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RECORD OF REVISIONS: SECTION 8: ORGANISATIONAL GOVERNANCE

Date	Section/s Revised and Notes	Authorisation
October 2023	Policy and procedures implemented	Management Committee

8.1 ORGANISATIONAL GOVERNANCE GUIDE

8.1.1 CONSUMER OUTCOME[1]

"I am confident CHNC is well run. I can partner in improving the delivery of care and services."

8.1.2 CHNC STATEMENT[2]

The CHNC Board of Management is accountable for the provision of safe and quality care and services.

8.1.3 OUR POLICY[3]

CHNC 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 CHNC-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[4]:
        - Antimicrobial stewardship
        - Minimising the use of restraint
        - Practising open disclosure.

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

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1 Australian Government Aged Care Quality and Safety Commission, Guidance and resources for providers to support the Aged Care Quality Standards (September 2022). Website accessed May 2023

2 Ibid., p.132. Note that Ibid means 'in the same source last referenced in the footnote above.'

3 Ibid., p.132.

4 This requirement (except for Open Disclosure) applies only if clinical care is delivered

- 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 CHNC GOVERNANCE

CHNC governance processes and systems are regularly audited as part of our audit program and staff, consumers and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see Corporate Calendar in Forms/Governance Documents and 8.9 Continuous Improvement).

8.2 ABOUT US

8.2.1 OVERVIEW

CHNC is a non-profit incorporated organisation that provides:

- Home Care Packages (HCPs)
- Commonwealth Home Support Programme (CHSP) services

Services are available to consumers in Chester Hill and the surrounding region.

8.2.2 OUR VISION

Our vision is to be a quality provider of aged care services that support people to live independently as long as they can and choose to do so and provide a continuation of care and support when they can no longer live independently.

8.2.3 OUR OBJECTIVES

Our objectives are to:

- Celebrate the diversity of all consumers and their families and partner with them in the provision of care
- Support frail, older people to stay living in their community, in their own home
- Support people to participate in the community to the extent they want to
- Support family or other primary care givers in their role and
- Partner with consumers and our staff to provide consumer-centered, effective, efficient and accountable care and support services that achieve the outcomes for consumers specified in the Aged Care Quality Standards (see 8.9.9 Key Result Areas).

8.2.4 OUR PHILOSOPHY

CHNC believe in the right of people to:

- Be valued as individuals and make informed choices about their life, where they live and their care
- Maintain their independence
- Be treated with dignity and respect, and to have their privacy and confidentiality respected
- Access services on a non-discriminatory basis, and
- Receive accountable and responsive services.

8.2.5 PARTNERING WITH CONSUMERS

Consumers are partners with CHNC 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 NEW AGED CARE ACT: STATEMENT OF PRINCIPLES

The 2015 Aged Care Sector Statement of Principles is being replaced with the New Aged Care Act: Statement of Principles that will help guide decision making to ensure the new Aged Care Act is administered in a manner consistent with its purpose.

Whilst the new Principles are not yet in force CHNC is committed to the following two

paramount considerations of the new Principles[5]:

- To ensure the safety, health and wellbeing of people receiving aged care, and
- To put older people first so their preferences and needs drive the delivery of care.

These will guide the management and operations of our service as we await the new Act and Principles.

8.2.7 TARGET GROUP

Our target group is older people assessed as eligible by My Aged Care (through a Regional Assessment Service (RAS) or an Aged Care Assessment Team (ACAT)) for the services we provide (See Directory of Funded Programs.[6])

8.2.8 SERVICES PROVIDED

Details of the services provided by CHNC are included in the Directory of Funded Programs.

8.2.9 OUR STAFF

The following staff are employed in CHNC:

• Manager • Aged Care Programs Coordinator • Aged Care Programs Assistant • Social Support Workers • Support Workers • ACVVS Program Officer • Accounts Team • Head Office Administration Team • Childcare Team • TEI Team	• Volunteers

The management structure is described in 8.3 Management Structure and Governance Processes. (see also CHNC Management Structure.[7])

8.2.10 INCORPORATION REQUIREMENTS

Key requirements of incorporated groups[8]

The key requirements of the NSW Associations Incorporation Act 2009 and Associations Incorporation Regulations 2010[9] are:

[5] Australian Government Department of Health and Aged Care New Aged Care Act: Statement of Principles (Undated) Accessed August 2023

[6] All Directories are located in Forms/Governance Documents

[7] The CHNC Management Structure diagram is located in Forms/Governance Documents

[8] NSW Government Fair Trading About Associations Website accessed August 2023

[9] NSW Government NSW Associations Incorporation Act 2009 and Associations Incorporation Regulation 2010

Obligations:

- Appoint as a Public Officer a person who resides in NSW to be both the official point of contact for an incorporated association and one of the authorised signatories.
- Maintain an official address in NSW where the Public Officer can generally be found and advise of a change of address within 28 days
- Maintain a board of at least three members 3 of whom must reside in Australia. The board can include the Public Officer
- Meet the records and financial reporting requirements relevant to the Tier of the Association
- Maintain a register of members and a register of board members
- The board must meet at least three times in a 12-month period
- Hold an AGM within six months of the close of the association's financial year
- Keep the constitution up-to-date and provide a copy to any members of the association requesting it
- Record minutes of all meetings
- Maintain at least five members of the association
- Ensure all other rules in the constitution, the Associations Incorporation Act and the Australian Charities and Not-for-profits Commission (ACNC)[10] are followed.

Responsibilities of the public officer

The public officer is responsible for:

- Notifying Fair Trading of any change in the association's official address within 28 days
- Collecting all association documents from former committee members and delivering the documents to the new committee member
- Returning all association documents to a committee member within 14 days, upon vacating office
- Acting as the official contact for the association, including taking delivery of documents served on the association and bringing them to the attention of the committee as soon as practicable
- Custody of any documents as required by the constitution.

The constitution

The constitution underpins all of CHNC's operations and services and specifies the legal framework in which CHNC operates.

Familiarity with constitution

Board of Management members and the Manager are familiar with the details of the constitution, and make sure that all of CHNC'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 incorporation legislation 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 CHNC operates. Any changes are made as per the requirements of the Incorporation Act.

[10] NOTE: As we are a registered charity, we are required to lodge an Annual Information Statement with the Australian Charities and Not-for-profits Commission (ACNC) within six months of the end of the financial year.

General meetings

(See Directory of Management Meetings.)

Board of management

CHNC is managed by a Board of Management of six people of whom the majority are independent non-executive members[11]. The Board comprises the following positions:

- Chairperson
- Vice Chairperson
- Treasurer/Finance Advisor
- Secretary and/or Public Officer
- 3 other Board of Management members

Role of the board of management

The Board of Management sets the direction and strategic priorities for CHNC, oversees the financial management, ensures the efficient and effective operation of the organisation as guided by the organisation's management team and leads and sets the culture of the organisation.[12] The Board monitors the operations of CHNC 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 CHNC 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 services[13].

The Board must also ensure that they, and the organisation's management have the requisite knowledge, skills and experience to manage a complex aged care business.[14]

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 approved by the Board.

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

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[11] Non-executive member is a person not employed by the organisation as a member of the executive team Note: Exceptions apply, see Australian Government Aged Care Quality and Safety Commission Provider Responsibilities Relating to Governance - Guidance for Approved Providers November 2022 p 8. For existing providers, the implementation date is 1 December 2023

[12] Australian Government Aged Care Quality and Safety Commission Provider Responsibilities Relating to Governance - Guidance for Approved Providers November 2022 p 5.

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

[14] Australian Government Aged Care Quality and Safety Commission Provider Responsibilities Relating to Governance - Guidance for Approved Providers November 2022 p 10 & p 47. Note: Applies to all approved providers except those that are a state or territory, a state or territory authority, or a local government authority. For existing providers, the implementation date is 1 December 2023

Involvement in Day to Day Management

The Board of Management is not involved in the day to day management of CHNC 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

All Board members accept responsibility for:

Legal Responsibilities

Ensure that CHNC operates within relevant Federal, State and Local Government laws and funding provider requirements including:

- Operates in line with:
  - The constitution
  - The relevant Incorporation Act
  - Funding/grant agreements
  - Aged Care Quality Standards
  - Common law, such as the duty of due care, skill and diligence, the duty to act in good faith, and the duty to ensure that the association does not trade while insolvent
- 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
- Ensures adequate insurance cover including professional indemnity, public liability and accident insurance
- Ensures that in circumstances where an approved provider may be a wholly owned subsidiary of another body corporate, that the constitution does not authorise the directors to act in good faith in the best interests of the holding company, but rather act in the best interests of consumers[15]
- Complies with the Privacy Act and regulations, the Aged Care Act and any other relevant legislation or regulations.

Policy and Planning

Ensure that:

- CHNC has clear and relevant objectives that guide the operations of CHNC
- A strategic plan and Plan for Continuous Improvement are 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 and are monitored through management reports
- The policies and procedures and related documents are kept up-to-date and are adhered to

[15] Australian Government Aged Care Quality and Safety Commission Provider Responsibilities Relating to Governance - Guidance for Approved Providers November 2022 Section 63-1H(1) of the Aged Care Act p 49 & Constitution of certain providers p 10. For existing providers requirement to be implemented by 1 December 2023

Financial

Ensure that:

- CHNC has an annual budget that is approved by the Board of Management, and that expenditure is within the budget
- CHNC have sufficient income to meet the budget requirements
- The conditions of funding agreements and guidelines are met
- Funds are properly accounted for, and an audit is completed as required, and
- An annual statement (in the form required by the Department) attesting to the approved providers structure, systems and processes to deliver safe and high quality care, evidenced by its responsibilities. This must be provided for the previous year (July to June) and submitted by the end of October each year.[16]

Staff Management Responsibilities

Ensure management:

- Recruits the best possible staff (including contracted staff) through ensuring staff have the appropriate skills, qualifications and experience to deliver quality and safe care and are provided with opportunities to develop their capability to provide care and services[17]
- Provides staff with support, direction and supervision
- Recruits volunteers and they are provided with training, support, direction and supervision.

Other Board Responsibilities

- Ensure the independence, skills and qualifications of Board members is appropriate to the provision of aged care and meets 'membership responsibilities'[18]
- Ensure that CHNC maintains a strong membership base and community support and remains a viable organisation
- Represent CHNC to the public.

Responsibilities of board members

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

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.

Responsibilities of the Chairperson

The responsibilities of the Chairperson include:

- Make sure regular Board of Management meetings are held and are run in accordance with the constitution including:
    - Encourage members of the Board to attend meetings and to contribute to the meeting

[16] Australian Government Aged Care Quality and Safety Commission Provider Responsibilities Relating to Governance - Guidance for Approved Providers November 2022 p 53

[17] Australian Government Aged Care Quality and Safety Commission Provider Responsibilities Relating to Governance - Guidance for Approved Providers November 2022 p 46

[18] Australian Government Aged Care Quality and Safety Commission Provider Responsibilities Relating to Governance - Guidance for Approved Providers November 2022 p 14 & Membership of governing body p 8. Note: Exceptions apply. For existing providers requirement due 1 December 2023

  - Ensure perceived or actual conflicts of interest are assessed and managed
  - Lead the meeting through the agenda, keeping discussion relevant, decision making clear and encouraging broad participation
- Sign letters or documents on behalf of CHNC as required
- Act as a spokesperson for CHNC when required.

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 CHNC when required
- Be a member of and/or chair sub-committees/task groups as required
- Sign letters or documents on behalf of CHNC as required
- Undertake any other tasks as needed.

Responsibilities of the Treasurer/Finance Advisor

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 CHNC
- 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 relevant 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 CHNC as required
- Provide advice within their areas of knowledge and skills on the operations of the organisation
- Assist with any other tasks that may arise.

Code of conduct for Key Personnel

A Code of Conduct for Key Personnel has been developed and is agreed to by Board Members on appointment to the Board. The Code of Conduct is included in the Forms folder.

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

Conflict of interest

Members and staff act in the best interests of CHNC. If business or personal interests or affiliations of members conflict with (or may be perceived to conflict with) the interests of CHNC the following procedures 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 CHNC
- An interest disclosed by a Board member is 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 will not take part in any deliberations or decision of the Board with respect to that contract.

Leaving the board

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.

Board of management meetings

(See Directory of Management Meetings.)

Orientation for board of management members

The first meeting following the AGM includes a short orientation session for all members, and particularly new members. This covers the following information:

- The vision, objectives and philosophy of CHNC
- Board and Board member roles and responsibilities
- Information on funding
- Information on the services delivered including a review of the Consumer Handbook
- Information on staff
- Information about Board meetings
- The Code of Conduct for Key Personnel emphasising consumer and staff safety
- Continuous improvement and risk management processes
- Serious Incident Response Scheme (SIRS)
- The Aged Care Quality Standards
- The Whistleblower policy including the role of the Board and the Whistleblower processes.

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

The Manager is responsible for ensuring the preparation and distribution of this information for new Board members.

8.2.11 APPROVED PROVIDER RESPONSIBILITIES[19]

Key personnel

CHNC is an Approved Provider under the Aged Care Act 1997. A responsibility of an approved provider and the key personnel is to ensure the quality and safety of services for consumers. Ensuring the suitability of key personnel is the responsibility of the Board of Management.

Key personnel are defined in the Aged Care Quality and Safety Commission Act 2018[20]. Excluding entities that are a State or Territory, key personnel include:

- A member of the group of persons responsible for the executive decisions of the entity (this includes directors and board members)
- Any person having authority or responsibility for, or significant influence over, planning, directing or controlling the activities of the entity
- Any person responsible for the nursing services provided and holds a recognised qualification in nursing
- Any person who is responsible for the day-to-day operations of the aged care service whether or not, they are employed by the entity.

Our Key Personnel

Our key personnel are:

- Board of Management members
- The Manager
- The Aged Care Programs Coordinator

Suitability matters for key personnel

Any person who proposes to become, or is, one of our key personnel are assessed against the suitability matters specified by the Aged Care Quality and Safety Commission[21]. Each key personnel is required to complete a Key Personnel Suitability Matters Assessment Form (in Governance Documents). This is then reviewed by the Manager and the Board of Management.

Suitability matters include:

- Experience in providing care
- Banning orders
- Criminal proceedings and convictions
- Civil proceedings and convictions

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19 Australian Government Department of Health and Aged Care Home Care Packages Program Operational Manual A Guide For Home Care Providers Version 1.4 – August 2023, 15.1.2 Material changes to suitability This information can be applied to HCP and Residential Care

20 Australian Government Aged Care Quality and Safety Commission Aged Care Quality and Safety Commission Act 2018 Section 8B Meaning of key personnel of a person or body

21 Australian Government Aged Care Quality and Safety Commission Provider Responsibilities Relating to Governance - Guidance for Approved Providers November 2022 p 37 & Consideration of suitability matters for key personnel p 9. Note: "Given this responsibility commences on 1 December 2022, existing approved providers must have considered the 'suitability matters' in relation to all its key personnel and be reasonably satisfied that its key personnel are suitable to be involved in the provision of aged care by 1 December 2023"

- Insolvency under administration
- Adverse findings from federal and state departments and commissions
- Fraud, misrepresentation or dishonesty in any administrative, civil or criminal proceedings
- Disqualification from managing corporations
- Other matters specified in the Aged Care Quality and Safety Commission Rules 2018.

Disqualified individuals[22]

The Aged Care Act specifies that key personnel cannot be a disqualified individual. Key Personnel and Disqualified Individuals are defined in Sections 8A and 8B (respectively) of the Aged Care Quality and Safety Commission Act 2018.[23] The Act defines a disqualified individual as someone who:

- Has been convicted of an indictable offence[24]
- Is an insolvent under administration (bankrupt)
- Is a key personnel and a medical practitioner certifies that the individual is unable to perform their duties because of mental incapacity.

CHNC takes the following steps to ensure none of our key personnel are a disqualified individual:

- We ensure that each person understands the obligations of key personnel and of approved providers under the Act in relation to disqualified individuals
- If we reasonably believe that a person may be mentally incapable of performing his or her duties as one of our key personnel, we make arrangements for the person to be examined by a registered medical practitioner
- If we reasonably believe that a person may be a disqualified individual, we take the steps outlined below
- If we ascertain that the person is a disqualified individual, we ensure that the person ceases to be one of our key personnel.

The Board of Management requires all key personnel to advise them within 14 days if they become a disqualified individual. In addition, we require all key personnel to renew their documentation every three years.

We ensure copies of all documentation are kept.

The Manager is responsible for ensuring checks occur when required and reports on the checks to the Board.

Note: If we fail to take reasonable steps to ensure our key personnel are not disqualified individuals, we may be liable to pay a fine, face revocation of our approved provider status or, in certain circumstances, face a prison sentence.

Material change of circumstance of approved provider

Approved providers have an ongoing responsibility to ensure they are ready and able to provide legislatively compliant, high quality and safe services at all times.

Provider suitability is assessed against the following considerations:

1. Experience in providing aged care or other relevant forms of care

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[22] Australian Government Aged Care Quality and Safety Commission Aged Care Quality and Safety Commission Act 2018 Section 8A Meaning of disqualified individual

[23] Australian Government Aged Care Quality and Safety Commission Aged Care Quality and Safety Commission Act 2018

[24] The definition of indictable offenses varies between States and Territories but generally include more serious offences, such as: murder, manslaughter, aggravated assault, the intentional and unlawful administration of drugs or poisons, committing fraudulent or dishonest activities. If a person has been convicted of an offence it is recommended you check with a legal advisor to ascertain if the offence is indictable.

2. Understanding of approved provider responsibilities
3. Systems it has, or will have, in place to meet these responsibilities
4. Records of financial management and the methods used, or proposed to ensure sound financial management
5. Conduct as a provider (including compliance with responsibilities as a provider) and obligations arising from the receipt of any payments from the Australian Government for providing aged care or any other relevant form of care.

The Board of Management recognises that it must do all things reasonably practicable to ensure that there is no change to circumstances materially affecting our suitability to provide aged care.

We must notify the Aged Care Quality and Safety Commissioner of any change of circumstances that materially affects our suitability to be a provider of aged care including changes in key personnel (including a person becoming or ceasing to be a key personnel or a change in circumstances that relate to a suitability matter with regard to a key personnel).

Notice must be provided within 14 days of the change occurring 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.[25]

Other responsibilities include:

- Notify the Secretary of the name and address of the service in relation to each service site before providing services
- Notify the Secretary of any changes to the name and address of the service within 14 days of the change
- Comply with any agreement we make in lieu of revocation of approved provider status, and with any undertaking we give to respond to notice to remedy non-compliance
- Respond to a written request from the Commissioner for information relating to:
    - our suitability to be a provider of aged care,
    - payments made under the Aged Care Act 1997 or Aged Care (Transitional Provisions) Act 1997,
    - our financial situation

  within 28 days after the request was made, or within any period specified.

Pricing review HCP

(See 8.5.2 Home Care Package Fees/Pricing schedule.)

Department monitoring of compliance and other access

CHNC cooperates fully with any person who is exercising powers under Part 6.4 of the *Aged Care Act 1997 and* in relation to the service and comply with Part 6.4 in relation to the person's exercise of those powers and Part 8 of the *Aged Care Quality and Safety Commission Act 2018*. Details of these powers are included in the Aged Care Act.[26]

We allow RAS assessors, ACAT assessors, or other people authorised by the Secretary to assess the care needs of any consumer, access to our service.

[25] Australian Government Aged Care Quality and Safety Commission Provider Responsibilities Relating to Governance - Guidance for Approved Providers November 2022 p 45. Further details and examples of reportable key personnel requirements are included in the document

[26] Australian Government Aged Care Act 1997 Compilation No. 85 Includes amendments up to: Act No. 47, 2022 Part 6.4

8.2.12 CODES OF CONDUCT AND BANNING ORDERS[27]

CHNC requires the following individuals to sign and comply with specific Codes of Conduct[28]:

- Key personnel and executive decision makers must sign the "Code of Conduct for Key Personnel and Executive Decision Makers"
- Staff and Volunteers employed directly by CHNC must sign the "Code of Conduct for Staff and Volunteers"

These codes of conduct include both CHNC's internal Code of Conduct and the Aged Care Quality and Safety Commission (ACQSC) Code of Conduct for Aged Care.

- Workers engaged by contractors or subcontractors to provide care or other services to consumers, must sign the "Subcontracted Services Agreement" that covers the ACQSC Code of Conduct.

The Agreement must be signed on commencement with CHNC. All personnel are provided with a copy of their signed Agreement and are informed about banning orders. (See Banning Order below).

Action may be taken if personnel do not abide by the Agreement. Additionally, breaches of the ACQSC Aged Care Code of Conduct may result in a banning order.

The ACQSC Code of Conduct

The ACQSC Code of Conduct for Aged Care sets out how approved providers and their workers and governing persons must behave and treat consumers when providing aged care services and aims to ensure that all consumers can have confidence and trust in the quality and safety of aged care they receive, regardless of who provides that care. [29]

The ACQSC Code of Conduct and Banning Orders apply to:

- Approved providers including governing persons of approved providers
- Aged care workers of approved providers including voluntary workers and workers engaged (including on a voluntary basis) by a contractor or subcontractor to provide care or other services to consumers[30].

