Act Aged Care 1997. A responsibility of an approved provider is to ensure that requirements related to key personnel are met. This responsibility falls to the Board of Management.

Key personnel are defined in section 8-3A of the Act as:

- People responsible for the executive decisions of the applicant (this includes directors and board members)
- People having authority or responsibility for (or significant influence over) planning, directing or controlling the activities of the applicant
- Any person responsible for nursing services provided, or to be provided, by the applicant, whether or not the person is employed by the applicant and
- Any person who is, or likely to be, responsible for the day-to-day operation of an aged care service conducted, or proposed to be conducted, by the applicant, whether or not the person is employed by the applicant.

ii) What is a disqualified individual?

Section 10A-1 of the Aged Care Act defines a disqualified individual as someone who:

- Has been convicted of an indictable offence⁹
- Is an insolvent under administration (bankrupt)
- Is of unsound mind.

The Board of Management requires key personnel to advise them if they become a disqualified individual. In addition, the Board conducts checks on key personnel every three years. Anyone who is a disqualified individual is required to leave Victoria Daly Regional Council Home Care immediately.

The Manager is responsible for ensuring checks occur when required.

iii) Material change of circumstance of approved provider

The Board of Management also notifies the Department of Health of any change of circumstances that materially affects Victoria Daly Regional Council Home Care's suitability to be a provider of aged care. The notification occurs within 28 days after the change occurs and

⁸ Australian Government Department of Health website [Becoming an Approved Provider/What are Key Personnel](#)

⁹ Each state and Territory law identifies different types of offences as being indictable. These may include more serious offences, such as: murder, manslaughter, aggravated assault, the intentional and unlawful administration of drugs or poisons, committing fraudulent or dishonest activities

is advised using the form: Approved Provider Notification of a Material Change Section 9-1 of the Aged Care Act 1997. Penalties apply if changes are not advised.

8.3 MANAGEMENT STRUCTURE AND GOVERNANCE PROCESSES

8.3.1 REPORTING PROCESS

All reporting is based on Figure 8.3.1: Management Structure, specifically:

- All staff report directly to their Team Leader
- Team Leaders report to the Coordinators
- The Coordinators report to the Manager
- The Manager reports to the Board of Management.

These lines of reporting are not varied except where expressly stated in these policies and procedures or with the agreement of the Manager or Board of Management.

8.3.2 CLINICAL GOVERNANCE

Victoria Daly Regional Council Home Care provide nursing services through our Registered Nurse (within their scope of practice) and ensure clinical governance by ensuring Victoria Daly Regional Council Home Care availability of suitably qualified staff, suitable policy and procedures to guide staff, oversight of care and support services by the Registered Nurse, open and accessible communication with consumer's medical practitioner to source advice and decision making related to clinical care, review of adverse events including medication errors, falls and pressure injuries and networking and education opportunities for the Registered Nurse to ensure currency of practice and support. Results of clinical reviews are also discussed at Clinical Governance meetings.

To support the nurse/s in their practice, Registered Nurses have regular meetings with nurses from other aged care providers and participate in professional development opportunities to support their practice. The nurses seek advice from medical practitioners and access collegial support from other clinicians as required.

(See 8.3.3 Management Meetings/ii) Clinical governance meetings.)

i) Anti-microbial stewardship

The Board of Management recognises they have an obligation in the provision of care and services to prevent, manage or control infections and antimicrobial resistance, to reduce harm and achieve good outcomes for consumers and has implemented the following procedures:

- The inclusion of anti-microbial stewardship in the responsibilities of the Clinical Governance Meetings (see 8.3.3 Management Meetings/ii) Clinical governance meetings)
- The inclusion of anti-microbial stewardship in staff orientation (see Staff Volunteer Orientation Checklist)
- Periodic reviews of practice to ascertain if there are any issues.

Victoria Daly Regional Council Home Care has implemented the following strategies to manage antimicrobial stewardship:

- Established systems and strategies that are consistent with government frameworks and guidelines to:
 - prevent infection (see 2.6 Infection Control)
 - manage infections effectively when they occur (see 2.6 Infection Control), and

- limit the development of antimicrobial resistance through prudent use of antimicrobials, as part of effective antimicrobial stewardship. (In the community setting, often we are unaware of consumers receiving antibiotics as they are usually self-administering; however, antibiotics are often used to treat wound, upper respiratory tract and urinary infections. The Registered Nurse liaises with the medical practitioners as necessary in these cases.)
- Integrated antimicrobial stewardship systems with Victoria Daly Regional Council Home Care's clinical governance framework including:
 - strategies to communicate with prescribing professionals, consumers and their representatives about reducing the risk of antibiotic resistance
 - evaluating and continuously improving the effectiveness of the antimicrobial stewardship systems in line with best practice (where applicable).

8.3.3 MANAGEMENT MEETINGS

The management meetings for Victoria Daly Regional Council Home Care are detailed below (see Table 8.3.1: Management Meetings). Attendance is required for all meetings unless an acceptable reason is provided and approved by the chair of the meeting.

i) Board of management meetings

(See Table 8.3.1: Management Meetings for details of meetings and 8.2.11 Incorporation Requirements/vi) Board of management, for details of Board of Management roles and responsibilities.)

ii) Clinical governance meetings

The clinical governance team meet monthly to:

- Review clinical governance processes and issues and to identify improvements
- Review Anti-microbial stewardship processes and issues and to identify improvements
- Review and monitor processes and practices for dealing with and reducing occurrences of abuse and neglect in relation to consumers, staff and other people involved with Victoria Daly Regional Council Home Care. (See 8.10.8 Abuse and Neglect.)

The minutes of the Clinical Governance Meetings are provided to the Board Meetings with any issues highlighted and members of the Clinical Governance Team address Board Meetings as required.

iii) Team meetings

Coordinators and staff meet monthly at the relevant Team Meeting to discuss consumer needs as required. Meetings are minuted and provide staff with an opportunity to discuss new consumers, care delivery, consumers changing needs and provide staff development, particularly around wellness and reablement. Team meetings provide an opportunity to discuss how we ensure the clinical governance of the services we offer, by discussing the processes we have in place to ensure the safety and wellbeing of the consumer.

8.3.4 MANAGEMENT REPORTS

Management reports are detailed in Table 8.3.3: Management Reports.

Figure 8.3.1: Management Structure

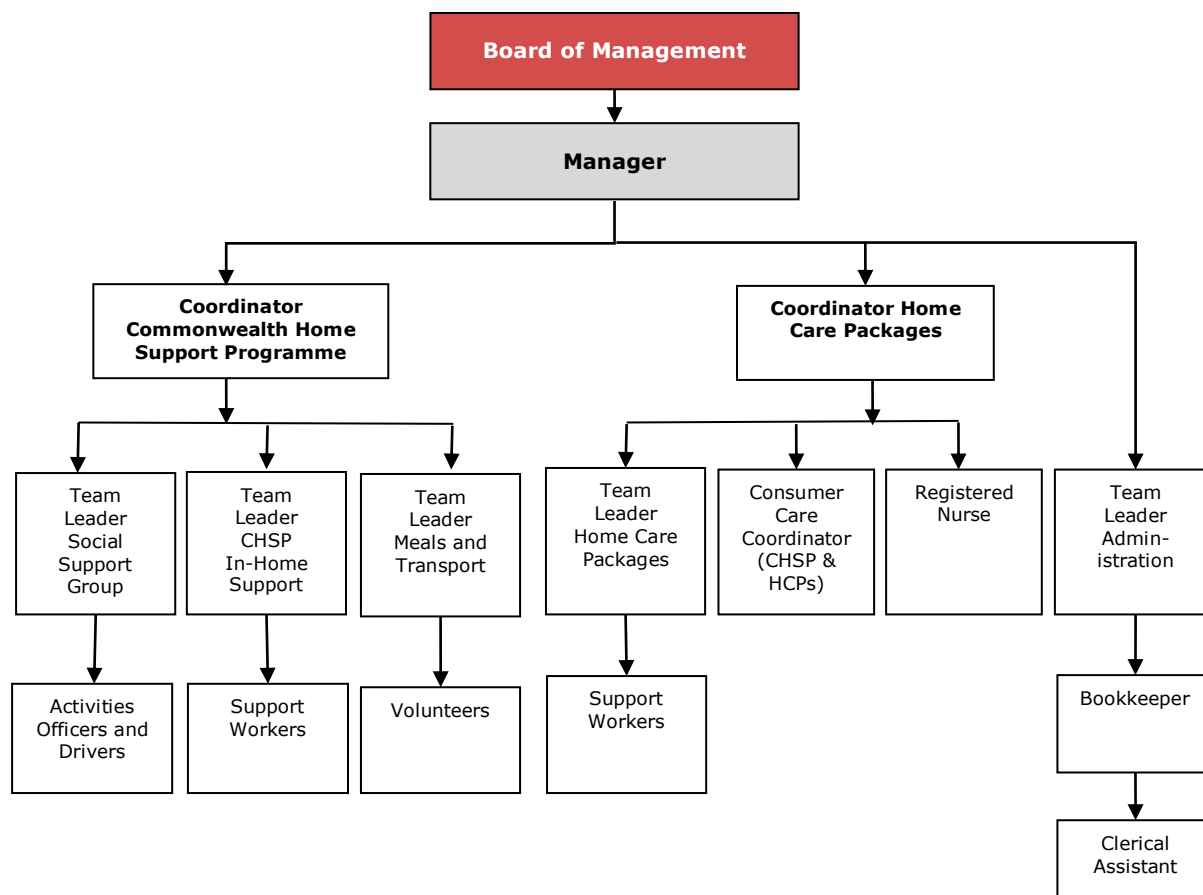


Table 8.3.1: Management Meetings

Meeting	Frequency and Duration	Purpose and Agenda	Attendance	Chair	Agenda Preparation	Minutes
Annual General Meeting	Annually in September Quorum: 10 members 28 days' notice is provided to all members	<ul style="list-style-type: none"> Election of Board of Management. Agenda: Confirm the minutes of the previous AGM and of any Special General Meetings held subsequently. The receipt of the Chairperson's report for the previous financial year. The receipt of the Treasurer's report and the audited financial statements for the previous financial year, together with the financial budget for the current financial year. The receipt of the Manager's report for the year. The election of Board of Management members. The appointment of an auditor for the current financial year. Any other business placed on the agenda prior to the commencement of the meeting 	<ul style="list-style-type: none"> Members of Victoria Daly Regional Council Home Care including Board members Manager as an observer Other staff as observers if they wish 	Chairperson	Chairperson and Secretary	Manager or delegated staff
General Meetings	As required Quorum: 10 members 14 days' notice is provided to all members	Information provision to members or to deal with special issues. Can be called: <ul style="list-style-type: none"> By the Board of Management A request in writing signed by three (3) or more members of the Board of Management or five (5) per cent of ordinary members 	<ul style="list-style-type: none"> Members of Victoria Daly Regional Council Home Care including Board members Manager as an observer 	Chairperson	Chairperson and Secretary	Delegate

Meeting	Frequency and Duration	Purpose and Agenda	Attendance	Chair	Agenda Preparation	Minutes
Board of Management Meeting	Monthly - first Monday of every month from 7.30pm to 9.30pm Quorum: 5 Board members, one of whom is either the Chairperson, Secretary or Treasurer	Management of organisation. Agenda: <ul style="list-style-type: none"> • Open meeting • Apologies • Review of agenda • Acceptance of minutes from previous meeting • Business arising from previous minutes • Correspondence • Reports: <ul style="list-style-type: none"> ○ Treasurer's report ○ Manager's report including outputs, service delivery issues, staff issues, continuous improvement and risk management ○ Clinical governance report ○ Sub-committee reports. • General business • Next meeting • Close meeting 	<ul style="list-style-type: none"> • Board members • Manager • Guests Any Board member who does not attend three (3) consecutive Board meetings without providing a reasonable excuse can be expelled by a majority vote of the Board	Chairperson	Chairperson and Manager - circulated to Board members at least 3 days prior to meeting	Secretary
Clinical Governance Meeting	Monthly	Review the areas of clinical governance and abuse: <ul style="list-style-type: none"> • Identify/address issues in clinical governance (eg adverse event reports related to care/practice, clinical reviews, clinical deterioration responses, clinical handover) and abuse • Determine and endorse clinical policy and practice • Identify improvements • Monitor progress in implementing improvements • Any other items 	<ul style="list-style-type: none"> • Manager • Coordinators • Registered nurse • Consumer Care Coordinator • Medical practitioner 			Designated staff member – within 2 working days
Manager and Coordinators	Fortnightly or as determined by the Manager for up to one	Coordinators and Manager discuss: <ul style="list-style-type: none"> • Issues arising including any clinical issues raised by 	<ul style="list-style-type: none"> • Manager • Coordinators 	Manager	Manager and	Delegated Coordinator - within 2