The ACQSC Code of Conduct does not apply to:

- Commonwealth Home Support Programme (CHSP) providers
- National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) providers

However, these providers are still required to provide care and services that are safe and respectful and behave in a way that aligns with the Code. Concerns about the conduct of providers, aged care workers and governing persons within these programs can still be raised with the Commission (with actions taken under the Commonwealth's funding agreement with the provider).[31]

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27 Australian Government Aged Care Quality and Safety Commission Amendment Exposure Draft (Code of Conduct and Banning Orders) Rules 2022 Note The code is to be effective from 1 December 2022. Note also, that as an Exposure Draft it is not yet legislated and could change. GGJ will provide an update if changes are made

28 See Forms folder: Code of Conduct for Key Personnel and Executive Decision Makers, Code of Conduct for Staff and Volunteers, ACQSC Code of Conduct for Subcontractors.

29 Australian Government Aged Care Quality and Safety Commission Code of Conduct for Aged Care: Guidance for aged care workers and governing persons Published May 2023.

30 Australian Government Aged Care Quality and Safety Commission Code of Conduct for Aged Care – information for providers. This website specifies the Code will apply to voluntary workers and workers engaged (including on a voluntary basis) by a contractor or subcontractor to provide care or other services to consumers

31 Australian Government Aged Care Quality and Safety Commission Code of Conduct for Aged Care: Guidance for aged care workers and governing persons Published May 2023.

The 8 elements of the ACQSC Code of Conduct[32]

- Act with respect for people's rights to freedom of expression, self-determination, and decision-making in accordance with applicable laws and conventions
- Act in a way that treats people with dignity and respect, and values their diversity
- Act with respect for the privacy of people
- Provide care, supports and services in a safe and competent manner, with care and skill; and
- Act with integrity, honesty and transparency
- Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of care, supports and services
- Provide care, supports and services free from (i) all forms of violence, discrimination, exploitation, neglect and abuse, and (ii) sexual misconduct
- Take all reasonable steps to prevent and respond to (i) all forms of violence, discrimination, exploitation, neglect and abuse, and (ii) sexual misconduct.

Banning orders[33]

The Aged Care Quality and Safety Commissioner has the power to make banning orders against aged care workers and key personnel / executive decision makers who do not comply with the code of conduct and will maintain a publicly available register of individuals who have had banning orders made against them so that they can be identified and either prohibited from being involved or engaged in aged care under an approved provider or restricted from engaging in specified activities.

The Commission is also able to make a banning order against an individual who is not and/or has not previously been an aged care worker or governing person of an approved provider. This includes individuals who work for a service provider of the Commonwealth Home Support Programme (CHSP).

Resources for staff and management

Resources are available on the ACQSC website: Code of Conduct for Aged Care – information for workers/providers including:

- ACQSC Code of Conduct for Aged Care: Guidance for aged care workers and governing persons[34]
- ACQSC Code of Conduct for Aged Care – a fact sheet for aged care workers[35]

[32] Australian Government Aged Care Quality and Safety Commission Code of Conduct for Aged Care: Guidance for aged care workers and governing persons Published May 2023.

[33] Australian Government Aged Care Quality and Safety Commission Regulatory Bulletin RB 2023-17, 6 January 2023.

[34] Australian Government Aged Care Quality and Safety Commission Code of Conduct for Aged Care: Guidance for aged care workers and governing persons Published May 2023.

[35] Australian Government Aged Care Quality and Safety Code of Conduct for Aged Care – a fact sheet for aged care workers Published December 2022.

8.3 MANAGEMENT STRUCTURE AND GOVERNANCE PROCESSES

8.3.1 MANAGEMENT STRUCTURE

The management structure of CHNC is shown diagrammatically in our Organisation Structure.

All reporting and supervision is based on the diagram. These lines of reporting are not varied except where expressly stated in these policies and procedures or with the agreement of the Manager.

8.3.2 GOVERNANCE PROCESSES

Governance structure

The organisation's corporate governance responsibilities are made up of financial governance, clinical governance, risk governance and other governance (e.g. human resources and legal). The Manager is responsible for managing the governance systems and ensuring appropriate reporting to the Board.

The governance structure is shown in the Governance Structure diagram. The Governance Structure includes:

- The Board of Management (Governing Body)
- The Leadership Team (responsible for operational management)
- The Improvement Committee (Quality Care Advisory Body)
- The Consumer Advisory Body provides feedback to the Improvement Committee about the quality of care provided.

Management meetings

The Governance processes are built on cooperation and reporting between different levels of CHNC management including:

- The Leadership Team
- The Improvement Committee and Consumer Advisory Body
- The operational committees and meetings including:
    - The Work Health and Safety Committee and
    - The Team Management Meetings.

(See also 8.3.3 Clinical Governance and 8.9.2 The Improvement Committee.)

Governance reporting process

The operational committees and meetings forward a report after each meeting to the Improvement Committee highlighting:

- Clinical governance issues
- Other issues
- Review of performance reports
- Recommendations for improvements/risk controls and other actions
- An update on progress in implementing previously approved improvements/risk controls.

The Clinical Governance Committee review and consider recommendations and identify any other indicated improvements and include these in their minutes and on the Plan for Continuous Improvement as appropriate.

The Management Committee provides a report to the Leadership Team highlighting for each operational area:

- Clinical governance issues
- Other issues
- Performance issues
- Recommendations for improvements/risk controls and other actions, and
- An update on progress in implementing previously approved improvements/risk controls.

The Leadership Team reviews the reports and recommendations from the Improvement Committee and presents these to the Board through the Manager, with their recommendations.

The Board reviews and monitors the organisation's performance to ensure it is in line with the organisation's objectives and within budget.

8.3.3 CLINICAL GOVERNANCE[36] [37]

Clinical Governance is the set of relationships and responsibilities established by CHNC between its governing body, executive, clinicians, consumers and other stakeholders to ensure good clinical outcomes.

CHNC's clinical governance framework has six components:

- Governance, leadership and culture: We have integrated corporate and clinical governance systems and established and support the measurement and improvement of the quality and safety of services for consumers based on our vision and culture of delivering safe and quality services.
- Consumer partnership: We partner with consumers to participate in the design, measurement and evaluation of our services through participation in the Improvement Committee, focus groups, surveys and feedback processes.
- Organisational systems: We have safety and quality systems that are integrated with our management structure and processes to ensure quality and safe services are delivered through the development of policies, practices, processes and systems embedded in our governance arrangements. These include:
    - Risk management and incident management systems (see 8.9 Continuous Improvement and 8.10 Risk management)
    - Restraint minimisation (see 3.5 Restraint Minimisation and Use Policy)
    - Antimicrobial stewardship (see below)
    - Practicing Open Disclosure through open communication with consumers about: incidents that have caused harm; the facts of what happened; taking responsibility for what went wrong, including apologies; listening to the consumer's experience of what happened; and explaining the steps taken to prevent incidents happening again. (See also 6.2.1 Open Disclosure and other Principles in Managing Complaints)
    - Supporting our staff to understand their role in supporting quality and safety (See 7.4.3 Staff Education and Training/Mandatory training
- Monitoring and reporting: We have a range of data sources we used to measure our performance including client data, risk and incident reporting, feedback, audits and surveys that inform an understanding of performance and processes to use data to effect ongoing improvement. We provide performance reports to the Board six monthly and receive feedback to improve our services.
- Effective workforce: We ensure a workforce that is appropriately trained, skilled and developed to optimise the safety, health and wellbeing of consumers and a safe work environment. We take a strategic approach to ensuring our workforce is recruited, orientated, supported, trained and developed to meet the changing needs of consumers. We

[36] Australian Government Aged Care Quality and Safety Commission July 2019 Clinical Governance in Aged Care Toolkit Website accessed November 2020

[37] Australian Government Aged Care Quality and Safety Commission Clinical Governance in Aged Care Website accessed November 2020

engage the workforce in ways to better meet consumer needs. We are aware of the need to comply with mandatory reporting requirements where there are professional conduct concerns regarding health professionals.

- Communication and relationships: We have effective communication processes in place to communicate consumer needs and requirements (based on consumer goals) with the workforce in consultation with consumers, engage visiting practitioners, share information with people we refer consumers to (with consent), and ensure open and transparent communication with consumers and representatives when things go wrong. We use open disclosure methodologies to communicate and ensure improvements are enacted as required. We have systems to ensure accurate and contemporary record keeping ensuring clear communication between care providers.

Responsibilities

We believe ensuring strong clinical governance relies on a partnership approach including:

- Consumers: We partner with consumers to the extent they choose in their own care and participation in organisational governance through feedback, focus groups, surveys and committee representation (where practicable).
- Clinicians: Clinical systems support our clinicians to provide quality and safe services underpinned by their own professional practice and professional codes of conduct that align with our clinical governance framework. This includes liaising with other health professionals and organisations.
- Managers: Managers advise and inform the governing body and operate within the strategic and policy frameworks endorsed by the organisation. They ensure the quality and safety systems support the delivery of care and measurement of outcomes. The most senior clinician in CHNC is responsible for the oversight of the Clinical Governance Framework and operation.
- Governing body: The Board as governing body ensures the organisation is run well and delivers quality and safe services by promoting a culture of safety and improvement.

CHNC provide nursing and allied health services through our subcontracted Registered Nurses and allied health professionals (within their scope of practice) and ensure clinical governance by ensuring CHNC availability of suitably qualified staff. We communicate with other organisations and agencies involved in the care of consumers. The organisation's structure supports review of adverse events including medication errors, falls and pressure injuries (and other relevant clinical indicators) and clinical review processes.

Clinical care committee meetings

Clinical care quality and safety is of paramount importance in CHNC. The key committee for clinical care discussion and improvement is the Clinical Care Committee that meets monthly to:

- Review clinical governance processes, clinical indicators and issues across all service provision to identify improvements
- Review our performance with regard to the provision of medication management support (twice per year with invited members including a medical practitioner and pharmacist)
- Determine and endorse clinical policy and practice
- Determine and endorse medical and independent living equipment by relevant health professionals
- Identify improvements for consideration
- Review infection prevention and control processes (including antimicrobial stewardship) and issues 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 CHNC. (See 8.10.8 Abuse and Neglect.)
- Promote and monitor the take up of advance care planning and Advanced Care Directives (See 2.3.8 Advance Care Planning).

The minutes of the Clinical Care Committee meetings detail any successes, issues, recommended improvements, identified risks and recommended controls. The minutes and action list are provided to the Management Committee and consideration of improvements, risks and controls.

(See Directory of Management Meetings for details of Clinical Care Meetings.)

In addition to these formal organisation clinical care meetings, clinicians meet to discuss clinical issues in their areas to support the quality and safety of care provided.

8.3.4 PERFORMANCE REPORTS

(See Directory of Performance Reports and 8.2.11 Approved Provider Responsibilities/Department monitoring of compliance and other access.)

8.3.5 WHISTLEBLOWERS[38]

Overview[39]

CHNC is committed to enabling the reporting of wrongdoing within the organisation and supports this through the promotion of a workplace free of unacceptable behaviour and serious misconduct. We are committed to addressing and investigating reported misconduct and rectifying proven wrongdoing.

This policy is endorsed by the Leadership Team and the Board following consultation with an employee forum to ensure it supports simple and clear reporting and resolution processes in response to the identification of illegal, inappropriate or unethical conduct.

Purpose of our whistleblower policy[40]

The purpose of our Whistleblower policy is to:

- Encourage more disclosures of wrongdoing
- Help deter wrongdoing, in line with our risk management and governance framework
- Ensure individuals who disclose wrongdoing (disclosers) can do so safely, securely and with confidence that they will be protected and supported
- Ensure discloser's reports (disclosures) are dealt with appropriately and on a timely basis
- Provide transparency around our process for receiving, handling and investigating disclosures
- Support our values and code of conduct
- Support our long-term sustainability and reputation and
- Meet our legal and regulatory obligations.

If we are to achieve this purpose it is important that all employees (and non-employees) who are aware of possible wrongdoing have the confidence to speak up knowing that they are fully supported by CHNC and the Whistleblower legislation.

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[38] Australian Government ASIC Media Release 19-308MR ASIC gives guidance on companies' Whistleblower policies and relief to small not-for-profits Accessed 1 March 2020. ASIC is providing relief to not for profits or charities with annual revenue of less than $1 million from the requirement to have a written Whistleblower policy. They are, however; still bound by the Whistleblower protections legislation (see above link to 19-308 Media Release). GGJ Consultants recommend that all organisations have a written policy as it clarifies responsibilities and processes for Whistleblowers and other people involved in Whistleblower disclosures

[39] Information on Whistleblowers is taken from: Australian Government Australian Securities and Investment Commission (ASIC) Regulatory Guide 270: Whistleblower Policies (A copy is included in Forms/Resources)

[40] ASIC Regulatory Guide 270: Whistleblower Policies 2019 RG 270.39 to 270.40

Who the policy applies to[41]

This policy applies to individuals who are or have been any of the following in CHNC:

- An officer or employee (e.g. current and former employees who are permanent, part-time, fixed-term or temporary, interns, managers, and board members/directors)
- A supplier of services or goods (whether paid or unpaid), including their employees (e.g. current and former contractors, consultants, service providers and business partners)
- An associate of CHNC and
- A relative, dependent or spouse of an individual (e.g. relatives, dependents or spouse of current and former employees, contractors, associates)

A discloser qualifies for protection as a Whistleblower under the Corporations Act if they are an eligible Whistleblower, as per the above, and:

- They have made a disclosure of information relating to a 'disclosable matter' directly to an 'eligible recipient' (see below, Who can receive a disclosure) or to ASIC, APRA or another Commonwealth body prescribed by regulation;
- They have made a disclosure to a legal practitioner for the purposes of obtaining legal advice or legal representation about the operation of the Whistleblower provisions in the Corporations Act or
- They have made an 'emergency disclosure' or 'public interest disclosure' (see below, Matters the policy applies to).

Matters the policy applies to[42]

CHNC's Whistleblower policy covers the following types of wrongdoing:

- Physical, psychological or other abuse of a consumer of our service
- Receiving gifts or monies from a consumer of our service without the permission of a senior manager
- Illegal conduct, such as theft, dealing in, or use of illicit drugs, violence or threatened violence, and criminal damage against property
- Fraud, money laundering or misappropriation of funds
- Offering or accepting a bribe
- Financial irregularities
- Failure to comply with, or breach of, legal or regulatory requirements
- Engaging in or threatening to engage in detrimental conduct against a person who has made a disclosure or is believed or suspected to have made, or be planning to make, a disclosure.

Disclosable matters include conduct that may not involve a contravention of a particular law. Information that indicates a significant risk to public safety or the stability of, or confidence in, the financial system is also a disclosable matter, even if it does not involve a breach of a particular law.

A discloser can still qualify for protection even if their disclosure turns out to be incorrect, with the exception of deliberate false reporting.

Exclusions

Staff grievances are not included as part of the Whistleblower procedure as these are managed through the grievance procedure (see 7.5.1 Staff Under Performance/ Process for dealing with underperformance).

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41 ASIC Regulatory Guide 270: Whistleblower Policies 2019 RG 270.41 to RG270.46

42 ASIC Regulatory Guide 270: Whistleblower Policies 2019 RG 270.47 to RG270.63

Consumer complaints about service delivery are also excluded and are managed through the consumer complaints process (see 6.2 Consumer Complaints).

Who can receive a disclosure[43]

CHNC has identified below the 'eligible recipients' who can receive disclosures that qualify for protection of the Whistleblower. A Whistleblower needs to make a disclosure directly to one of the below eligible recipients to be able to qualify for protection as a Whistleblower under the Corporations Act (or the Taxation Administration Act, where relevant).

If a person wishing to make a disclosure would like to access some advice before lodging a disclosure, they can seek advice from any of the internal or external eligible recipients.

Internal eligible recipients

CHNC would like to identify and address wrongdoing as early as possible and encourages Whistleblowers to make a report to senior management in the first instance.

Board members and members of the Management Team (CEO and Managers) are nominated officers of CHNC to receive disclosures.

Additionally, our Employee Assistance Program (EAP) have the appropriate skills and knowledge to receive the information and are nominated by CHNC to receive disclosures.

Any eligible recipient who is implicated in a disclosure is not involved in any aspect of receiving, handling or investigating the disclosure except as per the below section, Ensuring fair treatment of individuals mentioned in a disclosure.

External eligible recipients

Whistleblowers can also report a disclosure to:

- Regulatory bodies or law enforcers relevant to the report. For example, breaches of company law can be reported to ASIC (Australian Securities and Investment Commission), breaches of tax law can be reported to the ATO (Australian Taxation Office) and breaches of financial requirements can be reported to APRA (Australian Prudential Regulation Authority).
- Legal practitioners.
- Journalists or members of Commonwealth, state or territory parliaments (parliamentarians), for public interest or emergency disclosures.

  The criteria for making a public interest or emergency disclosure are specified in the ASIC Regulatory Guide 270: Whistleblower Policies[44]. Note that a disclosure must have previously been made to ASIC, APRA or a prescribed body and written notice provided to the body to which the disclosure was made. In the case of a public interest disclosure, at least 90 days must have passed since the previous disclosure. A discloser should contact an independent legal adviser before making a public interest disclosure or an emergency disclosure.

Whistleblowers can also report other misconduct to ASIC and if not in their remit, ASIC may refer the discloser to another regulator or law enforcer.

In all cases the Whistleblower is still able to access the Whistleblower protections available under the Whistleblower legislation if the discloser is deemed a Whistleblower.

[43] ASIC Regulatory Guide 270: Whistleblower Policies 2019 RG 270.64 to 270.78

[44] ASIC Regulatory Guide 270: Whistleblower Policies 2019 RG 270 79 to 270.86

How to make a disclosure[45]

A discloser can report a disclosure to any eligible recipient in person, by telephone, email or letter at any time.

Contact details of eligible recipients in CHNC can be obtained from the Internal Telephone Directory or from reception. The contact details for the EAP are: Telephone, Email, Address.

Anonymous disclosures

If a discloser wishes to notify an issue anonymously, they can advise the EAP who will advise a nominated person within CHNC agreed to by the staff person without identifying the discloser. (See 7.5.4 Employee Assistance Program.) Persons making anonymous disclosures are still protected by the Whistleblower legislation.

A discloser can choose to remain anonymous while; making a disclosure, over the course of the investigation and after the investigation is finalised. A discloser can refuse to answer questions that they feel could reveal their identity, including during follow-up conversations.

Where a person wishes to remain anonymous, CHNC would appreciate it if they maintain ongoing two-way anonymous communication so we can ask follow-up questions or provide feedback. At no time will we pressure an anonymous discloser to reveal their identity.

Communication with disclosers can be through anonymous telephone hotlines and anonymised email addresses; and a discloser may adopt a pseudonym for the purpose of their disclosure if their identity is known to their supervisor, the eligible recipient in CHNC or the EAP.

Legal protections for disclosers[46]

Legal protections for disclosers are described below. These protections apply to internal disclosures, disclosures to legal practitioners, regulatory and other external bodies, and public interest and emergency disclosures that are made in accordance with the Corporations Act.

Identity protection

CHNC cannot disclose the identity of a discloser or information that is likely to lead to the identification of a discloser which we have obtained directly or indirectly because the discloser made a disclosure that qualifies for protection.

The exception is if a person discloses the identity of the discloser:

- To ASIC, APRA, or a member of the Australian Federal Police (within the meaning of the Australian Federal Police Act 1979)
- To a legal practitioner (for the purposes of obtaining legal advice or legal representation about the Whistleblower provisions in the Corporations Act)
- To a person or body prescribed by regulations or
- With the consent of the discloser.

CHNC can disclose the information contained in a disclosure with or without the discloser's consent if:

- The information does not include the discloser's identity
- We have taken all reasonable steps to reduce the risk that the discloser will be identified from the information and
- It is reasonably necessary for investigating the issues raised in the disclosure.

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45 ASIC Regulatory Guide 270: Whistleblower Policies 2019 RG 270.79 to 270.86

46 ASIC Regulatory Guide 270: Whistleblower Policies 2019 RG 270.87 to 270.105

It is illegal for a person to identify a discloser or disclose information that is likely to lead to the identification of the discloser, outside the exceptions noted above. If the identity of a discloser is disclosed the discloser can lodge a complaint with CHNC about the breach of confidentiality. The discloser can also lodge a complaint with a regulator, such as ASIC, APRA or the ATO, for investigation.

Protection from detrimental acts or omissions

Disclosers are protected from detriment in relation to a disclosure. This means no person can engage in actions or make a threat towards you because of your disclosure or planned disclosure.

The following are prohibited under law:

- Dismissal of an employee
- Injury of an employee in his or her employment
- Alteration of an employee's position or duties to his or her disadvantage
- Discrimination between an employee and other employees of the same employer
- Harassment or intimidation of a person
- Harm or injury to a person, including psychological harm
- Damage to a person's property
- Damage to a person's reputation
- Damage to a person's business or financial position or
- Any other damage to a person.

Actions that are not considered detriment include:

- Moving a person to a different workspace to prevent detriment to them and
- Managing unsatisfactory work performance, if the action is in line with our performance management framework (see 7.5.1 Staff Underperformance/Process for dealing with underperformance).

Compensation and other remedies

A discloser (or any other employee or person) can seek compensation and other remedies through the courts if:

- They suffer loss, damage or injury because of a disclosure and
- The CHNC failed to take reasonable precautions and exercise due diligence to prevent the detrimental conduct.

Civil, criminal and administrative liability protection

A discloser is protected from any of the following in relation to their disclosure:

- Civil liability (e.g. any legal action against the discloser for breach of an employment contract, duty of confidentiality or another contractual obligation)
- Criminal liability (e.g. attempted prosecution of the discloser for unlawfully releasing information, or other use of the disclosure against the discloser in a prosecution, other than for making a false disclosure) and
- Administrative liability (e.g. disciplinary action for making the disclosure). Note that the protections do not grant immunity for any misconduct a discloser has engaged in that is revealed in their disclosure.

Support and practical protection for disclosers[47]

Identity protection (confidentiality)

CHNC has the following measures and/or mechanisms for protecting the confidentiality of a discloser's identity (where applicable).

- To reduce the risk that the discloser will be identified from the information contained in a disclosure, we:
  - Redact all personal information or reference to the discloser witnessing an event
  - The discloser is referred to in a gender-neutral context
  - Where possible, the discloser will be contacted to help identify certain aspects of their disclosure that could inadvertently identify them and
  - Disclosures are handled and investigated by qualified staff.

- Securing record-keeping and information-sharing processes
  - All paper and electronic documents and other materials relating to disclosures will be stored securely
  - Access to all information relating to a disclosure will be limited to those directly involved in managing and investigating the disclosure
  - Only a restricted number of people who are directly involved in handling and investigating a disclosure will be made aware of a discloser's identity (subject to the discloser's consent) or information that is likely to lead to the identification of the discloser
  - Communications and documents relating to the investigation of a disclosure will not to be sent to an email address or to a printer that can be accessed by other staff and
  - Each person who is involved in handling and investigating a disclosure will be reminded about the confidentiality requirements, including that an unauthorised disclosure of a discloser's identity may be a criminal offence.

Whilst CHNC does endeavour to protect the confidentiality of a discloser's identity, in practice, people may be able to guess the discloser's identity if:

- The discloser has previously mentioned to other people that they are considering making a disclosure
- The discloser is one of a very small number of people with access to the information or
- The disclosure relates to information that a discloser has previously been told privately and in confidence.

Protection from detrimental acts or omissions

CHNC will work closely with a discloser to protect them from detriment. This includes:

- Assessing the risk of detriment through our risk management process (see 8.10 Risk management)
- Linking the discloser to available support services that they may wish to access including services provide by our EAP (See 7.5.4 Employee Assistance Program)
- Identifying strategies to help a discloser minimise and manage stress, time or performance impacts, or other challenges resulting from the disclosure or its investigation
- Taking action to protect a discloser from risk of detriment—for example, allowing the discloser to perform their duties from another location, reassign the discloser to another role at the same level, make other modifications to the discloser's workplace or the way they perform their work duties, or reassign or relocate other staff involved in the disclosable matter

[47] ASIC Regulatory Guide 270: Whistleblower Policies 2019 RG 270.106 to 207.110

- Ensuring that the Board and senior management are aware of their responsibilities to maintain the confidentiality of a disclosure, address the risks of isolation or harassment, manage conflicts, and ensure fairness when managing the performance of, or taking other management action relating to, a discloser
- A complaint from a discloser that they have suffered detriment will be investigated as a separate matter by an officer who is not involved in dealing with disclosures and the investigation findings will be provided to the Senior Management Team and the Board informed of any action to be taken. Action could include taking disciplinary action, allowing the discloser to take extended leave, developing a career development plan for the discloser that includes new training and career opportunities, or offering compensation or other remedies

Handling and investigating a disclosure[48]

Handling a disclosure

When CHNC receives a disclosure either from the discloser, the EAP or a regulatory body the following key steps apply. When handling a disclosure, the above points related to legal protections for disclosers and support and practical protection for disclosers are meticulously adhered to.

- A sub-committee of the Leadership Team (the subcommittee) comprising two to three members is formed within one week to receive, review and act on the disclosure. Leadership Team members are trained in the process to manage disclosures.
- Leadership Team members potentially implicated in the perceived unacceptable behaviour/misconduct will be excluded from the management and investigation of the disclosure and, if necessary, an impartial person from outside the organisation will be appointed.
- The subcommittee will be convened within two weeks to review and assess the disclosure to determine whether:
    - it qualifies for protection and
    - if a formal, in-depth investigation is required
- If the disclosure qualifies (not an anonymous disclosure) an invitation is made to the discloser to discuss the disclosure in person with the subcommittee at a time and place that they feel comfortable with.
- The focus of the discussion is on the substance of a disclosure, rather than what the subcommittee believe to be the discloser's motive for reporting. It is also important for the subcommittee not to assume that disclosures about conduct or behaviour that appear to have had a personal impact on a discloser are somehow less serious. The discloser's experience may indicate a larger or systemic issue.
- Where there is uncertainty around the status of the disclosure specialist advice may be sought.
- The discloser is advised within two weeks after the review/meeting whether the disclosure:
    - qualifies for protection and
    - if a formal, in-depth investigation is required.

Investigating a disclosure

When investigating a disclosure the subcommittee endeavours to complete the investigation as quickly as possible and within one month of commencing the investigation, while acknowledging that the process may vary depending on the nature of the disclosure.

The subcommittee will not disclose information that is likely to lead to the identification of the discloser as part of its investigation process, unless:

- The information does not include the discloser's identity
- We remove information relating to the discloser's identity or other information that is likely to lead to the identification of the discloser (e.g. the discloser's name, position title and other identifying details) and
- It is reasonably necessary for investigating the issues raised in the disclosure.

[48] ASIC Regulatory Guide 270: Whistleblower Policies 2019 RG 270.111 to 207.124

The subcommittee may not be able to undertake an investigation if it is not able to contact the discloser (e.g. if a disclosure is made anonymously and the discloser has refused to provide, or has not provided, a means of contacting them). In this case we may investigate a disclosure by endeavouring to contact the discloser to obtain consent to a limited disclosure to the subcommittee.

The subcommittee may also investigate a disclosure by conducting a broad review on the subject matter or the work area disclosed. In addition, we may investigate an anonymous disclosure, even if we cannot get in contact with the discloser, if the discloser has provided sufficient information to us and we remove information that is likely to lead to the identification of the discloser.

In investigating a disclosure, the subcommittee will determine:

- The nature and scope of the investigation
- The person(s) within and/or outside the entity that should lead the investigation
- The nature of any technical, financial or legal advice that may be required to support the investigation and
- The timeframe for the investigation.

The subcommittee will also make sure that investigations are objective, fair and independent, while preserving the confidentiality of the investigation, through:

- Being independent of the discloser, the individuals who are the subject of the disclosure, and the business unit involved and
- Undertaking investigations jointly with professional assistance, if required.

Keeping a discloser informed

The subcommittee will provide regular updates to a discloser during the key stages, including:

- When the investigation process has begun
- While the investigation is in progress and
- After the investigation has been finalised.

How the investigation findings will be documented, reported internally and communicated to the discloser

The method for documenting and reporting the findings will depend on the nature of the disclosure noting that there may be circumstances where it may not be appropriate to provide details of the outcome to the discloser.

Generally, the findings will be documented by the subcommittee and forwarded to the Manager or other relevant senior staff person who will review them and the processes to ensure CHNC processes and procedures had been adhered to. If necessary, additional actions may be taken.

Once the findings are confirmed they are forwarded to the Board for review.

The findings are then provided to the discloser and any other people involved in the report.

Review of Findings

The discloser can request a review of the findings and/or the process. If the review proceeds it will be conducted by an officer who is not involved in handling and investigating the disclosure. The review findings are provided to the subcommittee, the Manager and the Board.

CHNC is not obliged to reopen an investigation and it can conclude a review, if it finds that the investigation was conducted properly, or new information is either not available or would not change the findings of the investigation.

The discloser is advised that they may lodge a complaint with a regulator, such as ASIC, APRA or the ATO, if they are not satisfied with the outcome of the investigation.

Ensuring fair treatment of individuals mentioned in a disclosure[49]

CHNC ensures the fair treatment of its employees who are mentioned in a disclosure that qualifies for protection, including those who are the subject of a disclosure.

Measures and/or mechanisms for ensuring fair treatment of individuals mentioned in a disclosure include the following as applicable:

- Disclosures will be handled confidentially, when it is practical and appropriate in the circumstances
- Each disclosure will be assessed and may be the subject of an investigation
- The objective of an investigation is to determine whether there is enough evidence to substantiate or refute the matters reported
- When an investigation needs to be undertaken, the process will be objective, fair and independent
- An employee who is the subject of a disclosure:
    - is entitled to the presumption of innocence until proven otherwise and is offered support by an EAP representative (the EAP representative is not the same person supporting the discloser)
    - will be advised about the subject matter of the disclosure as and when required by principles of natural justice and procedural fairness and prior to any actions being taken, for example, if the disclosure will be the subject of an investigation
    - may contact other available support services (e.g. counselling).

The subcommittee will determine the most appropriate time to inform the individual who is the subject of a disclosure about the investigation, provided they inform the individual before making any adverse finding against them. In some circumstances, informing the individual at an early stage of an investigation may compromise the effectiveness of the investigation, such as when there may be concerns that the individual may destroy information or the disclosure needs to be referred to ASIC, APRA, the ATO or the Federal Police.

Ensuring the policy is easily accessible to all stakeholders[50]

Disclosers within CHNC

CHNC strives to ensure all staff and other stakeholders are aware of and have access to our Whistleblower policy through:

- Holding staff briefing sessions
- Discussing the policy in staff team meetings
- Posting the policy on the staff intranet
- Making a copy available in the staff lunchroom
- Providing a printout through reception on request from staff
- Posting information on staff noticeboards
- Including the policy as mandatory training
- Including the policy in the employee handbook and
- Incorporating the policy in employee orientation information and training for new staff
- Providing staff with a copy of the completed and signed Staff/Volunteer Orientation Checklist, which includes references to ASIC information on whistle blowing and advising of the availability of printed copies on request

[49] ASIC Regulatory Guide 270: Whistleblower Policies 2019 RG 270.125 to 207.127

[50] ASIC Regulatory Guide 270: Whistleblower Policies 2019 RG 270.128 to 207.139

- Promotion of the policy by senior management in meetings with staff and communications to staff.

Upfront and ongoing education and training

CHNC provides the following education and training to all staff and senior management to ensure they are aware of our Whistleblower policy and that all levels of management, particularly line managers, receive appropriate training in how to effectively deal with disclosures.

Staff training includes:

- Key arrangements of the entity's Whistleblower policy, processes and procedures, including:
  - practical examples of disclosable matters
  - practical information on how to make a disclosure and
  - advice on how disclosers can seek further information about the policy if required
- Information related to protecting and supporting disclosers, including:
  - the measures the entity has in place for protecting and supporting disclosers
  - practical working examples of conduct that may cause detriment to a discloser and
  - the consequences for engaging in detrimental conduct
- Information about matters that are not covered by the entity's policy, including
  - practical examples of personal work-related grievances
  - information on the entity's other policies (e.g. on bullying and – harassment, workplace health and safety, grievance and code of conduct matters)
  - information on how and where employees can report general employee feedback or personal work-related grievances and
  - practical examples of circumstances where disclosure has led to positive outcomes for the CHNC and the discloser.

The management team from which our Whistleblower subcommittee is selected, receive training in the processes and procedures for receiving and handling disclosures, including training relating to confidentiality and the prohibitions against detrimental conduct. This training is provided by our EAP who specialise in Whistleblower processes and support.

Board members also receive training in CHNC's commitment and obligations to protecting disclosers of wrongdoing and their role in supporting and protecting Whistleblowers and the processes to be followed. It also covers how the Whistleblower policy fits in with other policies such as bullying and harassment. Again, this training is provided by the EAP as part of the orientation training for Board members after each AGM.

Disclosers outside of CHNC can access our Whistleblower policy (minus names and positions) through our website.

Monitoring and reporting on the effectiveness of the policy

A report is provided to the Board on every disclosure and includes:

- The subject matter of the disclosure
- The status
- The type of person who made the disclosure (e.g. employee or supplier) and their status (e.g. whether they are still employed or contracted)
- The action taken
- How the disclosure was finalised
- The timeframe for finalising the disclosure and

- The outcome of the disclosure.

The Whistleblower policy is reviewed and updated (if necessary) following completion of a disclosure and when there are legislative changes related to Whistleblower requirements to ensure it remains adequate.

Reviews and updates are conducted through our continuous improvement process (see 8.9 Continuous Improvement).

Changes to legislative requirements are managed through our regulatory compliance process (see 8.8 Regulatory Compliance).

8.3.6 CORPORATE CALENDAR

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

- Meeting dates (see Directory of Management Meetings)
- Management report dates
- Funding report dates
- Policy and procedures reviews (see also 8.11.2 Policies and Procedures/Review of policies and procedures)
- Scheduled Audits
- Scheduled surveys
- Contract review dates
- Review of key documents (e.g. Consumer Handbook, Service Agreements).

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

8.4 FINANCIAL MANAGEMENT

8.4.1 ROLES AND TASKS

Board of management

The Board of Management is responsible for the financial management of CHNC including the establishment of financial policy and procedures and monitoring the financial management of CHNC.

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 CHNC. To assist in this an external accountant is contracted to review and report to the Treasurer on the financial reports each quarter.

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.

Coordinators

The Coordinators are responsible for:

- Developing an annual program budget prior to June 30 each year
- Monitoring the budget on a monthly basis
- Identifying financial program issues
- Making recommendations on program growth.

Accounts team

The Accounts Team is responsible for:

General

- Providing financial information and support to the Board, Manager, Coordinators
- The management of consumer fees including the preparation of invoices, entry of payments and follow up on unpaid fees
- The books of accounts
- The preparation of financial reports
- Meeting ATO and other legislative and regulatory financial accountability requirements
- Monitoring income and expenditure against the budgets and contracts and advising the program managers of issues
- Monitoring investments
- Preparation of accountability reports for the program managers
- with funding applications.

8.4.2 FINANCIAL MANAGEMENT PRACTICES

The following practices apply to financial management in CHNC:

Bank accounts

- Board approval is required to establish new bank accounts
- Separate bank accounts are maintained for each major funding source.

Signatories

Up to three Board members are authorised signatories to the accounts. The Manager, the Finance Officer, and the Accountant are authorised to access the accounts with 2 to approve transactions.

Transactions over $10,000.00 not within the budgets require approval by a Board member and one other authorised person.

Budget

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

Reports

The Administration Team in liaison with the program Coordinators prepare reports. See Directory of Performance Reports and Directory of Funding Provider Accountability Reports.

Reports are presented to the Team Meetings for review and forwarded as per 8.3.2 Governance processes.

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.

Audit

- An annual audit is undertaken each year by a qualified Auditor approved at the AGM and appointed by the Board. The auditor reports to the Board
- The Treasurer presents the audited report for the previous financial year to the AGM
- A copy of the audit is forwarded to funding providers who may require it by their specified dates.

8.4.3 DELEGATIONS OF FINANCIAL AUTHORITY

The financial authority of key personnel in CHNC is clarified in the Delegations of Financial Authority[51]

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 CHNC's objectives and current Strategic Plan and priorities
2. All contact with the funding body is through the Manager
3. All applications are approved by the Board and signed by the Manager before submission.

[51] See Forms/Governance Documents/Directory of Management Meetings

8.4.5 PURCHASING PROCEDURE

The following procedure applies to the purchase of goods and services.

Purchases from contracted providers

- A purchase order is completed and forwarded to the supplier (for medical or consumer care equipment, approval from the Clinical Care Committee must be provided prior to ordering to ensure the safety and appropriateness of the equipment)
- A copy of the purchase order is forwarded to the Accounts Team.

Ancillary purchases

- The Manager is authorised to purchase necessary goods and services. If the cost of the goods or services is over $10,000.00 the Manager must obtain approval from the Board prior to ordering
- Goods or services must be purchased from a supplier on the Approved Suppliers List unless the goods or services are not available from the list
- Two quotes should be obtained by an Accounts Team member
- The Accounts Team member and the Manager or Coordinator ordering the goods or services select the best quote
- The Accounts Team issue a purchase order.

Receiving goods

- All goods must be unpacked on receival and checked by a staff member against the order
- If there is a deficiency in the order it is reported to the purchaser, who will liaise with the supplier
- If the order is complete and undamaged, the staff member signs the delivery docket and ensures that goods are forwarded to the purchaser
- When the invoice is received the purchaser checks it and if approved, attaches it to the duplicate of the order form, authorises payment of the invoice and forwards it to the Finance Team for payment
- Problems with any goods and services are referred to the purchaser who will endeavour to resolve the problem through negotiation.

8.5 CONSUMER FEES

8.5.1 COMMONWEALTH HOME SUPPORT PROGRAM

CHSP fees policy

Overview

CHNC follows the Client Contribution Principles outlined in the National Guide to the CHSP Client Contribution Framework.[52]

The principles are:

- Consistency: All clients who can afford to contribute to the cost of their care should do so. Client contributions should not exceed the actual cost of service provision
- Transparency: Client contribution policies should include information in an accessible format and be publicly available, given to, and explained to, all new and existing clients
- Hardship: Individual policies should include arrangements for those who are unable to pay the requested contribution
- Reporting: Grant agreement obligations include a requirement for service providers to report the dollar amount collected from client contributions
- Fairness: The Client Contribution Framework should take into account the client's capacity to pay and should not exceed the actual cost to deliver the services. In administering this, service providers need to consider partnered clients, clients in receipt of compensation payments and bundling of services
- Sustainability: Revenue from client contributions should be used to support ongoing service delivery and expand the services providers are currently funded to deliver.

In setting our fees we follow the CHSP National Unit Prices Ranges and Reasonable Client Contributions.[53]

Other considerations in determining fees include:

- Where consumers are receiving, or have received, compensation payments the full cost of the service is charged.
- Consumers with similar levels of income and service usage patterns are charged equivalent fees for equivalent services
- Consumers with high and/or multiple service needs are not charged more than a specified maximum amount of fees in each period, irrespective of actual amounts of services used
- Solicited donations for services are considered equivalent to fees
- The fee charged for a service is all-inclusive and covers all material used in the delivery of the service
- Fee collection is administered efficiently, and the cost of administration is less than the income received from fees
- Information on the determination of fees is publicly available on our website and in the Consumer Handbook
- The CHNC 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
- Assessment of a person's capacity to pay fees is as simple and unobtrusive as possible, with any information obtained treated confidentially
- Consumers and their advocates have the right of appeal against a given fee determination.

[52] Australian Government Department of Health and Aged Care National Guide to the CHSP Client Contribution Framework Last updated June 2022

[53] Australian Government Department of Health and Aged Care National Guide to the CHSP Client Contribution Framework Table 1 2022-23 CHSP national unit prices ranges and reasonable client contributions P 3 Last updated June 2022

Fee reductions

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

- Consumers can request a fee reduction by completing the Fee Reduction Application.
- Income and expenses are assessed to determine the consumer's ability to pay based on their individual circumstances
- 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
- Consumers are asked to advise us within 30 days of any significant changes in their circumstances which may alter their status in relation to the payment of fees.

(See also below 8.5.3 Fee management and hardship/Consumer refusal to pay fees.)

8.5.2 HOME CARE PACKAGE FEES[54]

Note: Information in this section applies to consumers that commenced their Home Care Package after 1 July 2014. Information on pre-1 July 2014 arrangements is included in the HCP Operational Manual.[55]

Overview

CHNC adheres to the HCP Administration and Management Charges specified by the Government and effective from 1 January 2023. In line with these changes:

- We have caps on the prices of care management and package management services
- We do not charge for package management in a calendar month where no services (other than care management) are delivered, except for the first month of care
- We do not charge separately for third-party charges including subcontracting
- We do not charge exit amounts
- We ensure charges for all care and services are reasonable.

We also comply with the Department of Health and Aged Care price transparency requirements[56]:

- We publish our prices on My Aged Care
- We do at least an annual review of our pricing schedule and full price list
- We keep our pricing information up to date.
- We include a copy of our pricing schedule in consumer's home care agreements
- We charge consumers the prices in our pricing schedule, unless otherwise agreed and recorded in their home care agreement.

[54] Australian Government Aged Care Quality and Safety Commission Regulatory Bulletin Changes to Administration and Management Charges in the Home Care Packages (HCP) Program RB 2022-16

[55] Australian Government Department of Health and Aged Care Home Care Packages Program Operational Manual A Guide For Home Care Providers Version 1.4 – August 2023, 15 Appendix A: Pre-1 July 2014 arrangements

[56] Australian Government Department of Health and Aged Care Pricing for Home Care Packages Last Updated 21 November 2022 Accessed January 2023

Fees payable by consumers

Fees payable by consumers can include the following components:

Consumer Fees

Basic daily fee

CHNC follows the Department of Health and Aged Care Schedule of Fees and Charges for Residential and Home Care. Rates for the basic daily fee are reviewed in March and September each year in line with changes to the Age Pension. The current rates are available in the Schedule of Fees and Charges for Residential and Home Care. Fees are payable, and calculated daily, even on days a consumer does not receive a service. The Government subsidy and supplements are payable, and calculated, in the same way.