Meeting	Frequency and Duration	Purpose and Agenda	Attendance	Chair	Agenda Preparation	Minutes
Meeting	hour or as required. Meetings are scheduled by the Manager	<ul style="list-style-type: none"> the Registered Nurse (with escalation to the GP if necessary) Progress in resolving previously identified issues Progress in implementing plans and improvements Achievement of contractual outcomes and status of budget Any other items 			Coordinators	working days
Service Management Meeting	Monthly for up to one hour or as required Meetings are scheduled by the Manager	<ul style="list-style-type: none"> Discussion of individual consumers as required Achievement of contractual outcomes and status of budget Issues arising Progress in resolving previously identified issues Progress in implementing plans and improvements 	<ul style="list-style-type: none"> Manager Coordinators Team Leaders Consumer Care Coordinator 	Coordinator	Coordinator	Designated staff member – within 5 working days
CHSP In-Home Team Meeting	Monthly for up to one hour or as required Meetings are scheduled by the Coordinator CHSP	<ul style="list-style-type: none"> Communicate with CHSP in-home support team members Consumer Coordination issues Provide information on continuous improvement and risk management and seek feedback Inform on updates to practices and processes Other issues advised by the Manager 	<ul style="list-style-type: none"> Team Leader CHSP In-home Support Team Leader Social Support – Group Team Leader meals and Transport In-Home Support Workers Administration Team Leader as required Coordinator as required 	Team Leader CHSP In-home Support	Team Leader CHSP In-home Support	Team Leader CHSP In-home Support or designated team member - within 5 working days
Home Care Package Team Meeting	Monthly for up to one hour or as required Meetings are scheduled by the Team Leader Home Care Packages	<ul style="list-style-type: none"> Communicate with Home Care Package team members Table any clinical issues or concerns (RN) and escalate to GP as necessary Case management issues Provide information on continuous improvement and risk management and seek feedback Inform on updates to practices and processes 	<ul style="list-style-type: none"> Team Leader Home Care Packages Registered Nurse In-Home Support Workers Consumer Care Coordinator Administration Team 	Team Leader Home Care Packages	Team Leader Home Care Packages	Team Leader Home Care Packages or designated team member - within 5 working days

Meeting	Frequency and Duration	Purpose and Agenda	Attendance	Chair	Agenda Preparation	Minutes
		<ul style="list-style-type: none"> Other issues advised by the Manager 	<ul style="list-style-type: none"> Leader as required Coordinator as required 			
Social Support – Group Team Meeting	Monthly for up to one hour or as required Meetings are scheduled by the Team Leader Social Support - Group	<ul style="list-style-type: none"> Coordinate and plan day centre activities Provide information on continuous improvement and risk management and seek feedback Inform on updates to practices and processes Other issues advised by the Coordinator 	<ul style="list-style-type: none"> Team Leader Social Support - Group Centre Based Respite Staff Volunteers Consumer Care Coordinator Administration Team Leader as required Coordinator as required 	Team Leader Social Support - Group	Team Leader Social Support - Group	Team Leader Social Support - Group or designated team member - within 5 working days
Meals and Transport Team Meeting	Monthly for up to one hour or as required Meetings are scheduled by the Team Leader Meals and Transport	<ul style="list-style-type: none"> Communicate with meals and transport team members Provide information on continuous improvement and risk management and seek feedback Inform on updates to practices and processes Other issues advised by the Manager 	<ul style="list-style-type: none"> Team Leader Meals and Transport Volunteers Consumer Care Coordinator as required Administration Team Leader as required Coordinator as required 	Team Leader Meals and Transport	Team Leader Meals and Transport	Team Meals and Transport or designated team member - within 5 working days
Whole of Home Care Team Meeting	Six monthly for up to two hours or as required Meetings are scheduled by the Manager and Coordinator	<ul style="list-style-type: none"> Provide an opportunity for all staff to have input into the management of Victoria Daly Regional Council Home Care Achievement of contractual outcomes and status of budget Update on continuous improvement and risk management activities Update on implementation of plans Changes to practices, processes etc 	<ul style="list-style-type: none"> Manager Coordinators Organisation members 	Manager or delegated team member	Manager or delegated team member	Designated staff member - Within 5 working days

Meeting	Frequency and Duration	Purpose and Agenda	Attendance	Chair	Agenda Preparation	Minutes
Improvement Committee Meeting	Monthly on the third Thursday of the month or as required	<ul style="list-style-type: none"> • Agenda: • Attendance • Apologies • Minutes of the last meeting • Business from the last meeting including review of all open forms carried forward • Review of new Occupational Health and Safety reports including: Staff Accident/Incidents, Adverse Events, Hazards, and identification of improvements • Review of other new information including Tell Us What You Think, Consumer Complaints, Survey/Audit Reports, and identification of improvements • Review of risk management – consideration of existing risks and new risks to consumers, staff and the organisation, clinical risks and improvements to reduce or control risks • Other Business • Next Meeting 	<ul style="list-style-type: none"> • Manager • Coordinators • Registered Nurse • Team Leaders • Up to three Support Workers 	Delegated team member	Manager or delegated team member	Designated staff member - within 5 working days

Table 8.3.2: Management Reports

Report	From	To	Date Due	Content
Monthly Programme Reports – CHSP and Home Care Packages (See also 8.6.2 Monitoring Funding Requirements and Service Delivery)	Administration Team	<ul style="list-style-type: none"> Team Leaders - to include recommendations Coordinators – with recommendations 	Within 5 working days of end of each month	<ul style="list-style-type: none"> Information on support delivered each month for YTD Graphs showing achievements against contracted outputs each month for YTD Income and expenditure budget based report for month and YTD and Balance Sheet Analysis and recommended action Continuous improvement reports including audit results
Monthly Consumer Care Coordination Report	Consumer Care Coordinator	<ul style="list-style-type: none"> Team Leader - to include recommendations Coordinators - with recommendations 	Within 7 working days of end of each month	<ul style="list-style-type: none"> No of HCP assessments completed and time taken Number of consumers assessed as eligible and not eligible and reasons for not eligible Number of reviews completed and time taken – HCP and CHSP Number of My Aged Care referrals in the month Number of active consumers in the month – HCP and CHSP Number of consumers who ceased services HCP and CHSP
Monthly Centre Based Respite Report	Team Leader Social Support - Group	<ul style="list-style-type: none"> Coordinator CHSP - with recommendations 	Within 7 working days of end of each month	<ul style="list-style-type: none"> Information on number of attendees, number of attendances and hours per person Graphs showing services delivered against contracted outputs each month for YTD Income and expenditure budget based report for month and YTD Graphs showing expenditure against contracted budgets for quarter and YTD Analysis and recommended action
Monthly Coordinators Reports - completed by each Coordinator (See also 8.6.2 Monitoring Funding Requirements and Service Delivery)	Coordinators CHSP and Home Care Packages	<ul style="list-style-type: none"> Manager - with recommendations 	Within 10 working days of end of each month	<ul style="list-style-type: none"> Monthly Programme Reports and issues for follow up – with recommendations Summary of Monthly Centre Based Respite Report – with recommendations

Report	From	To	Date Due	Content
Delivery)				<ul style="list-style-type: none"> Major events/activities during the month Staff movements and issues Service delivery issues (including clinical risks) Progress on implementation of plans and other agreed actions Continuous improvement data and activities including audit results and feedback Major events/activities planned for the next month Issues for consideration by the Manager/Board – with recommendations
Monthly Manager's Report	Manager	<ul style="list-style-type: none"> Board – with recommendations 	Distributed to Board Members 3 days prior to Board meeting	<ul style="list-style-type: none"> Summary of Monthly Coordinator's Reports – with recommendations and highlighting issues requiring consideration by the Board
Quarterly Programme Reports – CHSP and Home Care Packages (See also 8.6.2 Monitoring Funding Requirements and Service Delivery)	Team Leader Administration	<ul style="list-style-type: none"> Team Leader Social Support - Group, Team Leader CHSP In-home Support and Team Leader Home Care Packages and Team Leader Meals and Transport – to include recommendations Coordinators to include recommendations Manager - with recommendations Board – with recommendations 	Within 10 working days of end of quarter	<ul style="list-style-type: none"> Information on services delivered each month for quarter and YTD (based on MDS data) Graphs showing services delivered against contracted outputs each month for quarter and YTD Income and expenditure report for quarter and YTD and Balance Sheet Graphs showing expenditure against contracted budgets for quarter and YTD Analysis and recommended action

8.3.5 CORPORATE CALENDAR

The Team Leader Administration is responsible for maintaining a Corporate Calendar detailing:

- Meeting dates (see Table 8.3.1: Management Meetings)
- Management report dates (see Table 8.3.2 Management Reports)
- Funding report dates (see Table 8.6.1: Funding Provider Accountability Reports)
- Policy and procedures reviews (see also 8.11.2 Policies and Procedures/vi) Review of policies and procedures)
- Scheduled Audits
- Scheduled surveys
- Contract review dates
- Review of key documents (e.g. consumer handbook, Service Agreements).

The Manager is responsible for ensuring the Corporate Calendar is maintained and planned events occur.

8.4 FINANCIAL MANAGEMENT

8.4.1 ROLES AND TASKS

i) Board of management

The Board of Management is responsible for the financial management of Victoria Daly Regional Council Home Care including the establishment of financial policy and procedures and monitoring the financial management of the organisation.

ii) Treasurer

The Treasurer is responsible for ensuring that the financial policy and procedures set down by the Board are followed and for monitoring our financial operations. This includes ascertaining on behalf of the Board that financial reports and other information reflect the actual financial situation of Victoria Daly Regional Council Home Care. To assist in this an external accountant is contracted to review and report to the Treasurer on the financial reports each quarter.

iii) Manager

The Manager is responsible for ensuring that the financial policy and procedures set down by the Board are followed and that accurate monitoring information is provided to the Board as required.

The Manager is also responsible for the employment, and supervision of the Team Leader Administration who is responsible for the day-to-day financial tasks and management of the Bookkeeper and Clerical Assistant.

iv) Coordinators and team leaders

The Coordinator CHSP and the Coordinator Home Care Packages are responsible for:

- Developing an annual program budget prior to June 30 each year
- Monitoring the budget on a monthly basis using the Monthly Program Reports and Quarterly Program Reports
- Identifying financial program issues and developing recommendations for review by the Manager.

v) Administration team

The Team Leader Administration, with the assistance of the Bookkeeper and Clerical Assistant, is responsible for:

- The management of consumer fees including the preparation of invoices, entry of payments and follow up on unpaid fees
- Banking of payments
- The preparation of financial reports
- Monitoring income and expenditure against the budget and the CHSP contract and advising the Coordinators and Manager of any issues
- Preparation of CHSP and Home Care Packages accountability reports for the Coordinators and Manager as per Table 8.6.1 Funding Provider Accountability Reports
- Assisting the Coordinators and Manager with funding applications.

8.4.2 FINANCIAL MANAGEMENT PRACTICES

The following practices apply to financial management in Victoria Daly Regional Council Home Care:

i) Accrual based accounting

The financial management system is based on accrual accounting principles.

ii) Bank accounts

- All bank accounts are maintained and require Board approval to establish new accounts
- Separate bank accounts are maintained for each major funding source.

iii) Signatories

Up to three Board members may be designated signatories to the accounts. The manager and the Administration Officer are also designated signatories.

All cheques and EFTs under \$10,000.00 are signed or approved by a designated Board member and the Manager or Team Leader Administration.

Cheques and EFTs over \$10,000.00 are signed or approved by 2 Board members.

iv) Budget

An annual budget is developed by the Coordinators and Team Leader Administration and presented to the Manager and Treasurer for review. The Manager and/or Treasurer present the budget to the Board for endorsement prior to or in the first month of the financial year.

v) Books of accounts

The Bookkeeper is responsible for maintaining the books of accounts on Xero, for processing all receipts and payments, for assisting the Team Leader Administration and the Manager in the preparation of the annual budget and for preparing monthly, quarterly and annual financial reports.

vi) Reports

See Table 8.3.4: Management Reports and Table 8.6.1: Funding Provider Accountability Reports.

Reports are presented to the Board by the Manager and Treasurer who highlight any issues requiring Board consideration.

vii) Income

All monies received are receipted

viii) Payments

All payments (except petty cash) are made by cheque, credit card or electronic transfer.

ix) Recurrent payments

Recurrent payments, where possible, are made electronically.

x) Supplier accounts

Wherever possible, accounts are established with suppliers and purchases charged to the accounts. Accounts are paid in full on receipt of the statement or invoice.

xi) Petty cash

- An imprest system of petty cash is used with a float of \$500.00
- All petty cash expenditure is backed up with a receipt
- Petty cash is balanced whenever it is topped up
- Petty cash expenses are recorded against relevant expenditure categories.

The Team Leader Administration is responsible for the petty cash.

xii) Reconciliations and ATO reports

Monthly reconciliations and ATO reports

The following reconciliations and ATO reports are completed at the end of each month:

- The cheque account is reconciled
- The Instalment Activity Statement is completed and forwarded to the ATO.

Quarterly reconciliations and ATO reports

The following reconciliations and ATO reports are completed at the end of each quarter:

- The Business Activity Statement is completed and forwarded to the ATO
- Superannuation Guarantee contributions are reconciled and payments made.

End of year reconciliations and ATO reports

The following reconciliations and ATO reports are completed at the end of each year:

- Books of accounts are balanced and closed off
- Wages are reconciled and Payment Summaries completed and forwarded to staff and the ATO
- Audit reports are prepared as required.

xiii Audit

- An annual audit is undertaken each year by a qualified Auditor appointed by the Board at the Annual General Meeting. The auditor reports to the Board
- The Treasurer presents the audited report for the previous financial year to the Annual General Meeting
- A copy of the audit is forwarded to funding providers who may require it by September 30 each year.