Income-tested care fee

The income-tested care fee is a contribution that consumers may be asked to pay to us if they can afford to do so and is in addition to the basic daily fee. The fee is determined through an income assessment, which is conducted by Services Australia or DVA as applicable. This fee will reduce the subsidy the government contributes towards a Home Care Package.

Consumers can complete an income assessment online at Services Australia.

Means not Disclosed[57]

New consumers are able to complete the income test form to help determine their aged care fees and accommodation costs before or after they commence a HCP; however, if they do 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.

Care management and package management fees[58]

Care management is provided to all consumers and involves:

- Regularly assessing the person's needs, goals and preferences
- Reviewing their home care agreement and care plan
- Ensuring their care and services align with other supports
- Partnering with the person and their families or carers about their care
- Ensuring their care and services are culturally safe
- Identifying and addressing risks to their safety, health and well-being.

Whilst some people may be more proactive in the management of their home care package, we still provide care management to ensure the delivery of safe and quality care and services based on the consumer's needs, goals and preferences.

Package management is a service that supports the delivery of a Home Care Package. This service includes activities such as:

- Establish and manage home care budgets
- Coordinate the delivery of services including equipment
- Financial management including consumer invoices and statements

[57] Australian Government Department of Health and Aged Care Advisory email: Means not Disclosed in Aged Care 3 October 2018

[58] Australian Government Department of Health and Aged Care - Care management and care plans for Home Care Packages Last updated 8 December 2022

- Manage the income tested care fee and basic daily fee payments
- Records management
- Staff management and development
- Quality improvement, compliance, and assurance activities

Package management does not include:

- Business overheads or costs
- Administration and communication or marketing costs (include these in direct service prices as needed)
- Care Management tasks
- Direct service charges.

Care management and package management price caps

As from 1 January 2023 a price cap of a maximum of 20% of the package level applies to care management and 15% of the package level applies to package management, however we aim to keep the prices of both reasonable, justifiable, and reflective of the consumer's needs and requirements. Where consumers require less care management or package management, we adjust the fee accordingly.

Care management and package management are charged at a fortnightly or monthly rate as per our billing arrangements with consumers. If a consumer ceases services in a period where care and services were provided the full period rate still applies.

Care management and package management arrangements are discussed with consumers at their service commencement meeting, at reviews and whenever required by them or us. Care management arrangements are included in the support plan.

Care management and package management fees are charged to consumers and are shown as separate items in the consumer's budget and in the consumer's monthly statement.

Additional Services Fee

Additional service fees are for additional care and services that wouldn't otherwise be covered in a consumer's home care package budget. This is agreed to by the consumer and CHNC and are only charged if there aren't enough available funds in the consumer's budget to cover them.

Compensation

Consumers are asked if they have a compensation entitlement. If they do, Services Australia is advised on the requisite form and the compensation is considered in the calculation of fees.[59]

Consumer subsidies

Home care subsidy

This is paid by the Government to CHNC on behalf of the consumer. It is based on a daily fixed rate for each level of package and is indexed in July of each year.[60]

[59] Australian Government Department of Health and Aged Care Home Care Packages Program Operational Manual A Guide For Home Care Providers Version 1.4 – August 2023, Appendix D: Compensation payments (Click on link for latest version). The process for advising Services Australia and for the development of a budget are described

[60] Australian Government Department of Health and Aged Care Schedule of Subsidies and Supplements for Aged Care

Supplements

CHNC claims supplements for consumers who are eligible. These are added to the subsidy amount for the consumer and are part of the total package budget. An authorised CHNC signatory must sign the dementia, oxygen and enteral feeding claim forms. Once a form is completed, the form and supporting evidence can be emailed to Services Australia. Supplement funds can be used in the same ways as any other component of a package budget.

Available supplements for home care consumers include:

- Dementia and Cognition Supplement
- Veterans' Supplement
- Oxygen Supplement
- Enteral Feeding Supplement
- Viability Supplement
- Hardship Supplement.

Details of each supplement are provided in the Home Care Packages Program Operational Manual.[61] Current supplement rates are here.

Annual and lifetime caps[62]

The Australian Government has developed fee caps so that there are annual and lifetime limits on the income tested care fee in home care. These are managed by Services Australia.

Once the annual cap is reached, the consumer is not asked to pay any more income-tested or means-tested care fees until the next anniversary of when they first started receiving aged care. Consumers still pay the basic daily fee.

Services Australia notifies us and the consumer once the cap has been reached. The Government pays the remaining income-tested care fees to us by way of increased subsidy after these caps have been reached.

Financial hardship assistance

(See 8.5.3 Fee management and hardship)

Pricing schedule[63]
CHNC publish our pricing information in the Pricing Schedule on the My Aged Care Service Finder and include a copy of it in each Home Care Agreement. (See My Aged Care Example Home Care Pricing Schedule.)[64]

We:

- Provide notice of our Pricing Schedule to the Secretary (Department of Health and Aged Care) before offering to enter into a Home Care Agreement with a consumer
- Review our pricing Schedule and price list at least every 12 months, and:

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61 Australian Government Department of Health and Aged Care Home Care Packages Program Operational Manual A Guide For Home Care Providers Version 1.4 – August 2023, 8.2.2 Supplements

62 Australian Government Department of Health and Aged Care Home Care Packages Program Operational Manual A Guide For Home Care Providers Version 1.4 – August 2023, 8.3.4 Annual and lifetime caps

63 Australian Government Department of Health and Aged Care Home Care Packages Program Operational Manual A Guide For Home Care Providers Version 1.4 – August 2023, Appendix B.1 What is the Pricing Schedule and what do providers need to do with it? and 15.3 What are my financial disclosure obligations?

64 Australian Government Department of Health and Aged Care Home Care Pricing Schedule Example July 2019 Accessed January 2023

- if there is to be a change, provide My Aged Care with an updated notice: This can be done by entering 'Confirm review of pricing information' in the My Aged Care Service Finder
- if there are no changes, provide My Aged Care with a written notice that we have reviewed the information: Update our price list on My Aged Care Service Finder. This will cause the 'last updated date' to update in the Department's systems and will be sufficient evidence that we have reviewed our price list.

A copy of the Schedule is provided to consumers when changes are implemented and agreed to by the consumers. If we need to charge a different amount to that included in the Home Care Agreement, we discuss and agree the amount with the consumer and detail the different price and the reason in the Agreement.

As noted above, we review our Pricing Schedule annually. We discuss with consumers any proposed changes and revise the agreement with the consumer with consideration to the consumer's ability to pay. When charges are varied the Home Care Agreement is updated with a copy of the new agreed Pricing Schedule signed by CHNC and the consumer or their representative.

We also provide a website link for consumers and others to download the Pricing Schedule. Printed copies are also provided to consumers as required or on request.

Individualised budget[65]

CHNC gives every HCP consumer a written individualised budget for the care and services detailed in their support plan. The budget is provided as soon as practicable after all the necessary information is available.

The budget states for the agreed budget period the amount of home care subsidy payable and the maximum amount of home care fees payable by the consumer and is developed in partnership with the consumer, and with consideration of the consumer's goals, assessed needs, preferences, resources available, and the services selected by the consumer.

Note: Consumers are not required to pay home care fees more than one month in advance.[66]

Review of budget

The individualised budget is reviewed if:

- A change to the care and services is proposed, or
- The costs or providing the care and services change, or
- The consumer requests us to do so.

If the consumer requests the review, the review must be completed within 14 days of the request.

The consumer is provided with a copy of the new budget and assisted to understand it.

Unspent funds[67]

Unspent funds are the total amount of subsidy and fees the Australian Government has paid for a person that have not been spent.

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65 Australian Government Department of Health and Aged Care Home Care Packages Program Operational Manual A Guide For Home Care Providers Version 1.4 – August 2023, Rights of care recipients – Part 4.2 in the Aged Care Act 1997

66 Australian Government Department of Health and Aged Care Home Care Packages Program Operational Manual A Guide For Home Care Providers Version 1.4 – August 2023, Rights of care recipients – Part 4.2 in the Aged Care Act 1997

67 Australian Government Department of Health and Aged Care Home Care Packages Program Operational Manual A Guide For Home Care Providers Version 1.4 – August 2023, 10.8 What are unspent funds and how can they be used for care and services?

The Commonwealth portion of unspent funds are held by Services Australia in a home care account for the person. The Commonwealth keeps track of their portion, and we keep track of the consumer's portion.

Monthly statement[68]

We utilise the Commonwealth Example Monthly Statement which includes unspent funds.

Requirements for Consumers Leaving our HCP Service

If a consumer leaves the HCP program:

- To move to another home care provider, the unspent home care amount (LESS any exit amount) is transferred to their new provider (See below Exit amount) When making payment of a transfer amount to a consumer's new provider we give them a copy of the notice issued to the consumer on their cessation
- To leave home care (e.g. they no longer wish to receive services, they enter residential care or die) the unspent home care amount is returned to them or their estate and to the Commonwealth as appropriate.

If a consumer passes away we:

- Transfer the consumer portion of their unspent funds to the person or their estate. If they are leaving the HCP Program, this must be completed within 70 days after the cessation date. If they have passed away, this must be completed within 14 days of being shown the probate of the Will or letters of administration
- If funds are to be returned to their estate we require a statement from the executor certifying that the funds will be included in the estate
- Notify Services Australia of the Australian Government portion (including nil amounts) within 70 calendar days

Active management of unspent funds[69]

CHNC actively manages unspent home care funds to avoid the accumulation of large amounts of funds that have to be returned to the consumer and/or the Commonwealth. Strategies for managing funds include:

- Developing a support plan/individualised budget that utilises most of the available funds to provide services to meet the needs of consumers, whilst accumulating manageable amounts for future events
- Implementing package upgrades without delay if the consumer accepts the upgrade
- Where consumers' needs are being fully met on a lower level interim package discuss with them the option to opt out of the national queue; explaining that they can always opt in again when their needs increase with their place being determined by the original approval date and priority.

8.5.3 FEE MANAGEMENT AND HARDSHIP

Consumer refusal to pay fees

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 team member 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.

Consumers of HCP services unable to pay their fees are referred to Services Australia to apply for financial hardship assistance, if appropriate.[70]

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68 Australian Government Department of Health and Aged Care Monthly Financial Statement Template August 2022

69 Australian Government Department of Health and Aged Care Managing unspent funds in Home Care Packages Last updated November 2022

70 Australian Government My Aged Care Financial Hardship Assistance Website Accessed May 2020

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.

Appeals on fees

Consumers can advise the relevant 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 Aged Care Programs Coordinator may discuss 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. We will assist the consumer if necessary.

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. Consumers can also request assistance to lodge an appeal.

Paying fees

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

Consumers can pay their contribution for services by cheque, cash, EFT or direct debit. If consumers choose to pay by direct debit, they are provided with a Direct Debit Form to complete.

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

8.5.4 SECURITY OF CONSUMER MONEY AND PROPERTY

To ensure the security of and access to a consumer's money and property we adopt the following strategies:

- Unless related to service delivery, consumers are asked to store their money and other valuables securely
- Staff are not permitted to undertake any tasks that involve money unless they are part of the person's support plan and the consumer has consented to it
- Consumers are made aware that no expenditure can occur by a staff person unless it is documented in the support plan
- Staff are not permitted to access a consumer's bank PIN
- Consumers are asked to advise a supervisor immediately if a staff person requests or takes any money or items of value not covered in the support plan, or requests their bank PIN
- The use of funds by staff is restricted to the minimal amount necessary
- A written record of available funds and the expenditure and top-up of funds is recorded whenever funds are utilised and a copy is provided to consumers
- Under no circumstances are staff permitted to accept gifts of money or other valuables or to request or accept a loan from a consumer
- Staff receive training on the importance of avoiding the handling of money or valuables unless necessary, and of the potential risks to themselves
- Staff are aware that any misuse of consumer funds or valuables will result in instant dismissal and prosecution if appropriate under law.

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 the Directory of Funding Provider Accountability Reports.

The Aged Care Programs Coordinator is 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.

8.6.2 MONITORING FUNDING REQUIREMENTS AND SERVICE DELIVERY

In addition to the provision of reports required by funding providers, CHNC ensure that the contractual requirements of funding/grant agreements are being met through a range of meetings and reports (see Directory of Management Meetings and Directory of Performance Reports).

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

The Coordinators, with the assistance of the Accounts Team, are responsible for monitoring the delivery of services against any contracted requirements, budgets and performance indicators. The Manager and/or the Board review reports to ensure compliance with requirements with the Manager to sign. The Manager is responsible for preparing reports, having them signed and forwarding them to the funding providers. (See Directory of Funding Provider Accountability Reports.)

8.6.3 CHSP - RESPONSIBILITIES DURING A NATIONAL OR STATE EMERGENCY[71]

The Department of Health and Aged Care reserves the right to enact temporary changes to program guidelines in the event of a national or state emergency. This may include relaxing flexibility provisions, waiving or extending reporting deadlines and performance milestones or modifying service type descriptions in accordance with the nature, severity, duration and geographic scale of the emergency.

Any changes to the program are communicated to providers via the Department's regular newsletters and announcements.

8.6.4 FUNDING PROVIDER ACKNOWLEDGEMENT

CHNC acknowledges the support of the Department of Health and Aged Care in all material published in connection with the Grant Agreement.[72]

8.6.5 HCP: REPORTING COMPLIANCE ISSUES[73]

All aged care service providers have a responsibility to spend Home Care Package funds appropriately. To ensure this occurs the Department of Health and Aged Care encourages the reporting of issues as follows:

Reporting suspected non-compliance with provider requirements

The Aged Care Quality and Safety Commission has processes for people to raise a concern or make a complaint about the quality of care or services provided to people receiving Australian Government funded aged care including the

[71] Australian Government Department of Health and Aged Care Commonwealth Home Support Programme (CHSP) Manual 2023-2024 Published 10 July 2023, 6.1.11 Responsibilities During a National or State Emergency

[72] Australian Government Department of Health and Aged Care Commonwealth Home Support Programme (CHSP) Manual 2023-2024 Published 10 July 2023, 6.1.9 Acknowledging the funding

[73] Australian Government Department of Health and Aged Care Home Care Packages Program Operational Manual A Guide For Home Care Providers Version 1.4 – August 2023, 15.5 Reporting issues

inappropriate use of HCP funds. Complaints about quality can be made directly to the Commission at this link or by searching for 'complaint' at www.aged carequality.gov.au. (See also 6.2 Consumer Complaints)

The consequences of identified non-compliance depend on the risks posed. When resolving complaints in relation to the care and services provided, if the Commission finds a provider used package funds inappropriately it can initiate compliance action, including at a minimum, repayment of any amounts that have been incorrectly charged against packages.

Reporting suspected fraud

The Department of Health and Aged Care does not tolerate fraudulent use of HCP funding. If funding is used for purposes stipulated in the 'Specified Exclusions' Table[74] or for other items deemed not part of services or care to be funded by a HCP, the Department may initiate a fraud investigation and take action accordingly.

The Department has the power to investigate allegations of fraud against health funding and programs and is actively engaged in intelligence gathering with external agencies.

The Department has this message for all people:

IF YOU SEE SOMETHING, SAY SOMETHING BECAUSE FRAUD IS A CRIMINAL OFFENCE.

If you suspect that any approved provider, including a competitor, is engaging in fraud, or you have concerns about the financial management of HCP funding, you can contact the Department via email at fraudsection@health.gov.au. Alternatively, you can call the Health Fraud Hotline on 1800 829 403, between 9am to 5pm Australian Eastern Standard Time, Monday to Friday. You can report suspected fraud anonymously.

If an approved provider wants to self-report a concern, they should contact the Department.

A copy of this information has been provided to all staff and key personnel and is provided to new staff in their orientation (See Staff Volunteer Orientation Checklist)

[74] Australian Government Department of Health and Aged Care Home Care Packages Program Operational Manual A Guide For Home Care Providers Version 1.4 – August 2023, Specified Exclusions table

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 CHNC and the care and services we provide.

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).

We also convene a Consumer Advisory Body meeting at least annually in June, if acceptable to consumers. This provides an opportunity to obtain the perspectives of our diverse group of consumers. Participants include Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse peoples and those with special needs and their representatives. See the Directory of Management Meetings for further details.

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 and the Administration Team. In addition to general information about CHNC, and financial information for all program areas, the report includes the following key data items:

General

- The age, sex and ethnicity of the consumers
- Service delivery issues in the last year
- Major improvements implemented in the last year
- Planned improvements for the coming year
- Achievements against key result areas (see 8.9.9 Key Result Areas).

CHSP

- The services delivered for the year
- The number of individual consumers who received services
- The number of consumers who stopped receiving services in the year
- Requests for assistance not met and reasons for refusal of service
- Contracted outputs for the year and the variation between the services delivered and the contracted outputs

HCPs

- Number of Packages in the year
- Number of new Packages during the year
- Number of Packages ceasing during the year and reasons

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

8.7.3 PLAN FOR CONTINUOUS IMPROVEMENT AND STRATEGIC PLAN

CHNC maintains a Plan for Continuous Improvement that details all significant improvements in its operations and a Strategic Plan covering major longer-term directions and changes. CHNC incorporates processes into these plans 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 CHNC Planning Process[75]

Planning Activity	Notes	When
Continuous Improvement activities	See 8.9: Continuous Improvement. These activities assist in identifying improvements and feed into the Plan for Continuous Improvement	Ongoing
Risk management activities	See 8.10: Risk Management. These activities assist in identifying improvements and feed into the Plan for Continuous Improvement	Ongoing
Annual planning meeting with consumers	See 8.7.5 Annual Planning Meeting Consumers	August
Annual Consumer Advisory Body Meeting	See 8.7.1 Consumers as Partners	June
Annual planning day with staff, management and input from consumers through representative/s and/or information from the annual planning meeting with consumers and their continuous improvement input	See 8.7.6 Annual Planning Day. Outcomes from the planning day feed into the Plan for Continuous Improvement and the Strategic Plan	September
Review and development of the Plan for Continuous Improvement	The Plan for Continuous Improvement includes strategies for improving CHNC for the next 12 months and is updated on an ongoing basis through our continuous improvement activities. The Plan for Continuous Improvement feeds into the Strategic Plan	September and Ongoing
Review and development of the Strategic Plan	The Strategic Plan includes high level plans for the next 3 years or longer. As plans are implemented, they are recorded in the Plan for Continuous Improvement. Plans are monitored by the Improvement Committee	September
Aged Care Quality Standards Quality Review process	The Quality Review identifies improvements required to meet the Standards and opportunities for improvement. These are included in the Plan for Continuous Improvement	Between 1 and 3 yearly
Ongoing implementation and monitoring of progress in implementing Plan for Continuous Improvement	All improvements are recorded in the Plan for Continuous Improvement and are monitored by the Improvement Committee. Progress on improvements is reported to the Improvement Committee through relevant monthly team member reports (See Directory of Performance Reports)	Monthly
Submission of Plan for Continuous Improvement to the Quality Review Team	The Plan for Continuous Improvement is submitted to the Commission as required	As required

[75] Australian Government Aged Care Quality and Safety Commission Regulatory Bulletin RB 2021-15

8.7.5 ANNUAL PLANNING MEETING CONSUMERS

An annual planning meeting or meetings with selected consumers are 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 CHNC 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 key stakeholders 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, management and consumers (through representation and/or their Annual Planning Meeting) and from the review of continuous improvement information are used to identify longer term goals for inclusion in the Strategic Plan. The Strategic Plan is the longer-term direction for CHNC and spans the next three years or longer.

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 (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, explore 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 staff, volunteers, consumers including from their Annual Planning Meeting, 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 Plan for Continuous Improvement
9. Items in the Strategic Plan and the Plan for Continuous Improvement 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 Plan for Continuous Improvement 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 Plan for Continuous Improvement. The Managers and 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 Plan for Continuous Improvement.

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 is responsible for ensuring that all operations of CHNC, including services for consumers, comply with funded program guidelines, legislation, regulatory requirements and professional standards.

Relevant requirements are identified through:

- The internet
- Membership of Aged Care Services Australia (ACSA)
- GGJ Consultants
- Subscription to the Chamber of Commerce and Industry (CCI)
- Notices and advice from the Department of Health and Aged Care, The Aged Care Quality and Safety Commission, My Aged Care, Services Australia, The Office of the Information Commissioner, ASIC and other relevant government departments, with particular attention to notices regarding COVID-19
- Notices and advice from the State Government, with particular attention to notices regarding COVID-19
- Networking with other providers (see 1.4.4 Inclusion in Community/ Community involvement).