8.4.3 DELEGATIONS OF FINANCIAL AUTHORITY

The roles and tasks of key personnel in Victoria Daly Regional Council Home Care are clarified in Table 1.4: Delegations of Financial Authority.

Table 8.4.1: Delegations of Financial Authority

Area	Board of Management Authority	Manager's Authority
Recurrent Operating Expenditure	Approval of annual operating budget and variations to budget	Expenditure within annual operating budget. Additional items greater than \$2000.00 or a supply exceeding 12 months requires approval of the Board
Capital Expenditure	Approval	All capital purchases are approved by the Board
Employment of Consultants	Approval	In line with budget or minuted approval of Board
Employment of External Contractors	Approval	In line with budget or minuted approval of Board
Travel	Approval	In line with budget or minuted approval of Board
Petty Cash	Approval of procedures	Approval of float
Approval of cheques, credit card use and EFTs	Approval of procedures	Approval if in line with budget Non-budgeted items over \$2,000. approval by Board
Signing of Purchase Orders	Not applicable	Within approved budget. No Purchase Order to cover supply exceeding 12 months without Board approval
Lease Agreements	Approval	Sign with Board approval
Fees	Approval of policy on fee levels, exemptions and reductions	Implementation of policy and approval for exemptions and reductions as per policy
Funding Agreements	Sign funding agreements	Ensures compliance with funding/grant agreements and associated guidelines

8.4.4 APPLYING FOR FUNDS

The following applies to all applications for funding:

1. Applications are only made for programs or projects that are in line with Victoria Daly Regional Council Home Care's current Strategic Plan and the objectives and priorities
2. All contact with the funding body is through the Manager or Coordinators as decided by the Manager
3. All applications are approved by the Board and signed by the Manager before submission.

8.5 CONSUMER FEES

8.5.1 CHSP FEES POLICY¹⁰

i) Overview

The following Fees Policy principles address the issues of access, equity, affordability, user rights and privacy and ensure that fees generated by the CHSP Programme are used efficiently and for the benefit of CHSP consumers:

1. Inability to pay cannot be used as a basis for refusing a service to people who are assessed as requiring a service.
2. All consumers assessed as having the capacity to pay are charged fees. This is done in accordance with a scale of fees appropriate to their level of income, amounts of services they use, and any changes in circumstances.
3. CHSP funded agencies charge the full cost of the service where consumers are receiving, or have received, compensation payments intended to cover the cost of home care.
4. Consumers with similar levels of income and service usage patterns should be charged equivalent fees for equivalent services.
5. Consumers with high and/or multiple service needs are not to be charged more than a specified maximum amount of fees in a given period, irrespective of actual amounts of services used.
6. For purposes of this policy, solicited donations for services are equivalent to fees and are subject to all provisions of this policy.
7. Fees charged do not exceed the actual cost of service provision.
8. The fee charged for a service is all-inclusive and cover all material used in delivery of the service.
9. Fee collection is administered efficiently and the cost of administration is less than the income received from fees.
10. The revenue from fees is used to enhance and/or expand CHSP services.
11. Procedures for the determination of fees, including assessment criteria, are clearly documented (in these policies and procedures) and publicly available (in the Consumer Handbook).
12. Procedures for the determination and collection of fees take into account the situation of special needs groups.
13. The Victoria Daly Regional Council Home Care Fees Policy is provided to potential consumers on request and to current consumers on request and in the Consumer Handbook. The Schedule of Fees is also available on request and is provided to consumers at their commencement meeting and whenever fees are changed.
14. Assessment of a person's capacity to pay fees is as simple and unobtrusive as possible, with any information obtained treated confidentially.
15. Consumers and their advocates have the right of appeal against a given fee determination.

¹⁰ Based on the Australian Government Department of Health National Guide to the CHSP Consumer Contribution Framework Last updated 30 January 2018

The Coordinators are responsible for monitoring fee and fee policy changes from CHSP and for revising the information in this section of the Policies and Procedures and advising consumers of the revisions.

ii) Exclusions from fees

Fees are not charged for information, advisory and advocacy services, carer support, assessment/review services and friendly visiting.

iii) Compensation consumers¹¹

Where consumers are receiving or will receive compensation to cover their costs they are charged the full cost of the service.

iv) Fees target

Victoria Daly Regional Council Home Care is aiming over time to raise in fees, an amount equal to 15% of the CHSP operating costs.

v) Availability of CHSP fees policy

An up to date copy of the CHSP Fees Policy is maintained on our website and included in the Consumer Handbook.

8.5.2 HOME CARE PACKAGES FEES POLICY

i) Principles¹²

Consumers have a right:

- To have their fees determined in a way that is transparent, accessible and fair
- To receive invoices that are clear and in a format that is understandable
- To have their fees reviewed periodically and on request when there are changes to their financial circumstances
- Not to be denied care and services because of their inability to pay a fee for reasons beyond their control.

Consumers have the responsibility:

- To pay any fee as specified in the agreement or negotiate an alternative arrangement with the provider if any changes occur in my financial circumstances.

Victoria Daly Regional Council Home Care follows the Department of Health Schedule of Fees and Charges for Residential and Home Care, that is updated quarterly.¹³

¹¹ Australian Government Department of Health National Guide to the CHSP Consumer Contribution Framework Last updated 30 January 2018

¹² Australian Government Department of Health Charter of Rights and Responsibilities for Home Care (Effective 27 February 2017)

¹³ Australian Government Department of Health Schedule of Fees and Charges for Residential and Home Care (updated quarterly)

ii) Fee considerations¹⁴

For consumers whose package commenced before July 2014, consumers receiving a home care package are consulted about the fees which will not exceed those calculated in accordance with the *Aged Care Act 1997* and *User Rights Principles 2014* not exceeding 17.5% of care recipient's total pension (for single and married consumers) if the consumer is in receipt of the basic pension. If a consumer's income is more than the basic rate of the single pension, they may be required to pay up to 17.5% of the person's income to the level of the basic pension plus up to 50% of income above the basic pension.

For consumers whose package commenced after July 2014, fees for full pensioners remain the same and a basic daily fee of up to 17.5% is charged to the consumer. If the consumer has more income than a full pensioner, we ask the consumer to contribute more to the cost of the care we provide through an income tested care fee. The amount that is charged is calculated by the Department of Human Services (Centrelink) or the Department of Veterans Affairs and advised to both the consumer and Victoria Daly Regional Council Home Care.

iii) Means not disclosed¹⁵

New consumers are able to complete the income test form to help determine their aged care fees and accommodation costs before or at the time they commence a HCP.

If the consumer does not complete their income test form within 35 days of commencing services, which includes two reminders from the Department of Human Services, the consumer will be classified as "Means not disclosed" and asked to pay the maximum income tested care fee.

iv) Review of fees

The fee is revised twice per year with consideration to the consumer's ability to pay. The consumer's contribution is agreed upon prior to commencement of services between the care recipient and the Consumer Care Coordinator once support requirements are assessed. Consumers who are financially disadvantaged are still eligible for services and a nominal fee is agreed upon. No consumer is denied a service if they are unable to pay. We revise the fees in line with adjustments made by the Government to the Aged Care Pension in March and September and advise consumers of these changes. Fees are described in the Home Care Agreement.

v) Fee caps

The Australian Government has developed fee caps so that there is an annual limit on how much consumers can be charged. These are explained to the consumer whenever fees are revised and as required.

vi) Individualised budget¹⁶

Each consumer receives an individualised budget that includes:

¹⁴ Australian Government Department of Health Home Care Packages Program Operational Manual Section 7: Determining a Consumer's Fees and Charges Updated December 2015 pp 20-23. This reference applies to ii) Fee Considerations, iii) Review of Fees and iii) Fee Caps

¹⁵ Australian Government Department of Health Email Advice [Means not Disclosed in Aged Care](#) 3 October 2018

¹⁶ Australian Government Department of Health Home Care Packages Program Operational Manual Section 8.3 Individualised Budget Updated December 2015 p30

- All income (Government subsidy, supplements, consumer contributions)
- All expenses (administrative, core advisory and case management services, the cost of care and service provision, purchased services, basic daily fee and income-tested care fee, when applicable)
- Contingency monies (for emergencies or unplanned support) of no more than 10% of the total annual budget of the package.

Note: For details of services that can be provided and services that are excluded, in the provision of Home Care Packages, see 1.2.2 Home Care Packages.

8.5.3 FEE MANAGEMENT – CHSP AND HCP

i) Fee schedule

Fees charged for support services are set in accordance with the relevant fees policy (as above) and are revised annually in March/April for the next financial year. Current fee levels are shown in our Fee Schedule (which is based on the Department of Health and/or relevant government information).

ii) Advise HCP service prices to my aged care

Victoria Daly Regional Council Home Care publishes and maintains up to date our HCP service pricing information on the My Aged Care Service Finder and a Fee Schedule is included in the Home Care Agreement, which is updated whenever the Fee Schedule changes. We also publish our Fee Schedule to our webpage and ensure copies of the Schedule are readily accessible and available to consumers.¹⁷

iii) Fee reduction

We recognise that some consumers have a limited capacity to pay for support; however, the payment of a fee for service by consumers who have the capacity to pay is endorsed. People who are assessed as needing support are eligible to receive support, regardless of their capacity to pay. Consumers are informed of the fee reduction process in the Consumer Handbook.

Information obtained about a consumer's income is treated as private and confidential.

CHSP fee reductions

In assessing consumers' ability to pay for support the following applies:

- Consumers can nominate whether they wish to be considered for a fee reduction. Clear guidelines are included with the fee reduction form to indicate the circumstances where a fee reduction might be appropriate
- To assist consumers, their general household circumstances are determined (whether they live alone, are part of a couple or family living together, live in a household of unrelated people or are in some other circumstance) and the consumer is given clear instructions about whose income is to be assessed (single, or couple)
- The Consumer Care Coordinator considers any exceptional and unavoidable expenses the consumer may have, such as high pharmaceutical expenses
- Income is assessed at service commencement to determine the consumer's ability to pay based on their individual circumstances
- Consumers are asked to advise us within 30 days of any significant changes in circumstances which may alter their status in relation to the payment/non-payment of fees

¹⁷ Australian Government [User Rights Amendment \(Home Care Pricing\) Principles](#) 2018. Note that the Australian Government is working a range of changes to fees information. As of 30 November 2018, all service providers are required to complete all fields in the My Aged Care Finder, publish and make available to consumers their Fee Schedule and include their fee schedule in the Home Care Agreement.

- In cases of hardship or where consumers request assistance, the fee can be waived. Consumers are advised and reassured that support will not be refused or withdrawn if they are unable to pay the fee
- Consumers are advised of the result of their application for a fee reduction within 15 working days from the date of lodgment and the relevant Coordinator makes the decision.

HCP Fee Reductions¹⁸

If a consumer thinks they will face financial hardship when paying the required fees, they can ask to be considered for financial hardship assistance in regards to their basic daily fee and/or the income-tested care fee. This requires an application to the Department of Human Services/Centrelink. Each case is considered on an individual basis.

iv) Refusal to pay

Consumers are sent reminders if they do not pay as arranged or if invoices are not paid in a timely manner. If a consumer is identified as being in arrears, without prior arrangement, the relevant Coordinator contacts the consumer or their representative to discuss the matter. The consumer is advised that they can have an advocate with them for this meeting. A payment plan or other arrangements are made to assist the consumer to meet their responsibilities regarding fee payment. Consumer financial circumstances are reassessed at this time. If a consumer has not already done so, they are also referred to Centrelink to discuss their financial hardship if appropriate.

If, after consultation the consumer is considered able to pay their fees and refuses to pay, they are provided with a letter outlining the action to be taken by us. This can include cessation of services.

v) Appeals on fees

Consumers can advise the Manager that they wish to appeal a fee determination. The Manager explores and documents the reasons for the appeal. Consumers are also encouraged to provide written information to support their appeal. The Manager reviews the documentation and may meet with the consumer and/or their representative to discuss the appeal.

The Coordinator discusses the appeal with the Manager. The decision of the Manager is final and is communicated to the consumer in writing within 30 days of the date of appeal. If the consumer or representative wishes to further appeal the decision, they may refer to the matter to an Independent Appeals Tribunal for decision.

No consumer is disadvantaged or penalised as a result of lodging an appeal and if appropriate, fees are reduced while the appeal is being considered.

vi) Paying fees

Invoices

Invoices are issued at the end of each month by the Administration Team. The Team also follows up on outstanding invoices in consultation with the Team Leaders. Consumers unable

¹⁸ Australian Government Department of Health Home Care Packages Program Operational Manual Section 7: What if the consumer cannot afford the fees? Updated December 2015 p 24. Note that financial hardship is not available to consumers who commenced a Package before 1 July 2014

to pay can request a fee reduction or waiver (see 8.5.3 Fee Management-CHSP and HCP/iii) Fee reduction).

Fee payments

Consumers can pay their contribution for services by cheque, cash, money order or direct debit. If consumers choose to pay by direct debit they are provided with a Direct Debit Form to complete. This is organised by the service delivery Team Leaders.

Consumers can pay their fees:

- To our office staff
- By post
- By credit card
- By EFT or
- Direct bank deposit.

The necessary information for fee payments is included in the Consumer Handbook.

8.6 FUNDING REPORTS AND MONITORING

8.6.1 FUNDING PROVIDER ACCOUNTABILITY REPORTS

The funding reports to be completed as a condition of funding grants are shown in Table 8.6.1: Funding Provider Accountability Reports.

The Administration Team are responsible for ensuring the reports are prepared as required and are reviewed and signed off by the designated positions prior to forwarding to the funding provider.

The DSS Grant Agreement also requires a Performance/Service Delivery Report. As our consumer and service delivery information is maintained on the Consumer Management System this information is provided electronically.

8.6.2 MONITORING FUNDING REQUIREMENTS AND SERVICE DELIVERY

In addition to the provision of reports required by funding providers, Victoria Daly Regional Council Home Care ensure that the contractual requirements of funding/grant agreements are being met through a range of meetings and reports (see Table 8.3.1 Management Meetings and Table 8.3.2 Management Reports).

In addition, corporate governance processes and systems are regularly audited as part of our audit programme to ensure that they are effectively implemented. (See 8.9.7 Other Continuous Improvement Information Sources/v) Policies and procedures reviews.)

The Coordinators with the assistance of the Administration Team are responsible for monitoring the delivery of CHSP and Home Care Packages services against the contracted outputs and income and expenditure against the funding budgets. The Administration Team is responsible for preparing reports, having them signed and forwarding them to the funding providers. The Manager and Board review reports to ensure compliance with requirements. (See Table 8.6.1: Funding Provider Accountability Reports.)

8.6.3 FUNDING PROVIDER ACKNOWLEDGEMENT

Victoria Daly Regional Council Home Care acknowledges the support of the Department of Health in all material published in connection with the Grant Agreement.¹⁹

¹⁹ Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 Acknowledging the Funding p 87

Table 8.6.1: Funding Provider Accountability Reports

Report	Content	Preparation	Date Due
CHSP Financial Acquittal Report²⁰	<ul style="list-style-type: none"> A report which facilitates acquittal of funds expended, providing assurance and evidence that public funds have been spent for their intended purpose Refer to the Grant Agreement clause 5 and Schedule Item E.4 for the type of financial report required 	<ul style="list-style-type: none"> Administration Team Review by Team Leaders Administration Team forwards to National Data Repository 	Due annually – by 31 October – as specified in E4 of the Grant Agreement
CHSP Performance Report (for service delivery) via Data Exchange	<ul style="list-style-type: none"> Consumer level data, service delivery information and outcomes reported via the Data Exchange data collection system. Refer to the Grant Agreement clause 5 and Schedule Item E.1. 	<ul style="list-style-type: none"> Administration Team Review by Manager Presentation to Board for review and certification Administration Team submits to the Department 	1 July to 31 December data due by 30 January 1 January to 30 June data due by 30 July
CHSP Activity Work Plan	<ul style="list-style-type: none"> Refer to the Grant Agreement clause 5 and Schedule Item E.2. 	<ul style="list-style-type: none"> Administration Team Review by Manager Administration Team submits to the Department 	Refer to the Grant Agreement clause 5 and Schedule Item E.2.
CHSP Wellness Report	<ul style="list-style-type: none"> A report on embedding wellness and reablement approaches to service delivery To assist the department to better understand how wellness approaches to service delivery are being implemented by individual CHSP service providers and whether there are any specific gaps in understanding²¹ 	<ul style="list-style-type: none"> Coordinators Manager 	Annually – by 31 October. First report 2018
Data on CHSP consumers that are not registered with My Aged Care²²	<ul style="list-style-type: none"> All CHSP funded services are to provide data to the Department on all existing CHSP consumers that are not registered with My Aged Care 	<ul style="list-style-type: none"> Administration Team submits to the Department via a mechanism to be determined by the Department 	A timeframe is to be determined by the Department
Aged Care Workforce Census CHSP and HCP Providers	<ul style="list-style-type: none"> Information on employees 	<ul style="list-style-type: none"> Administration Team Review by Manager Administration Team submits to the Department 	As requested by DSS

²⁰ Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 5.2 Funding pp 83-84

²¹ Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 p 30 2.6 Service Provider Responsibilities p 30 specifies: "CHSP service providers should develop an implementation plan outlining their service's approach to embedding wellness in service delivery. The implementation plan should be commensurate with the overall size of the organisation and the types of CHSP services delivered."

²² Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 Existing Consumers Not Registered on My Aged Care – Reporting p 93

Report	Content	Preparation	Date Due
HCP Aged Care Financial Report (ACFR)²³	<ul style="list-style-type: none"> HCP service providers to complete the home care section 	<ul style="list-style-type: none"> Administration Team Review by Manager Administration Team submits to the Department 	Due annually – by 31 October
HCP DHS Quarterly Review Process	<ul style="list-style-type: none"> Aligns fees with care needs and previously applied fees, adjusts for indexation and adjusts subsidies 	<ul style="list-style-type: none"> Conducted by DHS – no preparation required. May be required to forward letter to consumer and adjust fees paid 	Quarterly

²³ Australian Government Department of Health [Changes to Financial Reporting Arrangements for Residential and Home Care Providers](#) 26 May 2017

8.7 PLANNING

8.7.1 CONSUMERS AS PARTNERS

The focus of service planning is to develop and deliver the very best services that meet the needs and preferences of consumers whilst being efficient and effective. To achieve this, consumers are welcomed as partners and are encouraged and supported to express their views and opinions about Victoria Daly Regional Council Home Care and the care and services it provides.

Consumers are involved in the planning process directly through a consumer input meeting and indirectly through ongoing consultation and input through assessment and support planning processes (see 2.3 Assessment and Planning) and through continuous improvement activities (see 8.9 Continuous Improvement).

8.7.2 ANNUAL REPORT

The Manager is responsible for compiling an Annual Report in August/September of each year in consultation with the Coordinators, Administration Team and other senior staff. In addition to general information about Victoria Daly Regional Council Home Care, the report includes:

1. The services delivered for the year
2. The number of individual consumers who received services
3. The number of consumers who stopped receiving services in the year
4. Requests for assistance not met and reasons for refusal of service
5. The contracted outputs for the year and the variation between the services delivered and the contracted outputs
6. The age, sex and ethnicity of the consumers
7. Rate of population change for people aged over 65 (available from the Australian Bureau of Statistics)
8. Service delivery issues in the last year
9. Major improvements implemented in the last year
10. Planned improvements for the coming year
11. Achievements against key result areas (see 8.2.9 Key Result Areas).

The Annual Report is provided to the Manager for review and the Board for approval. The report is also presented at our Planning Day (see 8.7.6 Annual Planning Day).

8.7.3 IMPROVEMENT PLAN AND STRATEGIC PLAN

Victoria Daly Regional Council Home Care maintains an Improvement Plan that details all significant improvements in the operations of the home care programs and a Strategic Plan covering major longer-term directions and changes. Victoria Daly Regional Council Home Care incorporates into these plans processes to ensure service continuity in line with the Aged Care Funding Agreement and the Commonwealth Home Support Programme. Further details are provided in the table below.

8.7.4 THE PLANNING PROCESS

The planning process involves:

Table 8.7.1 Victoria Daly Regional Council Home Care Planning Process

Planning Activity	Notes	When
<ul style="list-style-type: none"> Continuous improvement activities 	See 8.9: Continuous Improvement. These activities assist in identifying improvements and feed into the Improvement Plan	Ongoing
<ul style="list-style-type: none"> Risk management activities 	See 8.10: Risk Management. These activities assist in identifying improvements and feed into the Improvement Plan	Ongoing
<ul style="list-style-type: none"> Annual planning meeting with consumers 	See 8.7.5 Annual Planning Meeting Consumers	August
<ul style="list-style-type: none"> Annual planning day with staff and management (including consumer representative/s) 	See 8.7.6 Annual Planning Day. Outcomes from the planning day feed into the Improvement Plan and the Strategic Plan	September
<ul style="list-style-type: none"> Review and development of the Improvement Plan 	The Improvement Plan includes strategies for improving Victoria Daly Regional Council Home Care for the next 12 months and is updated on an ongoing basis. The Improvement Plan feeds into the Strategic Plan	September and Ongoing
<ul style="list-style-type: none"> Review and development of the Strategic Plan 	Includes high level plans for the next 3 years. As plans are implemented they are recorded in the Improvement Plan	September
<ul style="list-style-type: none"> Aged Care Quality Standards Quality Review process 	The Quality Review identifies improvements required to meet the Standards and opportunities for improvement. These feed into the Improvement Plan	Between 1 and 3 yearly
<ul style="list-style-type: none"> Ongoing implementation and monitoring of progress in implementing Improvement Plan 	Reported in Monthly Coordinator Reports (See Table 8.3.2 Management Reports)	Monthly
<ul style="list-style-type: none"> Submission of Improvement Plan to the Quality Review Team 	The Improvement Plan is submitted as required depending on the outcome of the 3 yearly Quality Review	As required

8.7.5 ANNUAL PLANNING MEETING CONSUMERS

An annual planning meeting is held with consumers in August prior to the Annual Planning Day. The meeting is facilitated by a staff person or another person with appropriate expertise. The purpose of the meeting is to explore with consumers what they like and do not like about Victoria Daly Regional Council Home Care and what changes/improvements they would like to see. This information is fed into the Annual Planning Day. (For details on the partnership in assessment and support planning see 2.3.2 Partnering with Consumers).

8.7.6 ANNUAL PLANNING DAY

The purpose of the planning day is to bring consumer representative/s, the staff and management, and Board members, together to review operations in the light of consumer data, financial data, continuous improvement information, risk management information and issues facing the service.

Ideas from staff and management and from the review of information are used to add to the Improvement Plan and to identify longer term goals for inclusion in the Strategic Plan. The Strategic Plan is the longer-term direction for Victoria Daly Regional Council Home Care and spans the next three years.

i) Planning day process

The Manager in consultation with senior staff and the Administration Team prepare the information presented at the planning day. The agenda for the planning day includes the following:

1. Review service data

Service data for the previous 12 months is reviewed to check the delivery of services against the contracted outputs. Service data is taken from the Annual Report that is compiled by the Manager each year (see 8.7.2 Annual Report)

2. Review demographic data

Review community demographic data to identify if all groups in the community are accessing services and if not, why not.

3. Review future needs

Review demographic data on the age of the population and on future projections to see if key age groups are likely to increase or decrease over the next few years

4. Review continuous improvement data

Review feedback from consumers including the Annual Planning Meeting, staff, volunteers and any other stakeholders to identify improvements

5. Review risk management information

Feedback from risk management activities is reviewed to identify areas where improvements can be made

6. Review previous plans

Explore plans not yet implemented from the previous year to identify which of these remain a priority

7. From the information presented, strategies and priorities for the year ahead are identified along with barriers to implementing plans

8. Longer term major plans are included in the Strategic Plan and shorter-term improvements (within the next year) are included in the Improvement Plan

9. Items in the Strategic Plan and the Improvement Plan are reviewed - what can be combined; what can be removed; what are the most important priorities?

10. Identify a start and finish date against each priority

11. The Strategic Plan and Improvement Plan are presented to the next Board meeting for review, revision and endorsement.

8.7.7 IMPLEMENTING THE PLANS

The Improvement Committee is responsible for developing detailed action plans for each of the priorities in the Improvement Plan. The Manager and the Coordinators are responsible for developing broad strategies for the implementation of the Strategic Plan. When strategic plans are being implemented they are recorded in the Improvement Plan.

The Manager ensures plans are implemented and monitors the progress of tasks. The Manager reports on progress to the Board at monthly Board meetings.

8.8 REGULATORY COMPLIANCE

8.8.1 IDENTIFY RELEVANT REQUIREMENTS

The Manager of Victoria Daly Regional Council Home Care is responsible for ensuring that service delivery complies with funded program guidelines, legislation, regulatory requirements and professional standards.

Relevant requirements are identified through:

- The internet
- Membership of Aged Care Services WA (ACSWA)
- Subscription to the Chamber of Commerce and Industry (CCI)
- Notices and advice from the Department of Health and relevant other government departments
- Networking with other providers (see 1.4.4 Inclusion in Community/iv) Victoria Daly Regional Council Home Care community involvement).

Key legislation, regulations and other requirements include (but are not limited to):

- The Commonwealth Home Support Programme Guidelines July 2018
- The Commonwealth Home Support Programme – Program Manual 2018
- The Commonwealth Home Support Programme Living Well at Home CHSP Good Practice Guide 2015
- The Commonwealth Home Care Packages Program Operational Manual December 2015
- The CHSP and HCP Grant Agreements (utilise the DSS Comprehensive Grant Agreement 2014)
- Aged Care Quality Standards 2018
- Aged Care Sector Statement of Principles 2015
- Australian Government Department of Health Charter of Rights and Responsibilities for Home Care (Effective 27 February 2017).
- Carers Recognition Act 2004
- Aged Care Act 1997 and Principles
- Specific funding requirements detailed in contracts with funders including
- Competition and Consumer Act 2010
- WA Associations Incorporation Act 2015
- Work Health and Safety Act 2011
- Legislation governing the employment of staff and volunteers including: Fair Work Act 2009; relevant staff awards; work health and safety (including the Model Work Health and Safety (WHS) Act (where appropriate to states and territories); income tax; superannuation; equal employment opportunity; anti-discrimination, workers compensation and injury management
- Privacy Act 1988
- Nurses and Midwives Act 2006

- Medicines and Poisons Act 2014 and Medicines and Poisons Regulations 2016
- Fire and Emergency Regulations
- NHMRC 2010 Australian Guidelines for the Prevention and Control of Infection in Healthcare Commonwealth of Australia
- Food Standards Australia New Zealand Food Standards Code Standard 3.3.1 Food Safety Programs for Food Service to Vulnerable Persons

8.8.2 MONITORING CHANGES TO LEGISLATION

The Manager of Victoria Daly Regional Council Home Care is responsible for keeping abreast of any changes in legislative and regulatory requirements. Changes are monitored through:

- Review of the ACSWA newsletter noting any information advising of changes to requirements
- Review of newsletters and notices from the Chamber of Commerce and Industry
- Advice from Board of Management members
- Noting changes advised by any other government or statutory authorities such as the Department of Health and the Department of Human Services
- Accessing relevant information on the Internet.