Key legislation, regulations and other requirements from the following sources (but not limited to) are included in these policies and procedures:

Australian government

- The Commonwealth Home Support Programme Guidelines July 2018
- The Commonwealth Home Support Programme – Program Manual 2023-2024
- The Commonwealth Home Support Programme Living Well at Home CHSP Good Practice Guide 2015 (Minor update 2020)
- The Commonwealth Home Care Packages Program Manual 2023-2024
- The Home Care Grant Agreements (utilise the DSS Comprehensive Grant Agreement 2014)
- Aged Care Quality Standards 2018
- Aged Care Quality and Safety Commission Guidance and Resources for Providers to Support the Aged Care Quality Standards September 2022
- Aged Care Quality and Safety Commission Rules 2018
- Aged Care Sector Statement of Principles 2015
- Australian Government Department of Health Charter of Rights (effective from 1 July 2019)
- Carers Recognition Act 2004
- Aged Care Act 1997 and Principles including:
    - Accountability Principles 2014
    - Approval of Care Recipients Principles 2014
    - Approved Provider Principles 2014
    - Committee Principles 2014
    - Information Principles 2014
    - Quality of Care Principles 2014 (Containing the Aged Care Quality Standards)
    - Records Principles 2014

  - Sanctions Principles 2014
  - Subsidy Principles 2014
  - User Rights Principles 2014 (Containing the Charter of Aged Care Rights).
- Aged Care (Subsidy, Fees and Payments) Determination 2014
- Specific funding requirements detailed in contracts with funders
- Health Practitioner Regulation National Law (2009)
- Competition and Consumer Act 2010
- Privacy Act 1988 and Australian Privacy Principles
- Fire and Emergency Regulations
- NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare 2019
- Food Standards Australia New Zealand Food Standards Code Standard 3.3.1 Food Safety Programs for Food Service to Vulnerable Persons
- Fair Work Act 2009 including relevant staff awards
- Income Tax Assessment Act 1997
- Superannuation Guarantee (Administration) Act 1992
- Model Work Health and Safety (WHS) Act 2019
- Equal Employment Opportunity including: Age Discrimination Act 2004, Australian Human Rights Commission Act 1986, Disability Discrimination Act 1992, Racial Discrimination Act 1975, Sex Discrimination Act 1984
- Australian Government and States and Territories of Australia Building Code of Australia National Construction Code (NCC) 2022 (Volume One, Volume Two & Volume Three).

New South Wales Government

- NSW Ministry of Health Making an Advance Care Directive
- NSW Guardianship Act 1987
- NSW Anti-Discrimination Act 1977
- NSW Government Work Health and Safety Act 2011 and the Work Health and Safety Regulation 2017
- NSW Government SafeWork NSW
- NSW Government Poisons and Therapeutic Goods Act 1966 and Poisons and Therapeutic Goods Regulation 2008
- NSW Government Food Act 2003, Food Regulation 2015
- Health Practitioner Regulation National Law (NSW) No 86a
- NSW Government NSW Associations Incorporation Act 2009 and Associations Incorporation Regulation 2010.

8.8.2 MONITORING CHANGES TO LEGISLATION

The Aged Care Programs Coordinator is responsible for identifying any changes in legislative and regulatory requirements and advising the Managers of any required changes. Changes are monitored through:

- Review of newsletters and notices from our subscription services
- Advice from Board of Management members
- Noting changes advised by any other government or statutory authorities such as the Department of Health and Aged Care and the Department of Human Services and Therapeutic Goods Administration
- Accessing relevant information on the Internet.

When information advising of legislative changes is received, it is reviewed by the Coordinators to identify if there are any implications for CHNC and their programs. If any immediate action is required the Team Leaders, in consultation with their Manager, ensure that they are carried out. The following process then applies:

- Information on required changes, the implications for CHNC and draft changes to the Policies and Procedures are documented by the Coordinators in consultation with the relevant team members
- The Coordinators forward information on changes to their Manager
- The Managers review the changes and decide if the changes can be made or if they require approval of the Improvement Committee. Changes requiring Improvement Committee approval include:
    - Changes with budget/staffing implications
    - Changes affecting other programs
    - Changes to policies and procedures
- If Improvement Committee approval is not required, the Managers implement the changes and advise the Improvement Committee of the changes on a Tell Us What You Think Form
- If Improvement Committee approval is required, the Managers provide a report with recommendations and an implementation plan to the Improvement Committee for consideration at the next meeting
- The Improvement Committee reviews the information and decides on the action and determines if the changes require Board approval before implementation (Board approval is required if changes involve significant expenditure, new practices and new policies and procedures)
- If Board approval is required the Improvement Committee submits, through the Manager, their proposal to the next Board meeting
- The Board decides on the action to be taken
- 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 CHNC:

- The Policies and Procedures and other documents such as the Consumer Handbook are updated (see 8.11.2 Policies and Procedures/ 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 on the Plan for Continuous Improvement (see 8.9 Continuous Improvement)
- Changes are recorded in the Regulatory Compliance Register.

8.8.4 APPLICATION OF REGULATORY COMPLIANCE PROCESSES

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.

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

- All staff and volunteers have a current National Police Certificate that is updated every three years (see 7.3.10 Employment Checks/ 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 1.6 Privacy and Confidentiality and 8.11.7 Information Technology and Cyber Security)
- We have a maintenance program that ensures that all electrical equipment (including items such as Residual Current Devices and hoists) is checked and tagged by a qualified electrician annually[76]
- 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.
- As sharps (e.g. needles) are required to be handled by staff, a sharps container is used in the consumer's home, in our centres and our residences, as required.

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

8.8.6 WORK HEALTH AND SAFETY

Work health and safety obligations[77]

Employers (Person conducting a business or undertaking' (PCBU))

CHNC recognises its responsibilities under Australian WHS/OHS laws to:

- Provide safe work premises
- Assess risks and implement appropriate measures for controlling them
- Ensure safe use and handling of goods and substances
- Provide and maintain safe machinery and materials
- Assess workplace layout and provide safe systems of work
- Provide a suitable working environment and facilities
- have insurance and workers' compensation insurance for your employees.

[76] Safe Work Australia Electrical Safety Inspect, Test and Tag Accessed August 2023. No specified requirement for ACT, NSW, SA, Tasmania or Victoria identified

[77] Australian Government Business Health and Safety website Accessed September 2023

Employees

CHNC staff and volunteers have the following obligations:

- Comply with instructions given for work health and safety
- Use any provided personal protective equipment (PPE) and be properly trained in how to use it
- Not willfully or recklessly interfere with or misuse anything provided for work health and safety at the workplace
- Not willfully place others at risk
- Not willfully injure themselves.

(See also 5.3 A Safe Environment, for information on: A Commitment to Safety, Security, Facilities Inspections and Safety Audits, Accidents, Incidents and Hazards, First Aid and Emergencies, A Safe Environment in the Consumer's Home and Safety Audits External Venues.)

Model WHS laws

The following points under the Model WHS laws are important for management and staff to note:

- The duties of care are not defined by the nature of the employment relationship. This means that the term 'employer' currently applied in most work health and safety laws is replaced with the term 'person conducting a business or undertaking' (PCBU) and 'employee' is replaced with a broadly defined term of 'worker'.
- The term 'worker' includes employees, volunteers, contractors, sub-contractors, apprentices, work experience students and outworkers.
- The term 'workplace' in most jurisdictions includes any place where a worker goes or is likely to go while at work.
- An officer is a person who makes, or participates in making, decisions that affect the whole, or a substantial part, of the organisation's activities.
- There are positive duties for 'officers' to exercise 'due diligence' to ensure the person conducting a business or undertaking complies with its duty of care. This is a new way of expressing officers' responsibilities under current law. Currently some Work Health and Safety Acts attribute liability to officers where a corporation is in breach of a duty and they have a reverse onus of proof to show that they did what was reasonably practicable or that they had no influence in relation to the breach. Under the new work health and safety laws there is no attributed liability.
- A new duty to consult, co-operate and co-ordinate activities with other duty holders has been introduced – this duty aims to address situations where more than one duty holder is responsible for the same work health and safety matter to ensure that duty holders work together to control work health and safety risk.

Safe work Australia[78]

CHNC utilises the resources available from Safe Work Australia and adopts processes as required where they do not conflict with State laws.

[78] Australian Government Safe Work Australia Website Accessed March 2022

8.9 CONTINUOUS IMPROVEMENT

8.9.1 OVERVIEW

CHNC is committed to continuously improving all aspects of its operations with the aim of delivering high quality care and services to consumers, that is reviewed and improved on an ongoing basis in order to meet the outcomes for consumers specified in the Aged Care Quality Standards.

Our 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 CHNCs.

The 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.

8.9.2 THE IMPROVEMENT COMMITTEE AND CONSUMER ADVISORY BODY

Role of improvement committee

We have established an Improvement Committee as our Quality Care Advisory Body[79] 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 Plan for Continuous Improvement up to date (see 8.9.4 Plan for Continuous Improvement)
- The evaluation of improvements
- Informing key stakeholders of improvements
- Identifying improvements to the Continuous Improvement processes
- Ensuring the effective operation of the Consumer Advisory Body
- Reporting six monthly to the Board.

Improvement committee membership

The Committee includes:

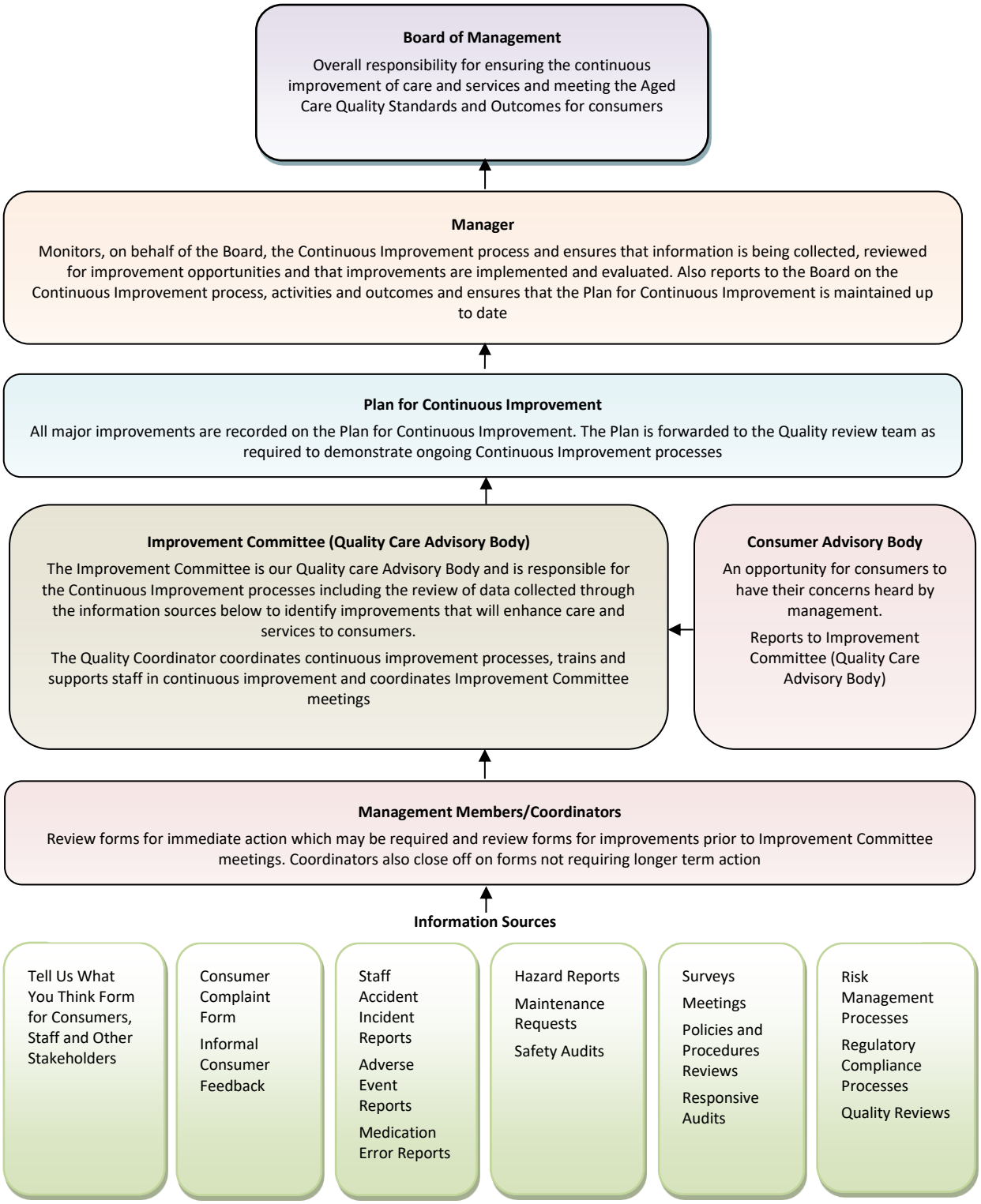
- The Manager
- The Coordinator
- A Consumer
- Quality Coordinator
- The Clinical Committee Representative

[79] Australian Government Aged Care Quality and Safety Commission Strengthening provider governance Advisory Bodies Quality Care Advisory Body. Note: The implementation date is 1 December 2023

Improvement committee meetings and agenda

(See Directory of Management Meetings.)

Figure 8.9.1: Continuous Improvement Information Management Process



Consumer advisory body

The Consumer Advisory Body provides us with an opportunity to obtain the perspectives of our diverse group of consumers and provides an opportunity for consumers to provide feedback about the quality of care provided.

We have a Consumer Advisory Body for our home care service.

Participants include Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse peoples and those with special needs, and their representatives. All consumers are sent information about the Consumer Advisory Body and are invited to participate, but limits will apply. People who miss out will be invited to the next meeting as a priority.

Consumer input will be referred to the Improvement Committee for consideration when making decisions. The feedback will also be summarised for the Board to consider when reviewing the recommendations of the Improvement committee.

The Improvement Committee will advise the Consumer Advisory Body in writing on how their feedback was considered.

Meetings are held at least annually in June, and when requested by consumers or CHNC.

Meetings take the format of a discussion session run by an experienced facilitator who has worked with diverse groups of people. The focus is on consumers setting the agenda and raising items important to them. We also seek feedback on changes we have made in relation to consumer care.

(See also the Directory of Management Meetings.)

8.9.3 CONTINUOUS IMPROVEMENT AND RISK MANAGEMENT

CHNC 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 Plan for Continuous Improvement.

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

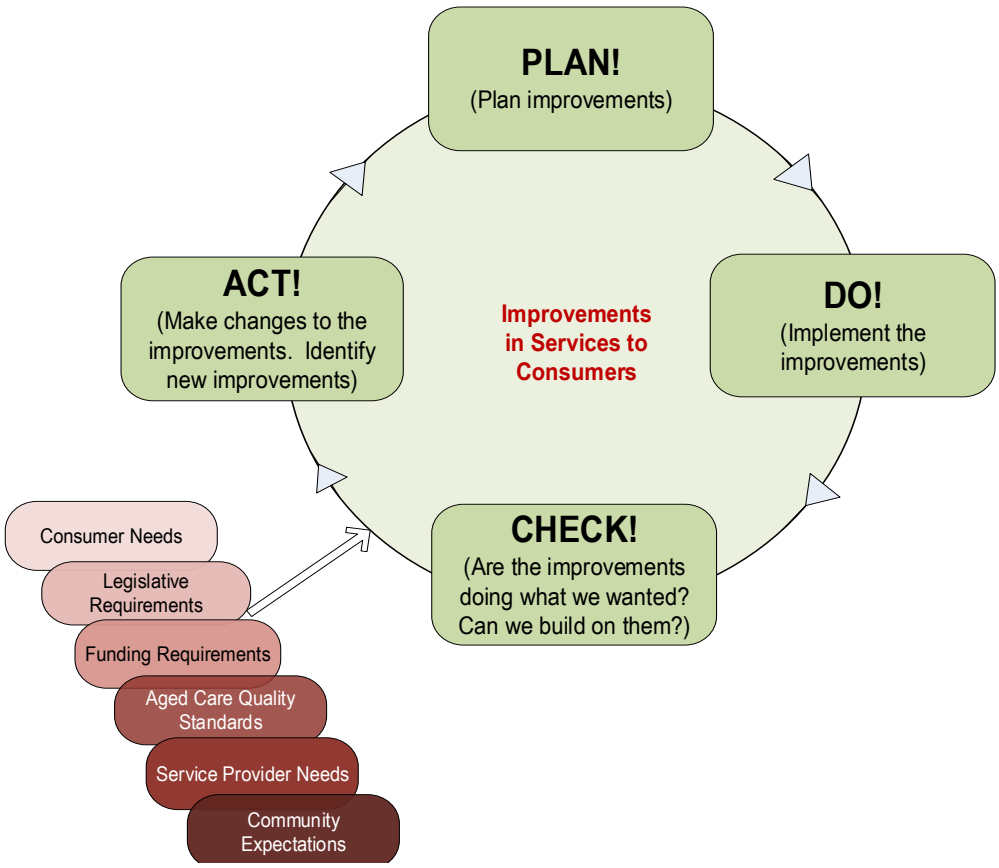
8.9.4 PLAN FOR CONTINUOUS IMPROVEMENT

See 8.7.3 Plan for Continuous Improvement and Strategic Plan.

8.9.5 IMPROVEMENT PROCESS

The improvement process used by CHNC 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.

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.

Do

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

Check

- Did the improvement work? If not, why not?
- Were there any unintended consequences?
- Collect ongoing data on the operations of CHNC - 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?

Act

- Consider improvements – do they suggest other improvements – e.g. staff training, review of procedures, changes to CHNC 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 CHNC's culture and practices. This ensures CHNC 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. The Quality Coordinator mages the forms and their distribution and ensures forms are completed when necessary. The Quality Coordinator also manages completed forms ensuring they are completed properly, appropriate immediate action is taken, they are presented to the Improvement Committee, are actioned and are appropriately filed.

All forms, once reviewed and action taken, are processed as per 8.9.8 Processing Continuous Improvement Forms.

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 on the commencement of services, during meetings and monitoring visits, at the centre and their use is promoted in our Newsletter. Forms are also included in the facility, 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/Informal consumer feedback).

Tell Us What You Think forms are also used by staff to record:

- Consumer informal feedback or comments regarding service delivery (consumer names are not reported)
- Ideas to improve our services and processes identified in consumer service delivery processes including consumer intake, assessment and support planning, and reviews and reassessment
- Any other ideas for improvement.

Completed forms are forwarded to the appropriate Team Leader for any immediate action required and are then forwarded to the Quality Coordinator for review and further distribution as necessary. The relevant team member's advice regarding appropriate actions is sought.

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 Coordinator who reviews and investigates the complaint in line with the procedures specified in Section 6 Feedback and Complaints. The Manager is informed of all complaints.

The confidentiality of complaints is maintained as per the principles of the Privacy Act. (See 1.6.3 Confidentiality of Complaints and Disputes.)

Staff accident incident report

The Staff Accident Incident Report is used to report accidents or incidents that affect staff or volunteers. Forms are completed immediately after the accident or incident and are forwarded to the appropriate Coordinator or relevant team member as soon as possible.

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

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 Coordinator or relevant team member as soon as possible.

The Coordinator or relevant team member 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. There is 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.

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 relevant 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.)

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 Coordinator who carries out any immediate action required and investigates the incident. Advice is sought from a Registered Nurse and/or GP in the investigation of the medication error. 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.

Maintenance request

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

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

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.

8.9.7 OTHER CONTINUOUS IMPROVEMENT INFORMATION SOURCES

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 Continuous Improvement Forms/ Tell Us What You Think Form). Consumer names are not reported.

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 CHNC.

Selected Board members periodically attend and a variety of staff attend various meetings.

The relevant team members are responsible for planning the meetings to get the most value out of them for both consumers and CHNC. Improvement opportunities are documented on a Tell Us What You Think Form and action taken through CHNC's Continuous Improvement processes.

CHNC management meetings

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

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

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 (see 5.3.10 A Safe Environment in the Consumer's Home/ Home safety audits)
- Safety Audit Facilities (see 5.3.4 Facility Inspections and Safety Audits/ Safety audits facilities)
- Safety Audit External Venues (see 5.3.11 Safety audits external venues).

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

Scheduled audits

Scheduled audits are utilised to identify any areas of our operations that may not be operating effectively and efficiently or in accordance with our documented practices and the Aged Care Quality Standards. The Audit Tools cover the requirements of the Aged Care Quality standards as well as additional operational areas.

The full range of audits are conducted each year. Where the audit identifies issues, a responsive audit may be undertaken to confirm the issues, their extent and appropriate corrective action.

Each scheduled audit includes input from consumers and staff.

The Improvement Committee manages the audits.

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 effectively 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. Responsive audits are usually of a narrow scope.[80]

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

Policies and procedures reviews

Each section of the Policies and Procedures 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.

Clinical and care procedures are reviewed with consideration to changes in practice based on evidence-based information by a team of clinicians. Updates can be informed by the Australian Commission on Safety and Quality in Health Care, the Aged Care Quality and Safety Commission, Department of Health and Aged Care and other sources as relevant.

The Manager 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 36 months. This is updated as reviews/audits are planned and completed.

Reviews are coordinated by the Quality Coordinator and are conducted by a range of staff including the Coorindator, administration staff and support workers. The Quality Coordinator identifies 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, 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:

[80] For example, if it is identified that some consumers have advised that Support Workers have been arriving late for their support visit, a responsive audit may include:

- Reviewing relevant Policies and Procedures
- 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.

- Talks to relevant staff to discuss how the process/procedure works
- Observes the processes in action (if relevant)
- Reviews and samples[81] 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 and how practices are different from the 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 who allocates responsibility for the actions identified

- The Survey Audit Report is reviewed by the Quality Coordinator and tabled at the Improvement Committee.

Staff review of policies and procedures

As an adjunct to the Policies and Procedures reviews, a sub-section of the Policies and Procedures relevant to staff are discussed with staff at each staff meeting to:

- Inform staff
- Obtain their feedback on whether the sub-section describes their practice and if not to identify if changes are required to practice, the policies and procedures or both
- Identify any other improvements.