When information advising of legislative changes is received, it is reviewed by the Manager to identify if there are any implications for Victoria Daly Regional Council Home Care. If any immediate action is required the Manager, in consultation with a designated Board member, ensures that it is carried out. The following process then applies:

- Information on required changes, the implications for Victoria Daly Regional Council Home Care and draft changes to the Policies and Procedures Manual are documented by the Manager in consultation with the Coordinators
- The Manager decides if the changes need Board approval and submits them to the next Board meeting as necessary (Board approval is required if changes involve new practices and new policies and procedures)
- The Board's decision is discussed with the Manager at the Board meeting and recorded in the minutes
- The Manager ensures implementation of the required changes.

8.8.3 IMPLEMENT CHANGES

The following steps apply, as necessary, in implementing regulatory/legislative changes in Victoria Daly Regional Council Home Care:

- The Policies and Procedures Manual is updated as per the process in 8.11.2/iii) Updating the Policies and Procedures
- Forms are updated as required
- Staff are notified of relevant changes through:
 - Staff meetings
 - Notices, memos/emails and/or
 - Education and training (and recorded in the training system)
- Other stakeholders such as consumers, referrers or suppliers are informed through a range of strategies including (as relevant):

- Discussions/meetings
- Newsletters and/or
- Notices, memos/emails
- Changes are recorded as an improvement (see 8.9 Continuous Improvement)
- Changes are recorded in the Regulatory Compliance Register.

Appropriate policies and procedures to reflect legislative requirements (e.g. Work Health & Safety, Equal Employment Opportunity, Superannuation, Privacy, Insurances, Food Safety, police checks etc) are included in relevant sections of this Policies and Procedures Manual.

Processes are developed to support the implementation of requirements and are reflected in the Policies and Procedures Manual. Examples of processes include:

- All staff and volunteers have a current National Police Certificate that is updated every three years (see 7.3.10/ii) Police check)
- Work health and safety considerations are part of our risk management strategies for staff and include annual (and as required) assessments and re-assessments of staff work environments (see 8.10 Risk Management)
- Privacy and confidentiality is maintained through processes described in policies and procedures (see 8.11.7 Information Technology and 1.6 Privacy and Confidentiality)
- Food safety requirements (Food Standards Code Standard 3.3.1 Food Safety Programs for Food Service to Vulnerable Persons) are adhered to when food is being prepared for more than six people (Victoria Daly Regional Council Home Care only delivers pre-prepared food so does not need to comply with all elements of this Standard, but does use safe food handling practices. See 4.5.2 (A) Meals - Purchased Meals)
- We have a maintenance program that ensures that all (non-office) electrical equipment (including items such as Residual Current Devices²⁴ and hoists) is checked and tagged by a qualified electrician annually
- If sharps (e.g. needles) are required to be handled by staff, a sharps container is used in the consumer's home or our centres, as required.

8.8.4 MONITOR AND EVALUATE CHANGES

When changes to practices and processes are implemented in response to legislative and regulatory requirements, the Manager (in consultation with the Coordinators) monitors and evaluates them to ensure that the requirements have been implemented and that there are no unintended consequences.

The Improvement Plan is updated with the implementation of changes and details the results of the evaluation following implementation of changes (see 8.9: Continuous Improvement).

²⁴ The Government of Western Australia Department of Consumer and Employment Protection 2008 Guide to testing and tagging portable electrical equipment and residual current devices at workplaces. Regulation 3.60 of the OSH regulations require that all RCDs be kept in a safe working condition and tested regularly:

8.9 CONTINUOUS IMPROVEMENT

8.9.1 OVERVIEW

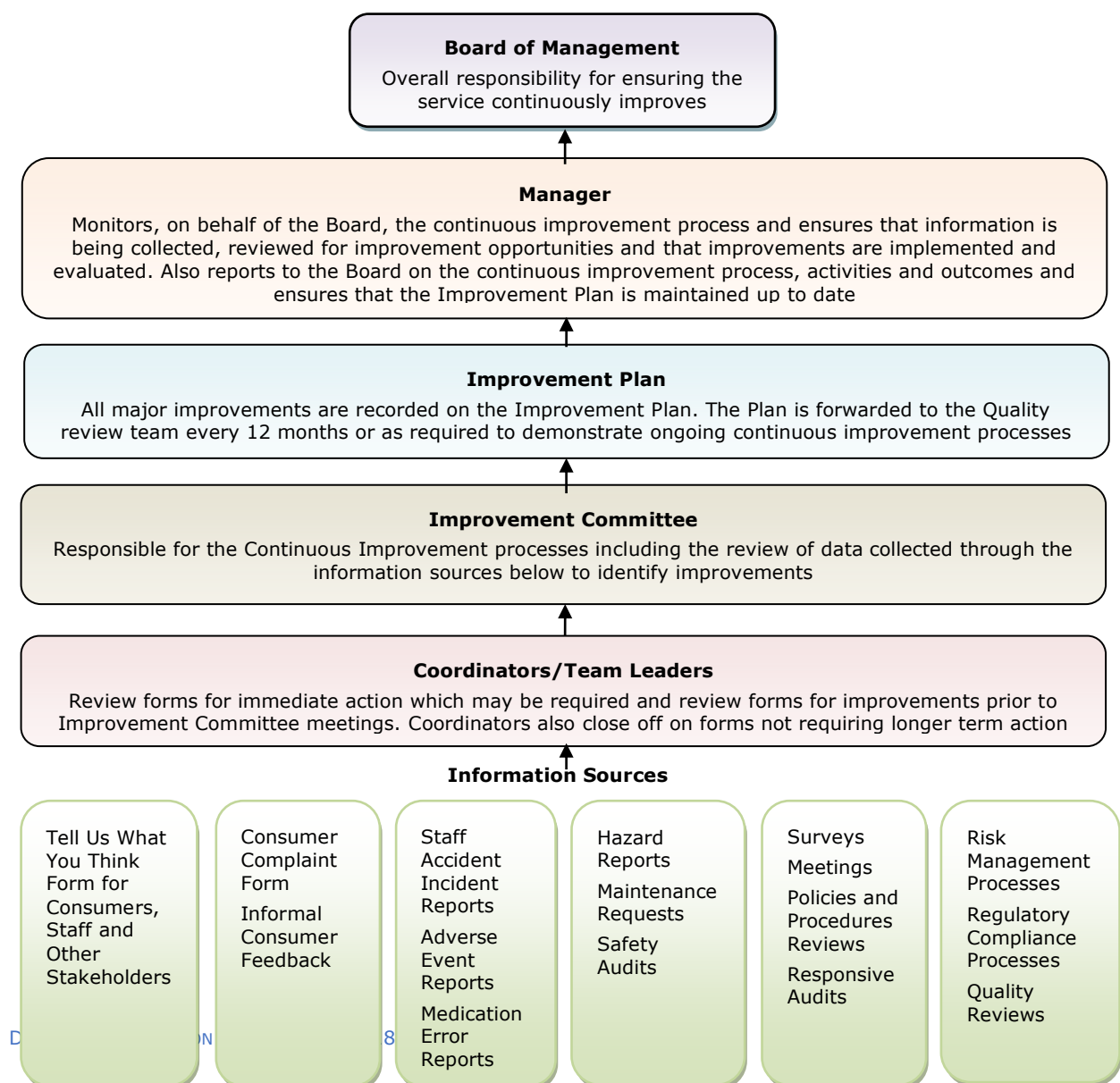
Victoria Daly Regional Council Home Care is committed to continuously improving all aspects of its operations with the aim of delivering improved services to consumers.

Our continuous improvement process is based on partnerships with, and ongoing feedback from:

- Consumers (and representatives)
- Staff
- Management and
- Other stakeholders including funders, other service providers and community organisations.

The continuous improvement process, the roles of the Board and key staff and the range of information sources is shown in Figure 8.9.1 Continuous Improvement Information Management Process.

Figure 8.9.1: Continuous Improvement Information Management Process



8.9.2 THE IMPROVEMENT COMMITTEE

i) Role of improvement committee

We have established an Improvement Committee to oversee the continuous improvement process. The Committee is responsible for:

- Implementing the continuous improvement processes
- The review of data to identify improvements
- The implementation of improvements
- Maintaining the Improvement Plan up to date (see 8.9.4 Improvement Plan)
- The evaluation of improvements
- Informing key stakeholders of improvements
- Identifying improvements to the continuous improvement processes.

ii) Improvement committee membership

The Committee includes:

- The Manager
- The Coordinators
- The Registered Nurse
- A Team Leader
- The Consumer Care Coordinator
- A Support Worker

iii) Improvement committee meetings

(See Table 8.3.1: Management Meetings.)

iv) Improvement committee agenda

(See Table 8.3.1: Management Meetings.)

8.9.3 CONTINUOUS IMPROVEMENT AND RISK MANAGEMENT

Victoria Daly Regional Council Home Care has integrated risk management into the continuous improvement process by:

- Delegating responsibility for risk management oversight to the Improvement Committee
- Including the identification and discussion of risks (including clinical risks) on the agenda for the Improvement Committee
- Delegating responsibility to the Improvement Committee for developing, maintaining and reviewing the Risk Management Plans
- Including improvements to reduce or control risks in the improvement process and in the Improvement Plan.

Our risk management processes are described in detail in 8.10 Risk Management.

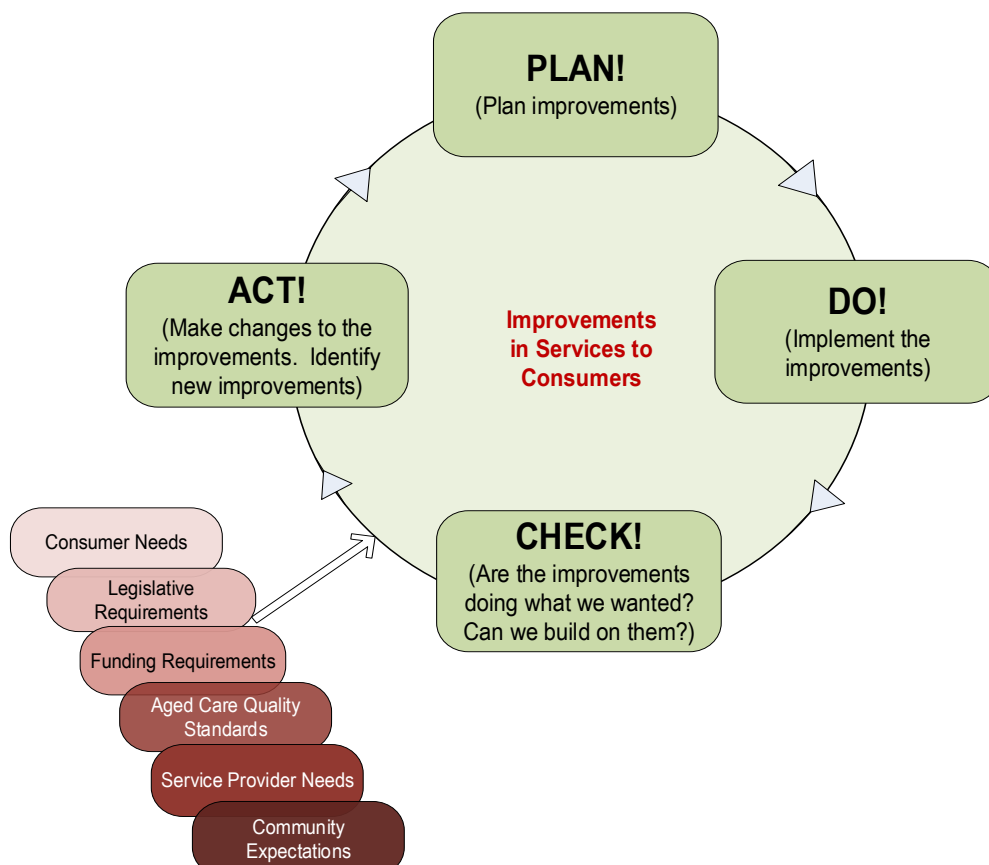
8.9.4 IMPROVEMENT PLAN

See 8.7.3 Improvement Plan and Strategic Plan.

8.9.5 IMPROVEMENT PROCESS

The improvement process used by Victoria Daly Regional Council Home Care reflects the Plan, Do, Check, Act model shown in Figure 8.9.2: Plan Do Check Act Improvement Cycle.

Figure 8.9.2: Plan Do Check Act Improvement Cycle



These steps are further described below.

i) Plan

- Clarify issues or problems
- Collect and review data or other information related to the issues or problems
- Identify the causes of the issue or problem
- Clearly identify improvements that can be made
- Clarify the outcomes for improvements
- Develop strategies to implement improvements – consider stakeholders – consider strategies to get management support
- Identify how to measure the success of the improvement and identify how to collect the data

- Identify key tasks.

ii) Do

- Gain approval for improvements
- Implement the improvements – assign key tasks
- Monitor the implementation – make sure key tasks are completed
- Collect data on improvements.

iii) Check

- Did the improvement work? If not, why not?
- Were there any unintended consequences?
- Collect ongoing data on the operations of Victoria Daly Regional Council Home Care - e.g. consumer feedback, staff feedback, staff accident/incident reports, adverse event reports, hazard reports, audits, etc. – what does this tell us about the improvements?

iv) Act

- Consider improvements – do they suggest other improvements – e.g. staff training, review of procedures, changes to organisation operations?
- Share evaluation feedback with relevant stakeholders
- If improvements did not work what do we need to do?
- If there were unintended consequences to improvements - do we need to do anything about them?
- Consider new data – e.g. consumer feedback, staff feedback, staff accident/incident reports, adverse event reports, hazard reports, audits, etc. – does it suggest improvements?
- Look for things to improve – look at problems and consider solutions.

We are committed to ongoing improvement and it is built into the organisation's culture and practices. This ensures the organisation continues to change and adapt to the needs of its consumers, funders and the wider community.

8.9.6 CONTINUOUS IMPROVEMENT FORMS

The continuous improvement forms are described below. A file is kept for each type of continuous improvement form. Within each file there are two tabs: 'open' and 'closed' where open and closed out forms are stored. These are archived every year to reduce the bulk of the files.

i) Tell us what you think form

Feedback, both positive and negative, is actively sought from consumers, staff, management and other people using a Tell Us What You Think form. Staff and consumers are encouraged to provide feedback through meetings, newsletters and day to day contact.

Forms are provided to consumers at the commencement meeting and monitoring visits, at the centre and their use is promoted in our Newsletter. Forms are also included in the support plan home folder and staff also have forms that they can provide to consumers (see also 8.9.7 Other Continuous Improvement Information Sources/i) Informal consumer feedback).

Completed forms are forwarded to the appropriate Team Leader for any immediate action required. The Coordinator's advice may be sought.

(See also 8.9.8 Processing Continuous Improvement Forms and Other Improvement Information.)

ii) Consumer complaint form

The Consumer Complaint Form is used for more formal complaints or when negative feedback involves a significant issue that requires detailed documentation and action. Staff may complete the form for the consumer or may provide a form to them or their representative. If consumers write a letter or telephone their complaint, staff complete a Consumer Complaint Form on their behalf.

Completed Consumer Complaint Forms are forwarded to the appropriate Team Leader who reviews and investigates the complaint in line with the procedures specified in Section 6 Feedback and Complaints. The Coordinator and Manager are informed of all complaints.

The confidentiality of complaints is maintained as per the principles of the Privacy Act. (See 1.6.2 Confidentiality of Complaints and Disputes.)

(See also 8.9.8 Processing Continuous Improvement Forms and Other Improvement Information.)

iii) Staff accident incident report

The Staff Accident Incident Report is used to report accidents or incidents that affect staff or volunteers. Forms are filled out immediately after the accident or incident and are forwarded to the appropriate Team Leader or Coordinator as soon as possible.

The Team Leader or Coordinator reviews the form making sure it is correctly completed and that any required action is taken, including medical attention, control of hazards and the completion of a Workers Compensation report. The Team Leader or Coordinator investigates the accident/incident as per the form.

(See also 8.9.8 Processing Continuous Improvement Forms and Other Improvement Information.)

iv) Adverse event report

The Adverse Event Report is used to report accidents or incidents that affect consumers or visitors.

Forms are filled out immediately after the adverse event and are forwarded to the appropriate Team Leader or Coordinator as soon as possible.

The Team Leader or Coordinator reviews the form making sure it is correctly completed and that any required action is taken, including medical attention or the control of hazards, and investigates the adverse event as per the form. Referral to the Registered Nurse if the issue is clinical in nature. The RN may seek the advice of the consumer's GP in investigating and seeking solutions or improvements. If there has been an error in care or services, the consumer, their family and carers are provided with information about what happened in a timely, open and honest manner as per the open disclosure principles in Section 6 Feedback and Complaints.

(See also 8.9.8 Processing Continuous Improvement Forms and Other Improvement Information.)

v) Hazard report

Hazard Reports are used to report areas of risk or potential risk to consumers, staff or other people in our work places, consumer's homes and external venues.

Completed Hazard Reports are forwarded to the appropriate Team Leader or Coordinator who arranges for immediate control of the hazard and for any further action such as repairs and maintenance, new equipment etc.

(See also 8.9.8 Processing Continuous Improvement Forms and Other Improvement Information.)

vi) Medication error report

The Medication Error Report is used to report any mishap or incident related to consumer medication.

Reports are forwarded to the appropriate Team Leader or Coordinator who carries out any immediate action required and investigates the incident. If there has been an error in care or services, the consumer, their family and carers are provided with information about what happened in a timely, open and honest manner as per the open disclosure principles in Section 6 Feedback and Complaints.

(See also 8.9.8 Processing Continuous Improvement Forms and Other Improvement Information.)

vii) Maintenance request

Maintenance Request forms are used to report items requiring maintenance that are not an immediate hazard.

Completed Reports are forwarded to the Team Leader Administration who arranges the maintenance.

(See also 8.9.8 Processing Continuous Improvement Forms and Other Improvement Information.)

viii) Survey audit report

A Survey Audit Report is completed by the individual conducting the survey/audit or delegate for every survey or audit and records a summary of the results and any action required or improvements that can be made.

(See also 8.9.8 Processing Continuous Improvement Forms and Other Improvement Information.)

8.9.7 OTHER CONTINUOUS IMPROVEMENT INFORMATION SOURCES

i) Informal consumer feedback

In addition to Tell Us What You Think forms and consumer surveys staff record consumer informal feedback or comments regarding service delivery. These are recorded on a Tell Us

What You Think form and processed as per the procedures (see 8.9.6/i) Tell Us What You Think Form). Consumer names are not reported.

ii) Consumer meetings

Regular morning tea meetings (at least quarterly) are held with selected consumers to provide an opportunity for them to provide their opinions and ideas for improving services and care delivered through Victoria Daly Regional Council Home Care

Selected Board members and staff attend at different meetings.

The Coordinators are responsible for planning the meetings to get the most value out of them for both consumers and Victoria Daly Regional Council Home Care. Improvement opportunities are documented and action taken through the organisation's continuous improvement processes.

iii) Victoria Daly Regional Council Home Care meetings

Minutes of all meetings are reviewed by a designated Coordinator at the end of each month to identify any opportunities for improvement.

These are recorded on a Tell Us What You Think form.

(See also 8.9.8 Processing Continuous Improvement Forms and Other Improvement Information.)

iv) Safety audits

Safety audits are regularly conducted in consumer homes, service facilities and external venues used for consumer activities using the following forms:

- Home Safety Checklist
- Safety Audit External Venue
- Safety Audit Facilities.

Completed audits are forwarded to the appropriate Team Leader for review and any action.

(See also 8.9.8 Processing Continuous Improvement Forms and Other Improvement Information.)

v) Policies and procedures reviews

Each section of the Policies and Procedures Manual is audited over a three-year period to:

- Check what is written is what occurs in practice
- Identify improvements to practice
- Improve the documented procedures
- Improve any forms or other documents that support the procedures and practices.

The Coordinators maintain a plan for policies and procedures review in the Corporate Calendar.

The Corporate Calendar details the reviews, surveys, responsive audits and other data collection and monitoring activities scheduled for the next 12 months. This is updated as reviews/audits are planned and completed.

Reviews are conducted by a range of staff including the Coordinators, the Registered Nurse, Team Leaders, administration staff and support workers. The Coordinators identify relevant staff for each review ensuring that staff do not review their own procedures.

The following process applies:

- Staff print (or copy) the relevant section of the Policies and Procedures Manual, read the contents and familiarise themselves with relevant forms and documents
- The staff who work in the area that the policies and procedures relate to are advised that the staff person is going to be conducting a review and will review documents and talk to relevant staff
- The policies and procedures are used to guide the review; the staff person conducting the review:
 - Talks to relevant staff to discuss how the process/procedure works
 - Observes the processes in action (if relevant)
 - Reviews and samples²⁵ a selection of completed forms and records referred to in the policies and procedures for completeness and adherence to procedures
 - Notes on the copy of the policies and procedures the documents sampled and staff who participated in the review (this is the 'evidence' that the process/procedure has been reviewed)
 - Notes on the copy of the policies and procedures where practices are different from policies and procedures or where improvements to practices are identified
 - Provides feedback to the staff participating in the review to clarify any information gained and highlight any identified improvements
 - Completes a Survey Audit Report and attaches the copy of the policies and procedures (with notes from the review)
 - Provides feedback to the relevant Team Leader regarding the review.

(See also 8.9.8 Processing Continuous Improvement Forms and Other Improvement Information.)

vi) Responsive audits

Responsive audits are conducted if it is identified through consumer, staff or other stakeholder feedback, review of policies and procedures or other activities that a process may not be working or require improvement.

The review process described above is used to conduct responsive audits; they are used to ascertain what is happening and to identify improvements and solutions. They are usually a fairly narrow scope. For example, if it is identified that some consumers have advised that

²⁵ Samples are selected depending on the number of records, consumers, and documents available. A small sample is usually chosen to test the process. For example, a review of 5 consumer records for completion of care plans would be randomly chosen initially. If issues are identified, a further sample of 5 records may be chosen to review. If multiple programmes are delivered, the staff person may choose to select 5 records from each programme. It is important to note your sample records (consumer initials or number or staff initials of who you spoke with) on the copy of the policies and procedures to validate the review of records.

Support Workers have been arriving late for their support visit, a responsive audit may include:

- Talking with Support Workers to identify any barriers to them delivering services at the allocated time
- Reviewing the rosters and schedules of the relevant Support Workers
- Reviewing the support plans of the consumers who have provided feedback and, if necessary, consumers who receive services earlier
- Identifying solutions to the issues
- Implementing solutions
- Providing feedback to the consumers and Support Workers on the actions taken
- Evaluating whether the actions have been effective.

A Survey Audit Report is completed and attached to the copy of the policies and procedures used during the review.

(See also 8.9.8 Processing Continuous Improvement Forms and Other Improvement Information.)

vii) Quality reviews

As part of the DSS Grant Agreement requirements, Victoria Daly Regional Council Home Care undergoes a quality review every three years. The review identifies improvements required to meet any unmet expected outcomes and opportunities for improvement.

The improvements identified through the quality review process are summarised on a Survey Audit Report and included in the Improvement Plan (see 8.9.4 Improvement Plan).

(See also 8.9.8 Processing Continuous Improvement Forms and Other Improvement Information.)

8.9.8 PROCESSING CONTINUOUS IMPROVEMENT FORMS AND OTHER IMPROVEMENT INFORMATION

i) Processing forms

The following process applies to completed continuous improvement forms:

1. If all required action is completed the form may be closed out by the team leader or coordinator.
2. Forms are forwarded to the team leader administration who prepares them for presentation at the next improvement committee meeting.
3. The improvement committee reviews the forms for potential improvements and closes out forms (if not already closed out).
4. Where a form leads to improvements any action on the improvement is recorded on the back of the form. Significant improvements are also recorded on the improvement plan (see 8.7.3 Improvement Plan and Strategic Plan). The form is maintained in the 'open' section of the file for that form until all action is completed.
5. Closed out forms are filed in the 'closed' section of the file.
6. At the end of each month the number of forms received during the month, the key issues and major improvements implemented are recorded on the continuous improvement

monthly summary to feed into our management reports (see 8.3.4 Management Reports).

li) Communication of improvements

An overview of improvements is presented at:

- Monthly Team Meetings and
- Six monthly Whole of Community Care Team Meeting.

A summary of improvements is included in Victoria Daly Regional Council Home Care's Newsletter.

iii) Evaluating improvements

An improvement is not closed out until the improvement is evaluated; that is we have checked that the improvement achieved what we expected and that there were no unintended consequences.

If an improvement did not work we take it back to the next Improvement Committee meeting for consideration of new strategies. The extent to which improvements are evaluated depends on the level and complexity of the improvement.

For example, a consumer's request for bigger fonts in letters could be immediately implemented without an evaluation. However, a more complex improvement such as changing all staff commencement and finishing times to fit in with school closing hours requires consultations with staff and users, information sharing and significant changes to practices. This improvement would need to be evaluated with input from consumers, staff and management to ensure it was a positive change with no unintended consequences.

Significant improvements can only be closed out by the Manager or Coordinator after it has been evaluated.

8.10 RISK MANAGEMENT

8.10.1 OVERVIEW

Victoria Daly Regional Council Home Care identifies and manages risks appropriate to our organisation based on a simplified application of the AS/NZS 31000:2009 Risk Management Standards. Our risk management process is an ongoing process based on:

- Regular six monthly (or more often if required) reviews of previously identified risks to improve the strategies to minimise the risk and plans for responding to the risk if it occurs and
- The continuous identification of new risks and strategies to control the risks
- Involvement of consumers, staff and management in the risk management process.