Quality reviews

CHNC undergoes periodic quality reviews conducted by the Aged Care Quality and Safety Commission (these can be full quality reviews or unannounced visits with a narrower scope). Reviews are conducted at least once every three years and involve reviewing the quality of services delivered against the Quality Standards.

The review identifies improvements required to meet any unmet expected outcomes and opportunities for improvement. The improvements identified through the review are summarised on a Survey Audit Report and processed by the Quality Coordinator.

8.9.8 PROCESSING CONTINUOUS IMPROVEMENT FORMS

Processing forms

The following process applies to completed Continuous Improvement forms:

- If all required actions are completed the form may be closed out by the Team Leader.
- Forms are forwarded to the Quality Coordinator who prepares them for presentation at the next Improvement Committee meeting.
- The Improvement Committee reviews the forms for potential improvements and closes out forms (if not already closed out).

[81] 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 (or 10%) 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.

- 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 Plan for Continuous Improvement (see 8.7.3 Plan for Continuous Improvement and Strategic Plan). The form remains open until all action is completed and the improvement/s evaluated.
- Closed out forms are filed.
- At the end of each month the Quality Coordinator and the Improvement Committee prepare a report for the Leadership Team. This includes forms considered necessary for review by the Leadership Team, key issues, recommended improvements and an update of improvements previously approved for implementation. Continuous Improvement Monthly Summary showing number of forms by type received during the month, a summary of issues and a summary of improvements.
- The Leadership Team reviews the report, decides on improvements, identifies any additional improvements or other actions.

Communication of improvements

An overview of improvements is presented at:

- Monthly Team Meetings and
- Board of Management Meetings.

A summary of improvements is also included in CHNC's Newsletter. (See 8.11.1 Communication Strategies).

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.[82]

Significant improvements can only be closed out by the Improvement Committee.

8.9.9 KEY RESULT AREAS

CHNC is focussed on achieving the outcomes for consumers specified in the Aged Care Quality Standards (see Consumer Outcome in the Overview section of each section of this Policies and Procedures). We have identified a range of key result areas to ensure our vision and objectives are achieved. These are measured periodically and reported to the Care Governance Committee monthly and assessed at the end of each year and reported in the Annual Report. These are informed by the Audits and Surveys measuring the extent to which we are meeting the outcomes for consumers specified in the Aged Care Quality Standards.

Key result areas include:

Ensure continuous improvement

CHNC 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 CHNC, and the Aged Care Quality Standards, and to ensure reflective practice. We also monitor and review the care and clinical outcomes for consumers to support their health,

[82] For example, a consumer's request for bigger fonts in communication material 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.

safety and well-being. The quality Coordinator coordinates audits and surveys as per the timetable in our Corporate Calendar and maintains the performance indicators.

Our success is measured by the following performance indicators:

- Number and proportion of improvements (by type e.g. clinical practice, process improvements, equipment updates, staff development) implemented each quarter
- Number and proportion of complaints closed to the satisfaction of the complainant
- Number and proportion of incidents closed to the satisfaction of the consumer
- Number and proportion of compliments in consumer and staff feedback.

Funding and other accountability requirements are met

CHNC 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 following performance indicators:

- Extent to which CHNC meets the service delivery targets and the program and financial requirements of the program/s
- Proportion of reports required by funding providers submitted on time.

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 following performance indicators (see Section 7 4.3 Staff Education and Training):

- Proportion of staff with current national police check
- Proportion of staff turnover by role
- Proportion of adverse events related to staff performance (non-adherence to policy and procedure)
- Proportion of staff satisfied with the support provided by CHNC to perform their role
- Proportion of staff who completed their performance review within the required timeframe
- Proportion of total staff who completed mandatory training (by mandatory training type e.g. medication competency, hand hygiene, work health and safety training, manual handling, fire safety)
- Proportion of clinical staff who completed clinical competencies (by competency type e.g. aseptic technique, wound care, catheter insertion, assessment and support planning).

8.9.10 CLINICAL INDICATOR PERFORMANCE

Clinical indictors are measured to demonstrate the safety and quality of care. Success is measured by CHNC's ability to prevent and minimise harm. The indicators are constructed to allow us to monitor performance and set targets for improvement and to support a comparison with other providers with varying numbers of consumers and levels of care provided.

Home care packages[83]

All of our home care indicators are calculated using the following calculation method:
Quality of care indicator rate = Raw number of the measure X 1000

[83] Home care indicators are not a requirement of the Home Care Packages Program but are provided as an example of good practice

Total hours of care for the month

Home Care performance indicators include:

- Total reported adverse events (number per month)
- Total reported medication incidents (number per month)
- Total falls (number of falls per month)
- Falls resulting in fractures (number of falls resulting in fractures per month)
- Pressure injuries (number of stage 1, 2, 3, 4, unstageable and suspected deep tissue pressure injuries per month)
- Number of consumers admitted unexpectedly to hospital (per month).

8.10 RISK MANAGEMENT

8.10.1 OVERVIEW

CHNC identifies and manages risks appropriate to CHNC 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
- The involvement of consumers, staff and management in the risk management process to ensure supports and services are provided in a way that is consistent with the risk management system. This includes consultation and discussion and ongoing feedback from all stakeholders.

8.10.2 RISK MANAGEMENT AND CONTINUOUS IMPROVEMENT

CHNC has integrated the risk management process into the Continuous Improvement process and clinical and organisation governance processes by:

- Delegating responsibility for risk management oversight to the Improvement Committee with reporting to the Leadership Team
- Inclusion on the Improvement Committee: the Manager, the Coordinators, the Clinical Committee Representative
- 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 policies and procedures to guide staff, oversight of care and support services by the Registered Nurses, 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 Nurses to ensure currency of practice and support
- Delegating responsibility to the Improvement Committee for developing, maintaining, and reviewing the Risk Management Plans with reporting to the Leadership Team
- Including improvements to reduce or control risks in the improvement process and in the Plan for Continuous Improvement
- Implementation of a simple clinical governance system led by the health professionals, that ensures a review of the safety and quality of our systems and care delivery.

8.10.3 RISK MANAGEMENT PLANS

Risk management plans

CHNC maintains the following risk management plans:

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

(See also below 8.10.10 Business Continuity Plan.)

- Staff/workforce risks including:
  - staff injury - manual handling risks, workplace accidents and incidents
  - infection control risks
  - environment risks
  - risk of abuse (see 8.10.8 Abuse and Neglect/Staff)
  - lack of suitably qualified staff
  - high staff turnover (see 7.2.3 Retaining Staff)
  - inadequate staff numbers to meet consumer needs
  - staff industrial action
  - extensive staff absence

(See also 7.2.4 Workforce Risk Management.)

- Consumer risks including:
  - environment risks including falls and accidents
  - transport risks
  - risks from staff such as theft or abuse
  - poor care outcomes resulting from a lack of suitably qualified staff, a lack of clinical oversight, inappropriate care processes
  - risk of pressure injury due to lack of assessment, support or provision of equipment
  - risks from infections and antimicrobial resistance
  - risk of abuse and neglect (see below 8.10.8 Abuse and Neglect/Abuse and neglect of 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 funding has discontinued (see 8.10.10 Business Continuity Plan)[84].

(See 8.10.10 Business Continuity Plan for more details.)

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 CHNC
- 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

[84] CHSP providers see: Australian Government Department of Health and Aged Care Commonwealth Home Support Programme (CHSP) Manual 2023-2024 Published 10 July 2023, 6.1.8 Service Continuity

- 4= Major
- 5= Catastrophic

- 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
  - Controls to reduce the risk: the strategies in place to control or reduce the risk
  - Date of last review: the date the controls were last reviewed
  - Staff to Assist in Risk Event: Staff with capabilities that are relevant to assisting in the response to a risk event and their roles.
- Controls to reduce the risk: the strategies in place to control or reduce the risk
- Date of last review: the date the controls were last reviewed
- Action Taken to Implement Controls, Responsibility and Date to Complete.

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 Nurses and other health professionals 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
- Advice from the Aged Care Quality and Safety Commission and
- Advice other relevant persons and organisations (e.g. consultants, Department of Health and Aged Care).

Where appropriate, different staff groups are involved directly in the risk management process either through risk workshops, 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.

(See Risk Management Plan)

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 and guidance for consumers
- The use of safe or safer equipment, furniture, floor coverings
- 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.

Recording improvements

Improvements implemented as a result of risk management reviews and planning are recorded in the Plan for Continuous Improvement, 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 us 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

CHNC recognises that consumers have right to make choices that involve risk under the Charter of Aged Care Rights and supports "the dignity of risk" where consumers "do the things they want to do".[85]

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. We use a process for mitigating risk and honouring consumer choice[86] outlined in the Assessment and Support Planning Practice using the Consumer Choice Risk Assessment Form.

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.

8.10.8 ABUSE AND NEGLECT

Under the Charter of Aged Care Rights, consumers have the right to safe and high-quality care and services, the right to be treated with dignity and respect, and the right to live without abuse and neglect.[87] CHNC is responsible for providing facilities and services for consumers, staff and others that are 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 Care Committee which reports to the Board and works closely with all staff.

Processes to minimise the risk of abuse and neglect

CHNC has the following processes in place to minimise the risk of abuse and neglect of consumers:

- Informing consumers and staff that consumers have a right to be safe in our service and encouraging and supporting them to let us know if they have concerns for their, or for other consumer's safety (See Service Commencement Meeting Practice and Consumer Handbook)
- Training staff in identifying and being alert to abuse and neglect including suspected abuse or neglect, whether from within the service or outside, and ensuring staff are aware of the process for responding to abuse and neglect (See 7.4.3 Staff Education and Training/ Mandatory training, Staff Code of Behaviour, Staff and Volunteer Orientation Checklist)
- Staff training in safe and respectful interaction with consumers (See 7.4.3 Staff Education and Training/ Mandatory training)
- Appropriate selection and screening of staff, contractors and volunteers (See 7.3.4 Process for Filling a Vacant Position / Conduct pre-employment checks)
- A code of conduct for staff and volunteers (See 7.3.7 Code of Conduct and Banning Orders Staff and Volunteers)
- Application of the consumer rights and responsibilities in the provision of services (See 1.3.1 Service Delivery Principles/ Charter of aged care rights)
- Access to policies and procedures outlining responsibilities
- Provision of a safe environment (including consideration to the consumer's home environment)
- Minimising the use of restraint. (See 3.5 Restrictive Practices: Restraint Minimisation and Use Policy.)
- Access to supervision and support for staff from management (See 7.4.1 Staff Supervision and Support)

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[85] Australian Government Department of Health and Aged Care Home Care Packages Program Operational Manual A Guide For Home Care Providers Version 1.4 – August 2023, 3.1 Charter of Aged Care Rights and 2.2 What is the intent of the Home Care Packages Program? This information can be applied to all programs

[86] Adapted from: The Hulda B and Maurice L Rothschild Foundation A Process for Care Planning for Resident Choice February 2015 Website accessed January 2023

[87] Australian Government Aged Care Quality and Safety Commission Charter of Aged Care Rights (Effective 1 July 2019) Web page accessed May 2023

- An adverse event reporting system (See 8.9.6 Continuous Improvement Forms/ Adverse Event Report)
- Acknowledging that consumers have a right to film/photograph care within their own home with the proviso that they notify people, either with a sign or verbally.
- Evaluating and continuously improving the effectiveness of our processes in line with good practice. (See 8.9 Continuous Improvement).

Responding to abuse

On becoming aware of any instance of abuse or suspected abuse, staff members are required to immediately report it to a senior staff member. The senior staff member will assess whether the incident meets the criteria for a SIRS reportable incident and, if applicable, initiate the SIRS Incident Management process. They will also consider how to deal with suspected abuse.

Consumer incidents involving any of the following are managed as per 8.10.9 SIRS Incident Management:

- Unreasonable use of force
- Unlawful sexual contact
- Psychological or emotional abuse
- Unexpected death
- Stealing from, or financial coercion by a staff member
- Neglect of a consumer
- Inappropriate use of restrictive practices or
- Missing consumers.

Incidents not SIRS Reportable

Incidents that are not SIRS reportable are managed as follows:

Immediate Action

- The person who is first aware or suspects an incident assesses the safety of the recipient of abuse (the consumer) and takes appropriate action to prevent a re-occurrence of the incident. This may include referral to other staff
- Where a consumer abuses another consumer, protection strategies are implemented immediately. If behaviour strategies are implemented, they are safe, respectful of people and non-abusive.
- Where a staff member is involved in the incident, the staff member is removed from contact with the consumer while the abuse is investigated
- An Adverse Event Report is commenced with the assistance of the staff person's supervisor as required
- The Adverse Event Report is forwarded to a manager
- If it is appropriate and the consumer has given consent, the family or guardian of the consumer, or other support person, are informed of the allegation of abuse as soon as possible after the report is made
- When the consumer is unable to give consent, the consumers representative or Person Responsible are notified of the incident as soon as possible.

Review

- The Coordinator reviews the Adverse Event Report with the reporter ensuring it has all the necessary information and considers action. This also applies to suspected abuse
- The Manager is informed that abuse of a consumer has been reported

- The consumer is offered a staff person to provide support during the review process of the incident and to keep the consumer informed about any follow-up action that occurs
- Interviews are conducted with the consumer and with other staff or consumers who witnessed the incident using an open disclosure and a non-judgmental approach
- Notes are included in the report of all discussions and actions taken

Action

- The response to reported abuse may include, as appropriate and with the consumer's consent, discussion with other agencies such as the Elder Abuse Hotline, the Older Persons Advocacy Network (OPAN) and/or, the police. The provision of medical care, including transfer to hospital is arranged if necessary
- If there are fears for the well-being of the consumer the manager takes appropriate action to protect the consumer from further abuse. This may involve a police report or moving the consumer to a protected environment. This would require the consent of the consumer
- Where the manager is unsure of the best course of action to take in an abuse situation, they can seek advice from other staff and/or from one or more specialist agencies (see below Contacts for elder abuse). If the consumer has not consented to this contact, it must be made without disclosing the consumer's details
- Appropriate actions are taken
- All aspects of the abuse incident and actions taken are documented on the Adverse Event Report and are reported to the Manager.

Evaluation

- An evaluation of the incident is conducted. This includes the incident management process, the consumer's experience, the experience of other involved people, the outcome/s for the consumer and other parties, and validation that appropriate education, training and consumer and staff support processes have been implemented to prevent the incident recurring. The support person will also obtain feedback on the process from the consumer
- The evaluation results are recorded on the Adverse Event Report and are reviewed by the Improvement Committee to identify improvements to our processes. Any changes to processes are evaluated
- If the consumer is not satisfied with the outcome, they can request the Manager or Board to review it
- When the issue is finalised, the consumer's support person will work with them to make sure they feel comfortable continuing to access our services.

See also the 5–Step Approach to Identifying and Responding to the Abuse of Older People documented in the NSW Government Ageing and Disability Commission NSW Elder Abuse Toolkit[88].

Contacts for elder abuse

If staff or the consumer would like to talk to someone about potential, suspected or actual elder abuse of an aged care consumer, they can call the national 1800 ELDERHelp (1800 353 374) line. This service provides information on how to get help, support and referrals to assist with potential or actual elder abuse.

The Older Persons Advocacy Network (OPAN) also provides advice, information, and support for older people experiencing abuse, and can be contacted on 1800 700 600, alternatively the NSW Ageing and Disability Abuse Helpline can be contacted on 1800 628 221.

Consumers are only referred to other agencies with their consent.

[88] NSW Government Ageing and Disability Commission NSW Elder Abuse Toolkit (Prepared by: NSW Elder Abuse Helpline & Resource Unit (EAHRU) 2016, Last updated: 04 Oct 2022) Accessed September 2023. See in Kit: Identifying abuse types & signs and Identifying and responding to abuse of older people

If advice is required by staff and consumers have not consented to being involved, the consumer's name is not provided to other agencies.

8.10.9 SIRS INCIDENT MANAGEMENT[89]

The Serious Incident Response Scheme (SIRS)

The Serious Incident Response Scheme (SIRS) sits alongside the Charter of Aged Care Rights and the Aged Care Quality Standards[90], and along with our open disclosure, risk management and continuous improvement processes, support CHNC to deliver safe, quality care to consumers and to act quickly when incidents (including allegations and suspicions of serious incidents) do occur and to take proactive steps to prevent them from occurring again.

SIRS has two principal elements: incident management and compulsory reporting.

SIRS incident management and prevention responsibilities apply to all incidents that occur in connection with the provision of care. Not all incidents are reportable.

Reportable incidents

The following incidents that occur, are alleged to have occurred, or are suspected of having occurred to a consumer in connection with the provision of care services, are reported to the Aged Care Quality and Safety Commission (the Commission). For detailed definitions (and more fulsome examples) of each type of incident. (See Serious Incident Response Scheme Guidelines.)

- Unreasonable use of force: conduct ranging from a deliberate and violent physical attack to use of unwarranted physical force such as shoving, pushing, hitting, punching or kicking a consumer (HC Link)[91]
- Unlawful sexual contact, or inappropriate sexual conduct: contact or conduct of a sexual nature inflicted on the consumer, including but not limited to sexual assault, an act of indecency or sharing of an intimate image of the consumer; any touching of the consumer's genital area, anal area or breast in circumstances where this is not necessary to provider care or services to the consumer; any non-consensual contact or conduct of a sexual nature, including but not limited to sexual assault, an act of indecency or sharing an intimate image of the consumer; engaging in conduct relating to the consumer with the intention of making it easier to procure the consumer to engage in sexual contact or conduct. (HC Link)
- Psychological or emotional abuse: including taunting, bullying, harassment or intimidation, threats of maltreatment, humiliation, unreasonable refusal to interact with the consumer or acknowledge the consumer's presence, unreasonable restriction of the consumer's ability to engage socially or otherwise interact with people, repetitive conduct or contact which does not constitute unreasonable use of force but the repetition of which has caused, or could reasonably have caused, the consumer psychological or emotional distress. (HC Link)
- Unexpected death: circumstances where reasonable steps were not taken by the provider to prevent the death, the death is the result of care or services provided by the provider or a failure by the provider to provide care and services. (HC Link)
- Stealing from, or financial coercion by a staff member: stealing from a consumer by a staff member of the provider; conduct by a staff member of a provider that is coercive or deceptive in relation to the consumer's financial affairs, unreasonably controlling the financial affairs of the consumer. (HC Link)
- Neglect of a consumer: a breach of the duty of care owed by the provider, or staff member of the provider, to the consumer; a breach of professional standards by a staff member of the provider in providing care or services to the consumer. (HC Link) (See also 8.10.8 Abuse and neglect.)

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89 Australian Government Aged Care Quality and Safety Commission Serious Incident Response Scheme Guidelines for providers of home services November 2022.

90 Australian Government Aged Care Quality and Safety Commission Aged Care Quality Standards (Effective 1 July 2019)

91 HC denotes Home Care

- Inappropriate use of restrictive practices: restraint other than in the circumstances set out in the Quality of Care Principles. (HC Link) (See also 3.5 Restraint Minimisation and Use Policy)
- Missing consumers: a consumer goes missing from the service environment and staff are unaware of the reasons for their absence and there are reasonable grounds to report that fact to police. (HC Link) (See also 2.3.3 Delivering Safe and Effective Services/ Missing Consumers).

Note: Irrespective of whether an incident is deemed to be reportable to the Aged Care Quality and Safety Commission staff are required to complete the organisation's Adverse Event Report for every adverse event.

If an incident is deemed to be reportable to the Commission, the reporting process below, is followed. If the incident is not reportable it is still investigated and actioned in line with our broader responsibility to protect the safety, health and wellbeing of consumers (including allegations or suspicions of abuse or neglect).

(See also 8.10.8 Abuse and neglect, for information on the management of elder abuse risks and responding to abuse.)

Priority of incidents[92]

Priority 1 incidents

A Priority 1 reportable incident is an incident that occurs in connection with the provision of care services:

- That caused, or could reasonably have been expected to have caused, a consumer physical or psychological injury or discomfort that requires medical or psychological treatment to resolve
- Where there are reasonable grounds to report the incident to police
- Involving unlawful sexual contact or inappropriate sexual conduct inflicted on a consumer
- That is an unexpected death of a consumer, or
- Where a consumer goes missing from the service environment.

Examples of Priority 1 incidents include:

- Consumer distress requiring emotional support or counselling
- Cuts, abrasions, burns, fractures or other physical injury to a consumer requiring assessment and/ or treatment by a nurse, doctor or allied health professional
- Bruising, including large individual bruises or a number of small bruises over the consumer, head or brain injuries which might be indicated by concussion or loss of consciousness
- Injury or impairment requiring the consumer's attendance at or admission to a hospital
- The death of a consumer.

Priority 2 incidents

A Priority 2 reportable incident includes any reportable incident that does not meet the Priority 1 criteria:

Examples of Priority 2 incidents include:

- The consumer is momentarily shaken or upset
- The consumer experiences temporary redness or marks that do not bruise.

If uncertain about the impact to the consumer and the classification, treat the incident as a Priority One.