8.10.2 RISK MANAGEMENT AND CONTINUOUS IMPROVEMENT

Victoria Daly Regional Council Home Care has integrated the risk management process into the continuous improvement process by:

- Delegating responsibility for risk management oversight to the Improvement Committee
- Including the identification and discussion of risks on the agenda for the Improvement Committee including clinical governance risks such as the availability of suitably qualified staff, suitable policy and procedures to guide staff, oversight of care and support services by the Registered Nurse, open and accessible communication with consumer's GP's to source advice and decision making related to clinical care, review of adverse events including medication errors and networking and education opportunities for the Registered Nurse to ensure currency of practice and support
- Delegating responsibility to the Improvement Committee for developing, maintaining and reviewing the Risk Management Plans
- Including improvements to reduce or control risks in the improvement process and in the Improvement Plan
- Implementation of a simple clinical governance system, led by the Registered Nurse, that ensures a review of the safety and quality of our systems and care delivery.

8.10.3 RISK MANAGEMENT PLANS

i) Risk management plans

Victoria Daly Regional Council Home Care maintains the following risk management plans:

- Organisation risks including:
 - loss of funding
 - inability to deliver funded outcomes within budget
 - Board of Management dysfunction
 - embezzlement of funds
 - lack of suitably qualified staff
 - extended staff illness
 - loss of data
 - poor care outcomes

(See also 8. 10.9 Activity Continuity Plan.)

- Staff risks including:
 - staff injury - manual handling risks, workplace accidents and incidents
 - infection control risks
 - consumer home environment risks
 - risk of abuse (see 8.10.8 Abuse and Neglect/iii) Staff)
- Consumer risks including:
 - home environment and service environment risks including falls and accidents
 - transport risks
 - risks from staff in the home
 - poor care outcomes resulting from a lack of suitably qualified staff, a lack of clinical oversight, inappropriate care processes (see 8.3.3 Management Meetings/ii) Clinical governance meetings)
 - risks from infections and anti-microbial resistance (see 8.3.2 Clinical Governance/i) Anti-microbial stewardship)
 - risk of abuse and neglect (see 8.10.8 Abuse and Neglect/ii) Consumers)
- Activity continuity risks including:
 - interruptions to or cessation of service delivery from natural disasters or other unanticipated events
 - transitioning-out of service such as transferring services to another service provider or where the CHSP Grant Agreement has expired or is terminated (see 8.10.9 Activity Continuity Plan)²⁶.

(See 8.10.9 Activity Continuity Plan for more details.)

ii) Risk management plan information

The Risk Management Plans include the following information:

- Date identified: date the risk was identified
- The specific risk identified: these are the risks identified by Victoria Daly Regional Council Home Care
- What can go wrong: details of what can go wrong in relation to the risk
- Consequence: the consequence of the risk using the risk rating matrix in Figure 8.10.1 Risk Rating Matrix and below:
 - 1= Insignificant
 - 2= Minor
 - 3= Moderate
 - 4= Major
 - 5= Catastrophic

²⁶ Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 p 86

- Likelihood: the likelihood of the risk occurring using the risk rating matrix in Figure 8.10.1 Risk Rating Matrix and below:
 - A: Almost Certain
 - B: Likely
 - C: Possible
 - D: Unlikely
 - E: Rare
- Risk Rating: the rating for each identified risk using the risk rating matrix in Figure 8.10.1 Risk Rating Matrix and below:
 - L = Low
 - M = Moderate
 - H = High
 - E = Extreme
- Current controls to reduce risk: the controls or strategies in place to control or reduce the risk
- Date reviewed: Date the risk and controls were reviewed to identify improvements
- New controls: Additional controls necessary to control or reduce risk or changes to existing controls.

8.10.4 IDENTIFYING RISKS

In identifying risks, the Improvement Committee considers:

- Consumer and staff feedback forms
- Consumer and staff feedback day (see 8.7.5 Annual Planning Meeting Consumers and 8.7.6 Annual Planning Day)
- Input from the annual planning day (see 8.7.6 Annual Planning Day)
- Staff Accident Incident Reports
- Consumer Adverse Event Reports including clinical risks identified by the Registered Nurse and the identification of high impact or high prevalence risks associated with the care of consumers
- Hazards and maintenance information
- Review of policies and procedures and processes
- Management knowledge and understanding of service delivery and work processes.

Where appropriate, different staff groups are involved directly in the risk management process either through attendance at part of the Improvement Committee meeting or through an Improvement Committee member consulting directly with staff on specific areas such as risks associated with transport or in-home services. These are the reported back to the Improvement Committee.

8.10.5 IDENTIFYING CONTROLS

Controls are strategies to manage risk balanced against the cost and inconvenience of the control. Common controls include:

- Staff training
- Provision of information
- The use of safe or safer equipment
- Changes in procedures or practices including review of clinical care processes
- Personnel checks including referee checks, driver's licenses, motor vehicle registrations, professional registrations, criminal history checks
- The development of plans for dealing with risks that occur.

i) Recording improvements

Improvements implemented as a result of risk management reviews and planning are recorded in the Improvement Plan, as well as in the Risk Management Plan, to ensure that they are implemented, monitored and evaluated (see 8.9 Continuous Improvement).

8.10.6 RISK RATING MATRIX

The following Risk Rating Matrix is used to determine the status of each risk based on the likelihood, and consequences of the risk. The Improvement Committee judges the likelihood and consequences of the risk to identify the rating. The risks are rated without controls in the first instance, controls are identified and then the risk is re-rated with the controls in place. This allows Victoria Daly Regional Council Home Care to gauge the success of our risk mitigation strategies. The Risk Rating Matrix is also included at the bottom of the Risk Management Plan.

Figure 8.10.1: Risk Management Rating Matrix

		CONSEQUENCES				
LIKELIHOOD		Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
	Almost Certain A	Medium	High	High	Extreme	Extreme
	Likely B	Medium	Medium	High	High	Extreme
	Possible C	Low	Medium	High	High	High
	Unlikely D	Low	Low	Medium	Medium	High
	Rare E	Low	Low	Medium	Medium	High

8.10.7 CONSUMER CHOICE AND RISK

Victoria Daly Regional Council Home Care supports consumers to live the best life they can and recognises that an important part of this is to “do the things they want to do. To this end we encourage and support consumers to make choices that may involve a risk to their health and/or safety. When this occurs, we inform the consumer about the risks, the potential consequences to themselves and others and discuss with them, ways in which the risks can be managed to support their choice.

If the choice presents an unacceptable risk to others including our staff and the consumer will not modify their choice to mitigate the risk we may modify or decline to provide any related services until the risk is mitigated.

Where the risk is to the consumer only we ask them to sign a letter acknowledging that we discussed the risk and potential consequences with them, and that they choose to accept the risk and potential consequences. This letter is filed in the consumer's office file.

8.10.8 ABUSE AND NEGLECT

Victoria Daly Regional Council Home Care recognises its responsibilities to provide a facility for consumers, staff and others that is free from abuse and neglect. To ensure that a priority focus is given to this, planning and oversight is included as a responsibility of the Clinical Governance Meeting which reports to the Board and works closely with all staff.

i) Strategies to minimise the risk of abuse and neglect

Victoria Daly Regional Council has processes in place to minimise the risk of abuse or harm to consumers and staff including:

- Establishing systems and strategies to:
 - identify abuse and neglect
 - respond to abuse and neglect when it occurs, and
 - promote awareness amongst the workforce and the service's aged care community to reduce the risks of abuse and neglect
- Monitoring that the system for identifying and responding to abuse and neglect supports consumers and staff effectively and in line with good practice
- Complying with relevant state, territory and federal government laws, including to meet mandatory reporting requirements
- Integrating systems for identifying and responding to abuse with our clinical governance framework
- Aligning organisational systems for identifying and responding to elder abuse with government frameworks and guidelines
- Evaluating and continuously improving the effectiveness of the systems in line with good practice.
- A code of behaviour for staff and volunteers
- Application of the consumer rights and responsibilities in the provision of services
- Appropriate selection and screening of staff, contractors and volunteers
- Staff training in safe and respectful interaction with staff and consumers
- Access to policies and procedures outlining responsibilities
- Provision of a safe environment (including consideration to the consumer's home environment)
- Access to supervision and support for staff from management
- An adverse event reporting system.

ii) Consumers

All consumers are entitled to feel safe, and to live in an environment where they are protected from assault, neglect, exploitation or any other form of abuse. Abuse can be in the form of:

- Financial or material abuse
- Neglect
- Emotional or psychological abuse
- Social abuse
- Physical abuse
- Sexual abuse.

Consumers can be at risk of abuse from family, friends, our staff, other consumers or other people. Whilst we are aware that we cannot control all risks to consumers we do endeavour to ensure their safety in our service and, where possible, outside of our service. Consumers have a right to film/photograph care within their own home.

Victoria Daly Regional Council Home Care follows the Alliance for the Prevention of Elder Abuse: Western Australia to ensure the safety of our consumers.²⁷ The key points of this policy are:

- Victoria Daly Regional Council Home Care endeavours to prevent abuse in the first instance, through staff recruitment screening, and the employment of staff who respect the rights of consumers and who can support consumers in reporting abuse and other concerns
- Staff are trained in identifying abuse indicators – whether from within the service or outside
- All members of staff are encouraged and supported to report abuse or suspected abuse to their immediate manager or, where the manager is the abuser, to the next in line manager. Abuse is to be reported in writing on an adverse event report. If a person is unsure that they have witnessed abuse they may discuss the incident with the manager prior to making a written report
- Managers receiving a report of abuse must act immediately
- The response to reported abuse includes, as appropriate, reporting to the Police, the provision of medical care, including transfer to hospital by an ambulance, and referral to a Sexual Assault Service if the assault is of a sexual nature
- Where a staff member is involved the victim of abuse is removed from contact with the staff member while the abuse is investigated
- Where a consumer abuses another consumer, protection strategies are implemented immediately and the event is investigated as soon as possible. If behaviour strategies are implemented they are safe, respectful of the person and non-abusive. (see 1.7.3 Inappropriate Consumer Behaviour)
- If it is appropriate and the victim of abuse has given consent, the family or guardian of the victim, or other support person, are informed of the allegation of abuse as soon as possible after the report is made

²⁷ Note: Each State and Territory has elder abuse guidelines; check your local State and Territory guidelines

- When the victim is unable to give consent, the family, guardian or other support person are notified of the incident as soon as possible
- Where the manager is unsure of the best course of action to take in an abuse situation or in a dispute between a consumer and a carer, one or more of the specialist agencies listed in Table 6.4.1 Advocacy and Complaints Investigation Contacts is contacted for advice. If the consumer has not consented to this contact it must be made without disclosing the consumer's details
- If there are fears for the well-being of the consumer due to suspected abuse the Manager follows the advice of a specialist agency even where it conflicts with the confidentiality of the consumer. In this case the specialist agency may request direct involvement
- All aspects of the abuse incidents are accurately documented and include any follow up actions.

iii) Staff

The procedures described above are applied, as appropriate, to staff being abused either by other staff, consumers or other people.

iv) Minimising the use of restraint

We do not use any type of restraint in the care of consumers. Safety devices, such as seat belts on wheelchairs are not considered a restraint and are in place to ensure consumer safety, not to impinge on their ability to be self-determining in their mobility.

8.10.9 ACTIVITY CONTINUITY PLAN

Victoria Daly Regional Council Home Care has developed a Service Continuity Risk Plan that addresses:

- Risks associated with being unable to continue to deliver services including transitioning-out of service provision (e.g. transferring services to another service provider or where the CHSP Grant Agreement has expired or is terminated²⁸)
- Controls to minimise risks including:
 - Development of effective and robust systems such as financial management, data systems, consumer information
 - Processes to monitor, manage and report incidents or threats to service continuity
 - Policies and procedures to support systems
 - Strategies in the event that services need to be discontinued (including alternative arrangements for consumers, emergency transport, transfer of consumer information including assessments, support plans and notes
 - Strategies for continuing services after a discontinuation.

The service continuity plan also includes plans for Vulnerable Consumers whose welfare or services may be put at risk from events such as bush fire, heat, cold, flood or other natural disasters (see 3.2.6 Monitoring Health and Wellbeing in Natural Disasters).

(See also 1.7.8 Service Continuity.)