[92] Australian Government Aged Care Quality and Safety Commission Serious Incident Response Scheme Guidelines for providers of home services November 2022 p 49

Assessing the priority of an incident

Information on assessing incidents is provided in the Serious Incident Response Scheme Guidelines.[93] Staff also utilise the Aged Care Quality and Safety Commission SIRS decision support tool to determine the priority of an incident where there is uncertainty.

Reporting incidents[94]

What is reported?

All actual, suspected or alleged reportable incidents are reported to the Commission. This includes where the person who is suspected or alleged to have committed the incident is a staff member or volunteer, a visiting health professional, a family member, friend or visitor to the service or another consumer at the service; or if the person making the allegation has a cognitive impairment.

Reportable incidents involving another consumer at the service must be reported irrespective of whether that consumer has an assessed cognitive impairment.

The Commission can determine that we do not have to notify a reportable incident in specific circumstances. We can, by application to the Commission, request that particular cases do not have to be reported. For example, repetitive reports from a consumer diagnosed with dementia have been investigated and it is determined they are based on delusions.

Requests to the Commission require evidence such as an assessment by an appropriate health professional. Exceptions approved by the Commission are still recorded in our incident reporting process using the Adverse Event Report.

Making a report

See below, Serious Incident Reporting Framework diagram.

[93] Australian Government Aged Care Quality and Safety Commission Serious Incident Response Scheme Guidelines for providers of home services November 2022 p 49

[94] Australian Government Aged Care Quality and Safety Commission Serious Incident Response Scheme Guidelines for providers of home services November 2022 p 54

Figure 8.10.1 Serious Incident Reporting Framework

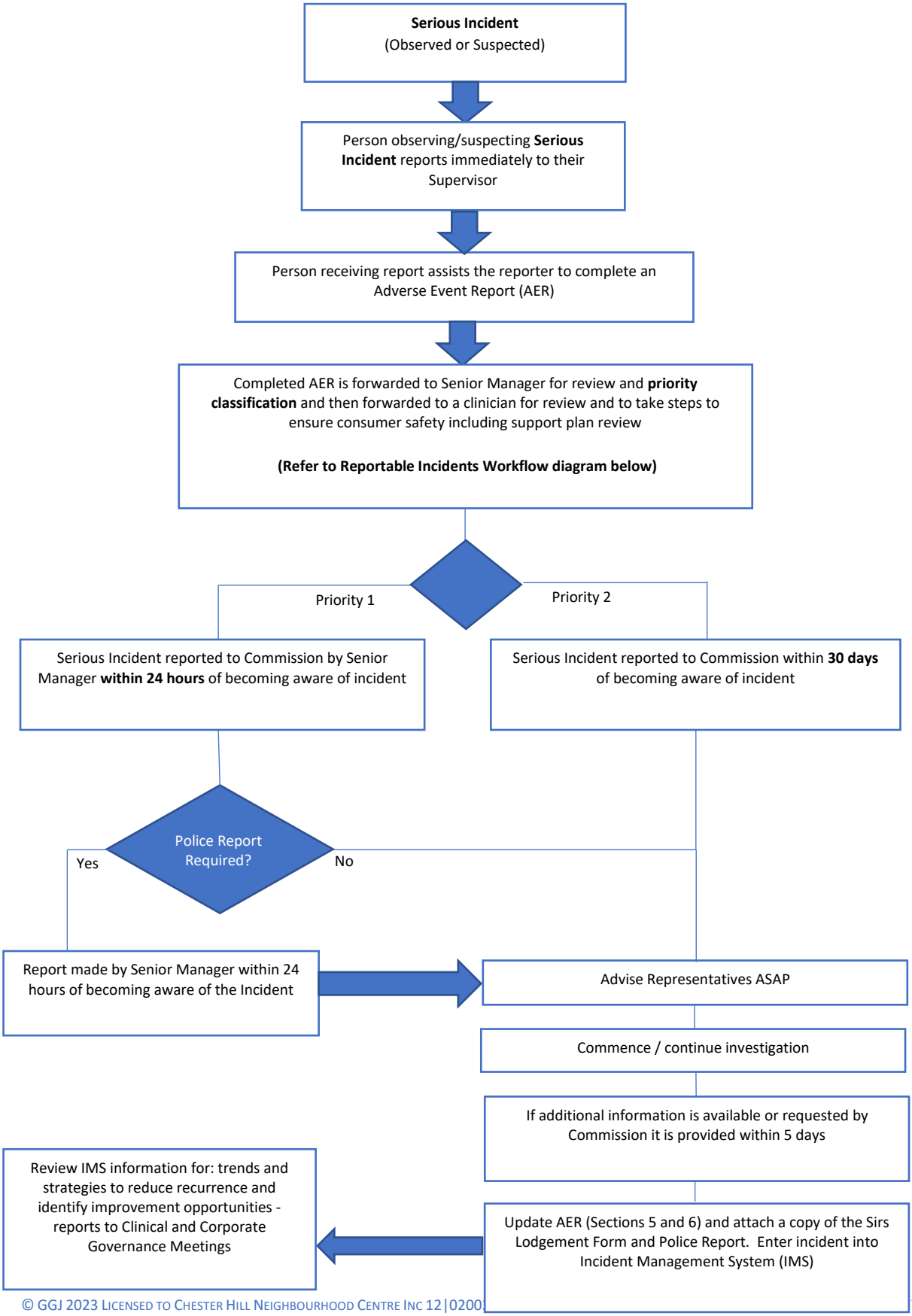
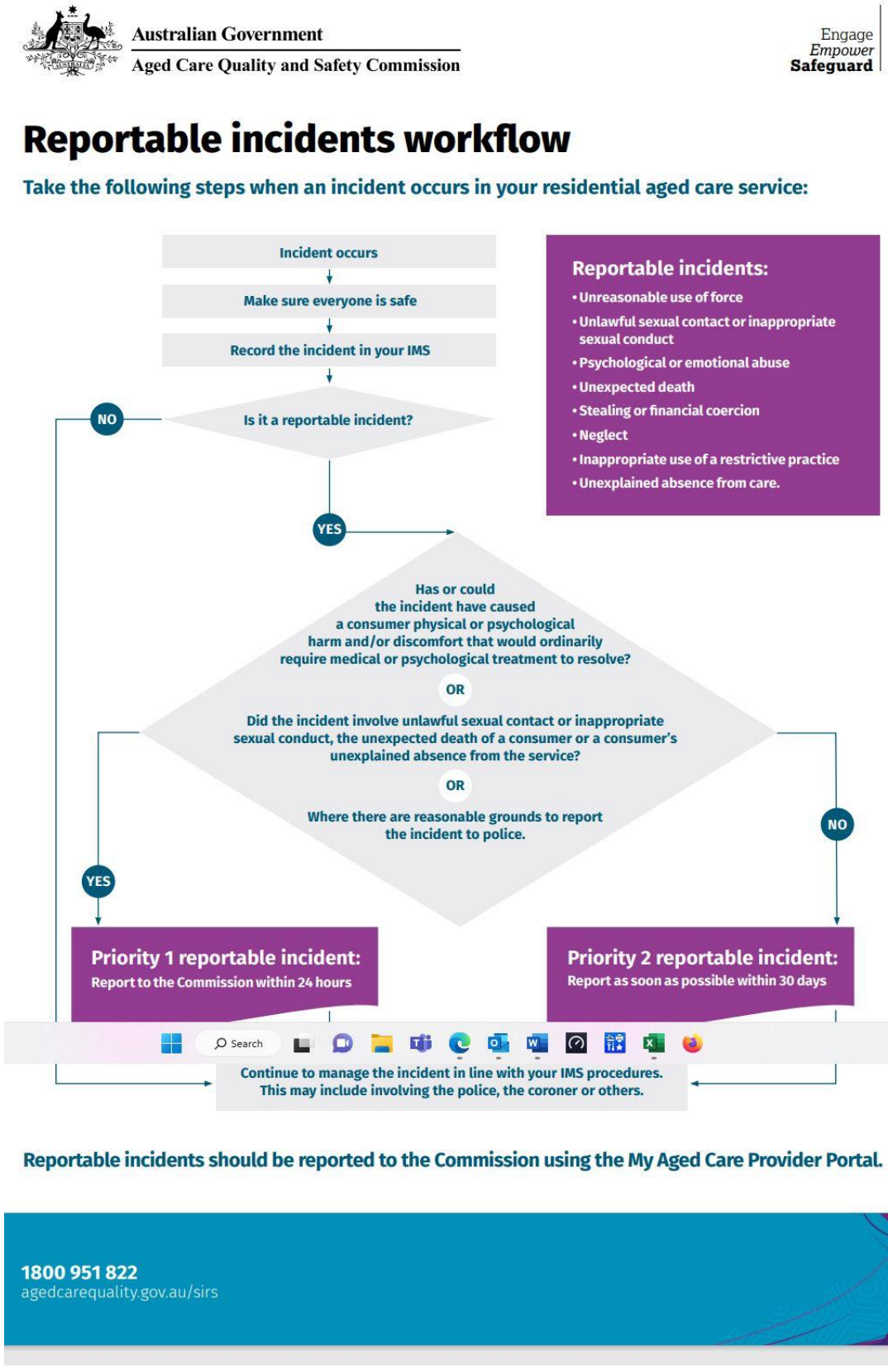


Figure 8.10.2 Reportable Incidents Workflow



Staff or other observers of an incident are to report all actual, suspected or alleged incidents immediately or as soon as possible to their supervisor. If their supervisor is not immediately available, they report to one of our key personnel:

- The Manager
- The Aged Care Programs Coorindator
- The Quality Coordinator.
- A board member.

Incidents are reported on an Adverse Event Report. The person receiving the report assists the reporter to complete an Adverse Event Report. The reporter may also be asked to assist in the online submission to the Commission. The Registered Nurse is informed about every incident and takes steps to ensure consumer safety and comfort.

We also designate a staff person to support the consumer and other people involved in the incident.

Where it is suspected, or it is alleged to us, that the incident involves a criminal offence the incident is reported to the Police by the senior manager. Criminal offences may include physical and sexual assault, theft and acts of a sexual nature.

The senior manager is responsible for notifying reportable incidents to the Commission and the Police as per the requirements below (see Notifying priority 1 incidents and Notifying priority 2 incidents) however, other key personnel listed above receiving a report must ensure that the incident is reported to the Commission and the Police within the specified timelines as per the requirements below.

Notifying priority 1 incidents

Report to the Commission

Reports to the Commission are entered through the provider portal My Aged Care.

If we have reasonable grounds to believe that a reportable incident is a Priority 1 reportable incident, the Commission is notified **within 24 hours** of us becoming aware of the reportable incident.

If additional information becomes available during further investigation, it is reported to the Commission as soon as possible through a second notice. If the Commission requests additional information a second notice must be provided within 5 days using the Commission form.

It is critical that notifications of reportable incidents to the Commission through the SIRS are clearly and comprehensively described and include sufficient detail to enable the Commission to:

- Understand the context of the reportable incident
- Assess the appropriateness of the provider's response to the incident
- Determine the level of harm and/or discomfort caused (or that could reasonably have been expected to have caused) to the consumer(s) involved
- Assess the appropriateness of the provider's actions taken to manage the incident and minimise the risk of reoccurrence
- Assess the effectiveness of the provider's Incident Management System.

Detailed information on the above points is included in the Serious Incident Response Scheme Guidelines.[95]

[95] Australian Government Aged Care Quality and Safety Commission Serious Incident Response Scheme Guidelines for providers of home services November 2022 p 54

Report to the Police[96]

Incidents **must be** reported to the police **within 24 hours** of becoming aware of the incident where:

- We suspect, or it is alleged to us, that the incident involves a criminal offence against a Commonwealth, state or territory law, or there are other reasonable grounds to report the incident. Criminal offences may include physical and sexual assault, theft, acts of a sexual nature. For further clarification see Serious Incident Response Scheme Guidelines for providers of home services
- A consumer's absence from their care environment remains unexplained after all reasonable measures to locate the consumer have been exhausted. The report is made within a reasonable timeframe so an appropriate response and action can be taken to locate the consumer. (See 2.3.3 Delivering Safe and Effective Services/ Missing Consumers.)

Notifying priority 2 incidents

Priority 2 reportable incidents must be notified to the Commission **within 30 days** of becoming aware of the reportable incident.

Priority 2 reportable incidents involve a single notification only. However, we must respond to any requests for further information regarding the incident and notify the Commission of any significant new information about the incident as soon as possible and within 5 days using the Commission form.

Examples of completed incident reports

Examples of completed forms for each type of reportable incident are provided by the Commission on their website. Staff should utilise these examples when completing a report.[97]

Direct reporting to the Commission or police

If staff do not feel comfortable reporting an incident within CHNC, they can make a report directly to the police or the Commission without fear of reprisal.

Investigation of incidents

Incidents are investigated by a senior manager, depending on the parties involved in the incident.

Similar to CHNC's processes for dealing with complaints, open disclosure principles underpin all communication in receiving information, making referrals and investigating reportable incidents. (See 6.2.1 Open Disclosure and other Principles in Managing Complaints.)

We utilise the Commission's Effective serious incident investigations guidance for providers to assist us in investigations into serious incidents.

The people involved in the incident are provided with ongoing input and are kept up to date on all aspects of the incident review process.

When the incident is finalised, a staff person is identified by the manager to support and make sure that the consumer and/or their representatives feel comfortable to continue accessing the service.

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[96] Australian Government Aged Care Quality and Safety Commission Serious Incident Response Scheme Guidelines for providers of home services November 2022 p 23

[97] Government Aged Care Quality and Safety Commission Submitting a SIRS notification/Example responses Website accessed December 2022

Privacy

CHNC privacy and confidentiality processes apply to the collection and sharing of information regarding incident reporting. (See 1.6 Privacy and Confidentiality.)

Record keeping

Where appropriate the consumer's support plan is updated to revise care and/or inform staff of consumer behaviour.

To ensure consumer privacy, the Adverse Event Report, any additional reports such as a police report and any other relevant documents are filed together in the Incidents Register. Where appropriate, notes are made in the client record with consideration given to the sensitivity of the information.

The senior manager is responsible for the management of this information.

Incident Management System

Our Incident Management System is part of our continuous improvement and risk management processes, and comprises:

The Board of Management

The Board provides strategic direction to and monitors the operations of CHNC including the safety of consumers and the processes for ensuring safety.

The Board meets monthly and amongst other responsibilities, reviews the Improvement Committee report, which includes improvements from the Clinical Care Committee.

Improvement Committee

The improvement Committee reviews and analyses data over the short and long term to identify improvements.

All improvements are evaluated to check their effectiveness.

The Registered Nurse is a member of the Improvement Committee to ensure effective clinical input. The Committee meets monthly and reports to the Board each month.

(See 8.9.2 The Improvement Committee.)

Clinical care committee

The key committee for clinical care discussion and improvement is the Clinical Care Committee. They meet monthly to review clinical governance processes, clinical indicators and issues across all service provision to identify clinical improvements.

The committee is provided with all information on consumer incidents. The minutes of the Clinical Care Committee meetings detail any successes, issues, recommended improvements, identified risks and recommended controls. The minutes and action list are provided to the Improvement Committee for review and consideration of improvements, risks and controls.

The Manager is available to address Board Meetings as required regarding clinical governance issues.

(See 8.3.3 Clinical Governance / Clinical care committee meetings.)

Adverse event report

The completed Adverse Event Reports and attachments are reviewed by the Clinical Care Meeting and the Improvement Committee to identify improvements that will:

- Ensure the trending and analysis of incidents and the impact on consumers
- Enhance the protection and safety of residents
- Improve the process for reporting and managing incidents
- Improve the process for responding to reportable incidents and
- Identify any other related improvements.

Adverse Event Reports feed into the continuous improvement process.

(See 8.9.6 Continuous Improvement Forms/Adverse Event Report.)

Tell us what you think form

Residents, representatives, staff, management and visitors are encouraged to complete a Tell Us What You Think form to report any ideas or incidents that they may become aware of. All reported incidents are investigated further with additional input from the reporter if they chose to give their contact details. Any incidents requiring follow-up are reported on an Adverse Event Form, as noted above.

Tell Us What You Think forms feed into the continuous improvement process similar to the Adverse Event Reports.

(See 8.9.6 Continuous Improvement Forms/Tell Us What You Think form.)

Commission reports

Relevant information from our reports to the Commission and responses or directions from the Commission are fed into our improvement processes through an Adverse Event Report or a Tell Us What You Think form. Potential improvements from this information are identified and implemented.

Staff training

All staff including support workers, key personnel and management staff are provided with training and documentation about our incident management processes including:

- What is a reportable incident?
- Types of incidents and using the SIRS decision support tool
- Who do I report to?
- Information required in a report
- Using the Serious Incident Reporting Framework diagram
- Timelines in reporting
- Supporting consumers and other parties involved in an incident
- Using the Adverse Event Report (AER)
- Notifying the Police
- Notifying the Commission
- Investigating incidents and using the Commission resource Effective serious incident investigations guidance for providers
- Evaluating the incident response including consumer, staff and Commission input

- Continuously improving our systems and processes to reduce or stop incidents and to improve the management of incidents.

All staff are encouraged to be watchful and to report incidents or suspicions or concerns about incidents.

All staff are required to familiarise themselves with this section of the Policies and Procedures.

Consumers and others

Consumers and their representatives are informed that consumers have a right to feel safe and are encouraged and supported to let us know if they have concerns for their relation/friend or other people's safety.

Consumers and representatives and other people attending our facility are provided with information about the incident reporting process and are encouraged to report any concerns they may have to senior staff.

Consumers and representatives are informed about incident reporting and management through our Service Commencement Meeting, the Consumer Handbook, our newsletter and other communications, and on an ongoing basis through reviews and re-assessments.

Regular morning tea meetings are held with consumers to discuss, ideas, issues and improvements.

Evaluation

Following the conclusion of the investigation into an incident, an evaluation of the incident is conducted. This includes the incident management process, the consumer's experience, the experience of other involved people, the outcome/s for the consumer and other parties, and validation that appropriate education, training and consumer and staff support processes have been implemented to prevent the incident recurring.

The evaluation results are recorded on the Adverse Event Report and are reviewed by the Improvement Committee.

Protections

(See 8.3.5 Whistleblowers.)

8.10.10 BUSINESS CONTINUITY PLAN[98]

CHNC has developed a Business Continuity Plan that addresses:

- Risks from natural events and
- Transitioning out of service.

Risks from natural events

We recognise that vulnerable consumers' services and welfare are at risk from events such as bush fire, heat, cold, flood or other natural disasters (see Monitoring Consumer Health and Wellbeing in Severe Weather and Natural Disasters Practice).[99] To minimise these risks we undertake the following:

Prior to an event we:

- Identify and assess local risks

[98] The Business Continuity Plan is included in the Risk Management Plan in Forms/Governance Documents.

[99] Australian Government Department of Health and Aged Care website Preparing for an Emergency Event – Home Care Accessed July 2020. (Note: Whilst this guidance addresses home care providers, it is applicable to all service provision).

- Ensure we are aware of local emergency plans through liaising with local authorities and collaborating with other providers
- Identify and collaborate with other providers who can accept our consumers in the event of an emergency
- Encourage and support consumers to make an emergency plan with their families and significant others
- Maintain a Business Continuity Plan for Risks from Emergency Events and trial it (See Business Continuity Plan in Risk Management Plan in Forms/Governance Documents.)
- Identify vulnerable consumers, record the following and ensure it is kept up to date:
    - the best ways to contact consumers in an emergency
    - information about high risk or high need, CALD, Indigenous or other clients
    - specific services being delivered including cultural or spiritual requirements and any other consumer specific requirements
    - any subcontracting arrangements.
- Let consumers know about our plans in the case of an event.

During an event we:

- Monitor emergency broadcasts for local warnings
- Liaise with emergency agencies to assess the risk and determine appropriate actions
- Refer vulnerable consumers to emergency agencies or other identified providers if necessary
- Keep all stakeholders informed
- Support vulnerable consumers if safe to do so

If the temporary relocation of consumers in residential care is required in emergency situations we follow the Department of Health and Aged Care guidelines.[100] The key points are:

- Do not discharge the resident from CHNC
- Negotiate financial arrangements with the temporary provider to ensure they receive the funding needed to deliver care and services to the impacted resident/s
- The temporary provider should not formally admit the relocated resident/s through the payment system
- Notify Services Australia of the temporary relocation arrangement by calling 1800 195 206 or emailing aged.care.liaison@servicesaustralia.gov.au
- Notify the resident's next of kin and emergency contact of the relocation as soon as possible
- When we are able to provide the required level of care for the relocated resident we must take the resident back. We cannot give the evacuated room to a new resident as per the security of tenure provisions.

In addition, in an emergency situation we may need to:

- Notify and liaise with emergency services and local councils and follow their approved evacuation procedures
- Call the Commonwealth Department of Health and Aged Care state/territory office for assistance as soon as possible
- Contact Services Australia (Medicare) service centre for assistance if records or documents have been lost or destroyed.

Following an event we:

- Assess the impact of the event and take steps to commence services as soon as practicable

[100] Australian Government Department of Health and Aged Care Temporary Relocation of Residents in Emergency Situations Last Updated December 2020

- Liaise with local authorities as necessary
- Review and update risk plans in consultation with staff and other stakeholders, and
- Communicate with consumers and staff on the outcomes of the event and any changes in policy or practices in dealing with future events.