²⁸ Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 6.1.8 Service Continuity p 86

8.11 INFORMATION MANAGEMENT SYSTEMS

8.11.1 COMMUNICATION STRATEGIES

Underpinning the management of information in Victoria Daly Regional Council Home Care are the following communication strategies:

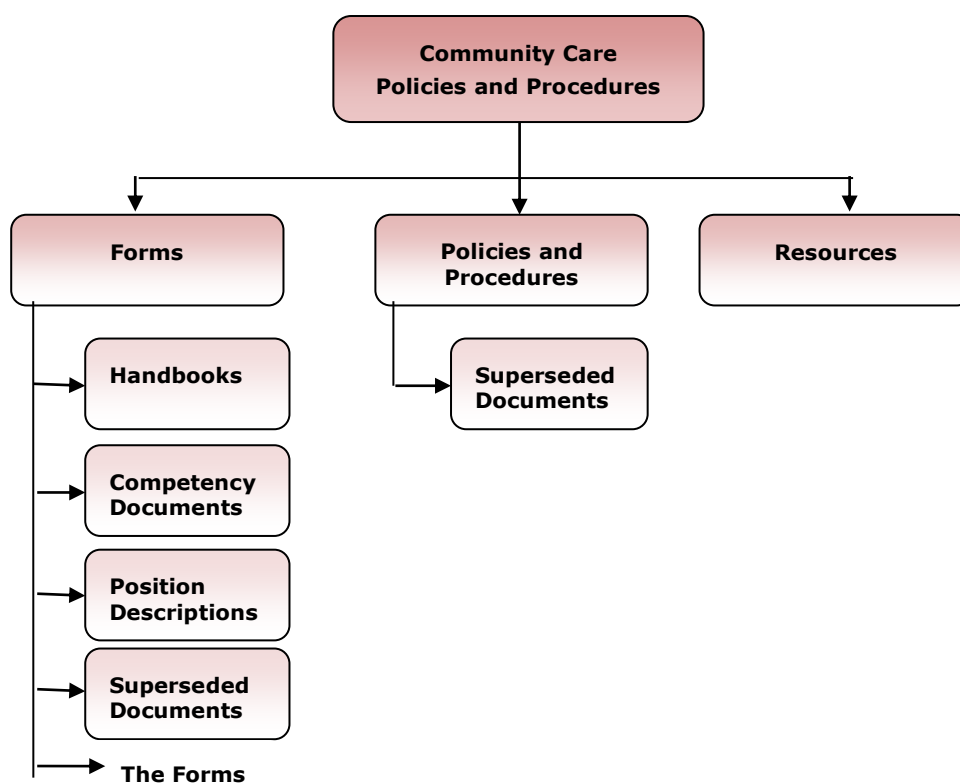
- Regular and structured meetings that involve all staff (see 8.3.3 Management Meetings)
- Regular reporting (see 8.3.4 Management Reports)
- Training for staff in relevant policies and procedures
- Involvement of staff and consumers in the continuous improvement process (see 8.9: Continuous Improvement)
- Involvement of staff in the planning process (see 8.7 Planning)
- A two-monthly newsletter for staff and consumers prepared by the Coordinators
- Emails and memos to staff as required
- Letters and notices to consumers as required.

8.11.2 POLICIES AND PROCEDURES

i) Structure of the policies and procedures

Our Policies and Procedures include the components shown in Figure 8.11.1: Policies and Procedures Schema.

Figure 8.11.1: Policies and Procedures Schema



The Policies and Procedures are maintained as read-only documents in the Policies and Procedures folder on the shared drive. The Manager is responsible for maintaining the information up-to-date with assistance from the Team Leader Administration and other staff as required. The involvement of all staff is encouraged to ensure policies and procedures reflect practice and to foster ownership and familiarity with the material.

The Policies and Procedures Manual includes the following sections:

Introduction and Table of Contents

1. Consumer Dignity and Choice
2. Ongoing Assessment and Planning with Consumers
3. Personal Care and Clinical Care
4. Services and Supports for Daily Living
5. Organisation's Service Environment
6. Feedback and Complaints
7. Human Resources
8. Organisational Governance

Forms - a copy of each form used by Victoria Daly Regional Council Home Care is maintained on the shared drive in the subfolder Forms.

ii) Access to policies and procedures

All staff can access the Policies and Procedures either through their own computer terminal or through the shared terminals available to Support Workers and volunteers. If staff require a paper copy of procedures these can be requested from their supervisor. (see 8.11.2 Policies and Procedures/v) Control of the policies and procedures).

iii) Updating the policies and procedures

The need to update the Policies and Procedures Manual, forms or other material may occur through:

- Changes in legislation or regulations
- Changes in funding or funding guidelines and requirements
- Feedback
- Management decisions
- Adverse Event Reports
- Audits and
- Reviews.

The process for updating the Policies and Procedures, forms etc. is:

1. When the need for changes is identified these are discussed with the Manager.
2. The Manager develops draft changes with the assistance of other staff or delegates this task to other staff.
3. Draft changes are reviewed by the Manager. The Manager decides if the changes need Board approval and submits them as necessary.

4. When changes have been approved by the Board and/or Manager the Team Leader Administration is advised to update the Policies and Procedures Manual.
5. The Policy and Procedures Manual is updated including forms and the table of contents. Old versions are archived.
6. Note that any new form is referenced in the Policies and Procedures Manual.
7. Staff are advised of changes to the Policies and Procedures either through a staff meeting, an email, a memo or a training session. Consumers are advised, as appropriate and necessary, through staff, the newsletters, letters or flyers.
8. Major changes to the Policies and procedures are recorded as an improvement in the Improvement Plan (see 8.9 Continuous Improvement).
9. Major changes are reviewed after an appropriate time to ensure they have achieved the required outcome.

iv) Review minutes of management meetings

The Manager or delegated staff member reviews the minutes of all management meetings for decisions that need to be reflected in the Policies and Procedures.

v) Control of the policies and procedures

- Electronic read-only copies of the Policies and Procedures material are accessible to staff
- Only the Manager and Team Leader Administration can initiate changes to the original files and only within the process specified in 8.11.2/iii) Updating the Policies and Procedures.
- Printed pages of the Policies and Procedures can be made for staff to refer to but are uncontrolled documents once printed (other than the authorised printed copy/copies). These must be kept to a minimum. The Team Leader Administration is responsible for recording the location of any full copies of the Policies and Procedures and for ensuring that they are updated when the originals are updated.

vi) Review of policies and procedures

Policies and procedures including forms are reviewed over a three-year period as documented in the Corporate Calendar. This is described in detail in 8.9 Continuous Improvement.

8.11.3 CONSUMER INFORMATION

i) Principles for the collection of consumer information

(See 1.3.6 Consumer Rights and Responsibilities/i) Consumer rights/Personal information.)

ii) Management of consumer information

Paper records

Generally, all consumer information is recorded on the Consumer Management System, however a paper file is required for some documentation. All consumers have an office-based paper file that includes assessment information, correspondence, financial information and any other relevant information as well as an in-home notes file.

(See 2.5 Consumer Documentation and Information Sharing.)

Office Files

Office files are stored in the filing room in lockable filing cabinets. Office files are created as required by the Administration Team.

The Administration Team are responsible for filing and for securing the files and the filing room. Staff taking files out enter the file details in the Consumer File Movements Register.

In-home Files

Consumers who have in-home services also have a home file that includes information required by Support Workers. This includes the support plans, progress notes, Home Safety Checklist and Consent Form. Blank feedback forms and the Consumer Handbook are also included with the file (see 2.5.2 Consumer Access to Support Plans and Other Documentation/i) In-home support plans).

Electronic Records

Consumer information is also stored electronically on the Consumer Management System. The Administration Team are responsible for ensuring that data entry is completed (including entering a new consumer, amending data, exiting consumers, setting up invoices and rostering consumers with Support Workers).

Staff record all consumer services and case notes on the Consumer Management System as well as in the consumer's home notes as necessary. Financial records for Home Care Package Consumers²⁹ including an individualised budget are maintained for each HCP consumer on the Consumer Management System.

Information is restricted by passwords to relevant staff. Information systems for the effective documentation and communication of support planning are described in Section 2: Assessment and Planning (see 2.3.5 Service Commencement and Assessment and 2.3.6 Support Plans).

iii) Consumer access to information

(See 1.6.3 Consumers Right to Access Information.)

8.1.1.4 RECORDING SERVICE DELIVERY INFORMATION

Information on the support services delivered to consumers is recorded on the Consumer Management System from recording sheets completed by the service delivery staff. The Administration Team are responsible for the entry of information and for the preparation of reports as outlined in 8.3.4 Management Reports.

8.1.1.5 GENERAL INFORMATION

The Administration Team are responsible for organising and maintaining the filing of general information up to date.

²⁹ Australian Government Department of Health December Home Care Packages Program Operational Manual December 2015 p 13 4.4 Existing Consumers at 30 June 2015 Individualised Budgets

i) Staff records

Staff files are kept in a filing cabinet in the Manager's office and are available only to the Manager and the Team Leader Administration. Coordinators can access staff files through the Manager if necessary. The filing cabinet is locked when the office is unattended.

Staff access to staff files

(See 7.3.9 Staff Files.)

ii) Minutes of meetings

Minutes of meetings are maintained on the shared drive.

iii) Other administrative information

All other administrative information including funding information, financial information and general filing is maintained in the filing cabinets in the Coordinator's office. The cabinets are locked out of hours or when the office is unattended for a lengthy period of time.

8.11.6 ARCHIVING

i) Archive management

The Administration Team is responsible for archive management. Archived files are stored in the archive storeroom. Archives are sorted by year and grouped as follows:

- Consumer records
- Staff records
- Administrative records including financial records
- Policies and procedures.

All archived information is entered in the archives index. The index records the date of archiving, the file contents, the archive box name and number and the file number and date of destruction.

ii) Timelines for maintaining records

Records are securely destroyed after the time periods shown in Table 8.11.1 Timelines for Maintaining Records

Table 8.11.1 Timelines for Maintaining Records

Employment applications unsuccessful	6 months
Staff records	7 years after the staff person ceases employment
Consumer records	7 years after the consumer ceases receiving services except for Aboriginal and Torres Strait Islander consumers, whose records are kept indefinitely and records of children aged under 18 years, whose records are kept until 7 years after they turn 18 years of age
Financial records	7 years
General administrative records	7 years
Policies and procedures	7 years

iii) Archiving consumer records

Consumer paper records

When a consumer leaves the service, their paper file is maintained in the consumer files for one year. After a year it is placed in an envelope and stored in consumer files archive box and entered into the archives index. Their name is also entered into the archive form for that box.

Consumer records are destroyed as per specified timelines (see Table 8.11.1 Timelines for Maintaining Records).

Consumer management system records

Exited consumers are de-activated on the Consumer Management System and re-activated if they return to the service (see Table 8.11.1 Timelines for Maintaining Records).

iv) Managing superseded policies and procedures

Whenever changes are to be made to the policies and procedures manual or a form the following procedure applies:

- Before making changes copy the existing file into the Superseded folder
- Watermark the document 'Superseded'
- Add 'today's date' to the end of the file name – e.g. Corporate Governance 030311
- You can now make your changes to the original document.

Superseded policies and procedures and forms are destroyed as per the timelines specified in

8.11.7 INFORMATION TECHNOLOGY

Our information technology systems ensure we are able to meet the needs of Victoria Daly Regional Council Home Care and support the collection of service delivery data and reporting obligations outlined in our Grant Agreements.

i) Standard operating environment (SOE)

The standard operating environment for Victoria Daly Regional Council Home Care is:

- Windows Small Business Server 2016 on the server

Software as follows on each workstation:

- Microsoft Office Pro 2016
- Adobe Reader
- Adobe Acrobat (Manager and Administration Team workstations)
- Microsoft Outlook 2016 and
- Edge browser.

ii) AusKey

AusKey is required for access to the My Aged Care website. It is installed on the computer of each Team Leader and Coordinator. The Team Leader Administration is the AusKey Administrator.

iii) Data storage

All data including consumers, financial and administrative data, is stored on the Shared Drive of the server.

Only the Manager or the Administration team members can add new data folders to the shared drive of the server. If staff require a new data folder they should advise one of these staff.

iv) Backups

The Administration Team are responsible for maintaining up to date backups. All computer data including emails, is backed up every night to a removable hard disk. Five hard disks are rotated on a daily basis. Disks not in use are locked in the safe.

v) External programmes

Installing programmes or other external data or utilities can introduce viruses into the workplace and can cause serious problems with the computer system. As such, no programs, external data or utilities are installed onto any workstation without the permission of the Manager or the Team Leader Administration.

vi) Passwords

Staff are assigned their logon credentials by the Team Leader Administration.

vii) Email

Staff may send and receive minimal personal emails.

All emails are filed in the appropriate folders set up by the Administration Team. Emails documenting service feedback and information relevant to the operation of Victoria Daly Regional Council Home Care are forwarded to the Manager or the Team Leader Administration.

Pornographic, sex related or other junk email is deleted without viewing it. Under no circumstances are staff to respond to it.

viii) Internet

Internet access is restricted to work related purposes. Internet access reports are maintained on the server and are regularly reviewed by the Team Leader Administration.

Under no circumstances are staff to access pornographic or sex related sites.

ix) Getting help and reporting problems

We maintain an ongoing support agreement with an IT consulting firm to monitor and maintain our computer system. This includes software installation and updates and monitoring backups.

If a staff person experiences any problems with a program or computer or other piece of equipment they can in the first instance contact the Team Leader Administration. If necessary, the Team Leader arranges for the consultants to assist.

x) Social media

We are aware that social media (social networking sites (Facebook, Twitter etc), video and photo sharing sites, blogs, forums, discussion boards and websites) promote communication and information sharing. Staff who work in Victoria Daly Regional Council Home Care are required to ensure the privacy and confidentiality of the organisation's information and the privacy and confidentiality of consumer information and must not access inappropriate information or share any information related to their work through social media sites.

Staff are required to seek clarification from the Manager if in doubt as to the appropriateness of sharing any information related to their work on social media sites.