Transitioning out of service

We recognise that there is a risk of needing to transition out of the provision of aged care services. This could result from the withdrawal of funding by the Department, the expiry of a funding agreement or an inability of CHNC to continue operations.

Controls

To minimise the risks of having to transition out of service provision we have implemented the following controls:

- Development of effective and robust systems such as service delivery, financial management, data systems, consumer information, continuous improvement and risk management that adhere to funding program requirements and the Aged Care Quality Standards
- Processes to monitor, manage and report incidents or threats to service continuity
- Policies and procedures to support systems
- Staff training and support in following our systems and processes
- Ongoing communication with consumers, staff and other stakeholders.

Transition out of service plan[101]

If we do have to transition out of service we have developed a Business Transition Out of Service Plan that includes the compilation of the following information:

- Service details, including specific services being delivered to client groups i.e. cultural or centre based activities specifically designed to meet the needs of clients
- Client details, including information about high risk or high need, CALD, Indigenous or other clients to ensure a smooth and efficient transition of services
- Specific service delivery requirements due to cultural, area specific (rural/remote) or other reasons that impact on current service delivery and transitioning services
- Details of any communications with staff about services being proposed for withdrawal
- My Aged Care and DEX data registration details, including whether information and care plans are up to date
- Information about inactive clients
- Any subcontracting arrangements
- Detail any current issues that may impact the client transition.

The plan also includes the following organisational information

- Timeframe with activities to undertake for transition
- Staffing arrangements
- Assets
- Information and records (including authority of release from the clients)

[101] Australian Government Department of Health and Aged Care Commonwealth Home Support Programme (CHSP) Manual 2023-2024 Published 10 July 2023, 6.1.8 Service continuity/Transition out

- Communication strategy
- Telephones.[102]

[102] Information in this section is based on: Australian Government Department of Health and Aged Care Commonwealth Home Support Programme (CHSP) Manual 2023-2024 Published 10 July 2023, 6.1.8 Service Continuity/Compliance with Standards and Transition Out. (Note: Whilst this guidance is for CHSP providers, it is applicable to all service provision).

8.11 INFORMATION MANAGEMENT SYSTEMS

8.11.1 COMMUNICATION STRATEGIES

Underpinning the management of information in CHNC are the following communication strategies:

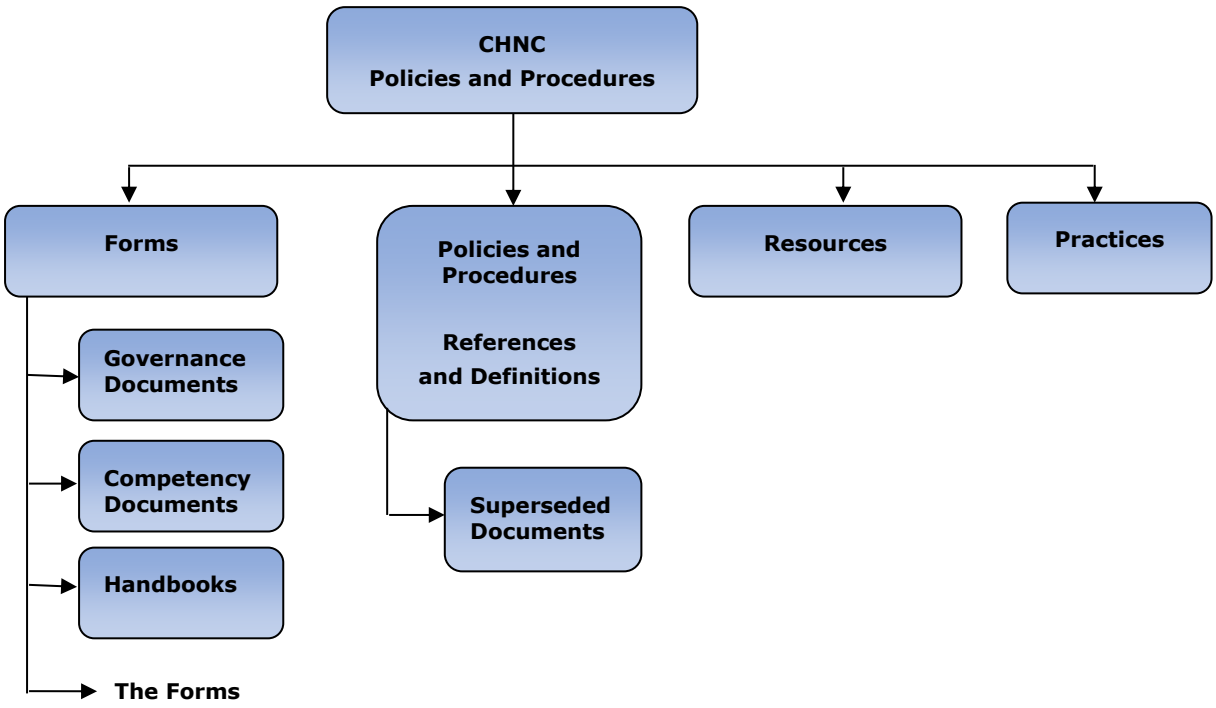
- Regular and structured meetings that involve all staff (see 8.3.2 Governance Processes/ Management meetings)
- Regular reporting (see 8.3.4 Performance Reports)
- Training for staff in relevant policies and procedures
- Involvement of staff and consumers in the Continuous Improvement process (see 8.9: Continuous Improvement)
- Involvement of staff in the planning process (see 8.7 Planning)
- A two-monthly newsletter for staff and consumers prepared by the relevant team members
- Emails and memos to staff as required
- Letters and notices to consumers as required.

8.11.2 POLICIES AND PROCEDURES

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 ensuring the information is up-to-date with assistance from the Managers and Team Leaders 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 are maintained as read-only documents in the Policies and Procedures folder on the shared drive. The Manager is responsible for ensuring the information is up-to-date with assistance from the Coordinators 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 includes the following sections:

Overall Table of Contents

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

9 References
10 Definitions.

Forms

A copy of each form used by CHNC is maintained on the shared drive in the subfolder Forms and is referred to in the Policies and Procedures.

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/Control of the policies and procedures).

Updating the policies and procedures

The need to update the Policies and Procedures, 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:

- When the need for changes is identified these are discussed with the relevant Manager.
- The Manager delegates an appropriate person/s to draft changes.
- Draft changes are reviewed by the Manager:
    - If the changes relate to a policy and procedures or practice, these are submitted to the Clinical Care Committee (clinical) or Improvement Committee (corporate). Once the Clinical Care Committee has approved the change, the Improvement Committee endorses the change. A list of all Improvement Committee endorsed policy and procedures and practice documents is provided to the Leadership Team meeting for noting.
    - The Manager may approve form and other document changes.

- When changes have been approved by Improvement Committee and noted by the Leadership Meeting the Team Leader Administration is advised to update the Policies and Procedures and relevant documents.
- The Policy and Procedures are updated including forms and the table of contents. Old versions are archived.
- Note that any new form is referenced in the Policies and Procedures.
- 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.
- Major changes to the Policies and procedures are recorded as an improvement in the Plan for Continuous Improvement (see 8.9 Continuous Improvement).
- Major changes are reviewed after an appropriate time to ensure they have achieved the required outcome.

Review minutes of management meetings

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

Control of the policies and procedures

- Electronic read-only copies of the Policies and Procedures material are accessible to staff
- Only the Manager and Coordinator can initiate changes to the original files and only within the specified process (see 8.11.2 Policies and Procedures/ 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.

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

Principles for the collection of consumer information

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

Management of consumer information

The Aged Care Act[103] specifies the kinds of records that must be kept by aged care providers. These include:

- Assessments of consumers
- Individual support/care plans
- Medical records, progress notes and other clinical records
- Schedules of fees and charges
- Agreements
- Accounts of consumers

[103] Sections 63-1(1)(a) and 87-2 of the Aged Care Act 1997 and Part 7B of the Aged Care Quality and Safety Commission Act 2018 cited in Australian Government Department of Health and Aged Care Home Care Packages Program Operational Manual A Guide For Home Care Providers 1.4 – August 2023, Appendix E: Responsibilities of approved providers Accountability – Part 4.3 in the Aged Care Act 1997. This information can be applied to all programs

- Records relating to consumers' entry, discharge and leave arrangements, including death certificates where appropriate
- Records relating to a determination that a consumer is a consumer with financial hardship
- In relation to a continuing home care consumer to whom we start to provide home care through a home care service on or after 1 July 2014—a record of whether the consumer made a written choice regarding whether they would be covered by the pre or post-1 July 2014 arrangements
- Up-to-date records of: the name and contact details of at least one representative of each consumer; and the name and contact details of any other representative of a consumer;
- Copies of unspent funds notices
- Records relating to the payment of the consumer portion or transfer portion of consumers' unspent home care amounts
- Copies of notices of published exit amounts
- Records required to be kept by the National Aged Care Mandatory Quality Indicator Program Manual.

Records are required to be kept for three years after the 30 June of the year in which we cease to provide care to the consumer.

(See also 8.11.6 Archiving/Table 8.11.1 Timelines for Maintaining Records)

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 2.6 Consumer Documentation and Information Sharing.)

Office Files

Office files are created as required by the Administration Team and stored in lockable filing cabinets. the Administration Team are also responsible for filing and for securing the files. 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. (See 2.6.2 Access to Support Plans and Other Documentation/Home care file contents).

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 in the Consumer Management System as well as in the consumer's home notes as necessary. Financial records for Home Care Package Consumers 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 2.3.6 Assessment and Support Planning Process/Service Commencement Meeting and 2.3.7 Support Plans).

Consumer access to information

(See 1.6.3 Consumers Right to Access Information.)

8.11.4 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 Performance Reports.

8.11.5 GENERAL INFORMATION

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

Staff records

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

Staff access to staff files

(See 7.3.9 Staff Files.)

Minutes of meetings

Minutes of meetings are maintained on the shared drive.

Other administrative information

All other administrative information including funding information, financial information and general filing is maintained in the filing cabinets in the relevant team member'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

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.

Aged care act responsibilities[104]

We ensure that we keep records (in written or electronic form) that enable proper assessments to be made of whether we have complied, or are complying, with our responsibilities under the Act. These records are required to be kept for a minimum of three years after the 30 June of the year in which the record was made. We keep the records for seven years.

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
Financial records including claims for payments	7 years
Records relating to compliance with program requirements	7 years
General administrative records	7 years
Policies and procedures	7 years

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).

Managing superseded policies and procedures

Whenever changes are to be made to the policies and procedures 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.

[104] Australian Government Department of Health and Aged Care Home Care Packages Program Operational Manual A Guide For Home Care Providers Version 1.4 – August 2023, Appendix E: Responsibilities of approved providers Accountability – Part 4.3 in the Aged Care Act 1997 Record keeping. This information can be applied to all programs

Superseded policies and procedures and forms are destroyed as per the timelines specified in Table 8.11.1 Timelines for Maintaining Records.

8.11.7 INFORMATION TECHNOLOGY AND CYBER SECURITY[105]

Our information technology systems ensure we can meet the needs of CHNC, ensure the protection of consumer, staff and organisation information and support the collection of service delivery data and reporting obligations outlined in our Grant Agreements.

Cyber security

Strategies to ensure the safety of CHNC data include:

- We only utilise cloud storage physically based in Australia (data sovereignty).
- All data is synchronised to the cloud and is only accessible to the system administrators and consultants that we engage.
- Cameras, alarms and other Internet-of-Things devices are not connected to our data server.
- We utilise a Unified Threat Management firewall (UTM)
- All computers are password protected and set to lock after 30 minutes of non-use to prevent unauthorised access.
- We employ a user access policy where users are only granted access to data that they need to do their job. Access to data is further restricted by the assignment of usage levels including administrator, user and read only.
- Service delivery staff only have access to the data of consumers they are working with or likely to work with. Access is limited to information directly related to their work such as the support plan and notes.
- A backup cycle to removable disk, with an off-site copy, is maintained as another level of safety in the event of data loss on the server and the cloud.
- All server equipment is maintained in a secure room that is locked when physical access to equipment is not required.
- A mobile device manager is utilised to manage all access to our data by staff using mobile phones/devices. This includes remote wipe and remote delete functions for use in the event of loss of the device.
- Data cannot be copied to a laptop without the permission of the IT and Data Support Coordinator. Preferred access is remote login to the server as this is controlled.
- Complex passwords are created randomly by the system administrators only and are changed yearly or whenever a staff person leaves CHNC. Under no circumstances are staff permitted to disclose their password to any other person.
- Two factor authentication is utilsed wherever feasible
- Only the IT and Data Support Coordinator or designated system administrators can add new data folders to the shared drive of the server.
- An anti-virus program including anti anti-ransom-ware is maintained on every device connected to the server.
- All internet access is logged and is auditable.
- No programs, external data or utilities can be installed onto any workstation or other device without the permission of the system administrators.
- All systems software is maintained up to date.
- Our IT Consultant reviews our system and our data breach procedures at least annually and whenever a data breach related to IT occurs
- All staff receive information on our IT system requirements and training on responding to data breaches on commencement with the service.

[105] Please note: This Section will vary greatly depending on the size of your organisation. The processes will be much simpler for smaller organisations. We recommend all providers consult with their IT specialist in customising this Section

Email

Staff may send and receive minimal personal emails.

All emails are filed in the appropriate folders set up by the system administrators. Emails documenting service feedback and information relevant to the operation of CHNC are forwarded to the relevant staff person.

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

Internet access

Internet access is restricted to work related purposes and is monitored and audited.

MyGovID

MyGovID is required for access to the My Aged Care portal. The Client Care Coordinators are authorised to access My Aged Care, on behalf of CHNC. The IT and Data Support Coordinator is the Relationship Authorisation Administrator. All authorisations must be approved by the relevant Manager.

Getting help and reporting problems

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 Administration Team. If necessary, the Administration Team arranges for the IT and Data Support Coordinator to assist.

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 CHNC 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 their supervisor if in doubt about what is information related to their work.

Consumer consent is required before any photographs, names or other information are published to social media.

Responding to data breaches

Data breach

A data breach occurs when personal information that an entity holds is subject to unauthorised access or disclosure or is lost. Data breaches include:

- Loss or theft of physical devices (such as laptops and storage devices) or paper records that contain personal information
- Unauthorised access to personal information by an employee
- Inadvertent disclosure of personal information due to 'human error', for example an email sent to the wrong person
- Disclosure of an individual's personal information to a scammer, as a result of inadequate identity verification procedures. [106]

[106] Australian Government Office of the Australian Information Commissioner (OAIC) Data Breach Preparation and Response (A Guide to Managing Data Breaches in Accordance with the Privacy Act 1988 (Cth) p 8 Published: February 2018. Updated: July 2019

Notifiable data breaches

Under the Notifiable Data Breaches (NDB) scheme CHNC is required to notify any individual whose data is breached and the Australian Information Commissioner of data breaches where:

- There is unauthorised access to or disclosure of personal information held by CHNC (or information is lost in circumstances where unauthorised access or disclosure is likely to occur).
- This is likely to result in serious harm to any of the individuals to whom the information relates.
- CHNC has been unable to prevent the likely risk of serious harm with remedial action.

(See Figure: 8.11.2: OAIC Data Breach Action Plan for Health Service Providers)[107]

CHNC also reports the breach, when it is relevant to do so, to other organisations such as:

- Police or law enforcement bodies
- The Australian Securities & Investments Commission (ASIC)
- The Australian Prudential Regulation Authority (APRA)
- The Australian Taxation Office (ATO)
- The Australian Transaction Reports and Analysis Centre (AUSTRAC)
- The Australian Cyber Security Centre (ACSC)
- The Australian Digital Health Agency (ADHA)
- The Department of Health and Aged Care
- State or Territory Privacy and Information Commissioners
- Professional associations and regulatory bodies
- Insurance providers.

(See also 1.6 Privacy and Confidentiality for details of how CHNC respects consumer's privacy.)

Data Breach Response Plan

Key Roles

- Board of Management
  - Responsible for ensuring the security of CHNC data
  - Are advised of all data breaches and actions taken to resolve and to prevent future breaches
  - Approve the procedures for security of data and responding to data breaches.
- Staff
  - All staff are responsible for minimising the chances of a data breach occurring
  - Staff are required to take particular care of any documents or devices, such as phones or laptops, that connect to or contain information related to consumers or CHNC
  - In the event that a device or document is lost it must be reported immediately it is known to be lost, to a supervisor or IT and Data Support Coordinator
  - In the event of, or threat of (phising or a virus) unlawful access to data on the computer system the IT and Data Support Coordinator or designated system administrator is advised immediately, the system is immediately

[107] Australian Government Office of the Australian Information Commissioner Data breach action plan for health service providers 11 February 2020

isolated and our computer consultant is requested to immediately attend, deal with the access or threat, identify the extent of the breach, how it occurred and how to prevent it in the future.

- IT and Data Support Coordinator
  - Receives reports of data breaches
  - Takes any immediate necessary action to contain or resolve the breach
  - Investigates the breach if appropriate
  - Refers the breach to the Senior Management Team.
- Leadership Team
  - Action significant data breaches referred to it by a IT and Data Support Coordinator or designated system administrator
  - Review all data breaches
  - Review any immediate action taken
  - Identify and implement additional action required
  - Determine if the breach must be reported to the Commissioner under the Notifiable Data Breaches (NDB) scheme
  - Determine if it is likely that any person's data is at risk of being viewed or ustilised by others and advising the affected persons
  - Consider on an ongoing basis how to improve the protection of data
  - Testing of the data breach response plan.

Data Breach Report

Data breaches are reported using an Adverse Event Report with a Data Breach Report attached.

Procedure for Dealing with a Data Breach

In the event of a data breach or suspected breach the steps below apply as appropriate to the breach and to Figure: 8.11.2: OAIC Data Breach Action Plan for Health Service Providers.

- Immediately advise a supervisor of the breach and complete an Adverse Event Report with an attached Data Breach Report.
- The supervisor determines if any immediate action can be taken to contain or resolve the data breach (e.g. delete mobile phone, advise Police) and implements the action. The Adverse Event Report is updated.
- The supervisor advises the IT and Data Support Coordinator or designated system administrator of the breach and of any action taken. The Adverse Event Report is updated.
- The IT and Data Support Coordinator or designated system administrator considers whether any other immediate action should be taken. The IT and Data Support Coordinator or designated system administrator also considers whether the breach must be reported to the Leadership Team to action. This is determined on:
  - The number of people affected by the breach or suspected breach
  - Whether there is a risk of serious harm to affected individuals now or in the future
  - Whether the data breach or suspected data breach may indicate a systemic problem with our practices or procedures
  - Other issues relevant to the circumstances, such as the value of the data or issues of reputational risk.[108]

[108] These items are included on the Data Breach Report

- If the breach does not need to be reported to the Leadership Team to action the IT and Data Support Coordinator investigates fully how the breach occurred, what information was breached, how the breach can be ameliorated and how to prevent future breaches. The Adverse Event Report is updated.
- The IT and Data Support Coordinator forwards the Adverse Event Report to the Leadership Team for review.
- The Leadership Team determines if the breach must be reported to the Commissioner under the Notifiable Data Breaches (NDB) scheme. This is determined on the factors noted above in Notifiable Data Breaches[109] and in consideration of Figure: 8.11.2: OAIC Data Breach Action Plan for Health Service Providers. The Senior Management Team lodges the report and updates the Adverse Event Report.
- The Leadership Team determines if the breach must be reported to any other authorities and lodges the report/s. (See Notifiable Data Breaches above for a list of possible agencies to be notified[110].) The Leadership Team updates the Adverse Event Report.
- If the Leadership Team determines that it is likely that any person's data is at risk of being viewed or utilised by others, a member of the Team ensures that the person/s are advised of the type of data breached, action taken, potential consequences and what we have done to ensure it does not occur again. Advice may be written, verbal or face to face or a combination, depending on the breach and consequences.
- In the event of unlawful access to data on the IT system the system is immediately isolated and the IT and Data Support Coordinator and/or IT consultant is requested to immediately attend and identify the extent of the breach, recover lost information if possible, secure the system, determine how the breach occurred and how to prevent it in the future.
- The Data Breach Report is updated by the IT and Data Support Coordinator Team and processed and closed out by the Improvement Committee as per 8.9.8 Processing Continuous Improvement Forms and Other Improvement Information. The Improvement Committee reviews the data breach and the appropriateness of the response and considers if any improvements can be made to the data breach process.
- The Manager reports all data breaches to the next Board of Management Meeting. (See Table 8.3.1: Management Meetings/Board of Management Meetings.)

[109] These items are included on the Data Breach Report

[110] These agencies are included on the Data Breach Report

Figure 8.11.2: OAIC Data Breach Action Plan for Health Service Providers

Australian Government

DATA BREACH ACTION PLAN

FOR HEALTH SERVICE PROVIDERS

A data breach occurs when information held by an organisation is compromised or lost, or is accessed or disclosed without authorisation. For example, unauthorised access to health records, or lost client data.

1 CONTAIN

Take action to contain the breach

Take immediate steps to limit further access to, or distribution of, the affected information and to reduce the possible compromise of other information. Activate your organisation's data breach response plan, and seek professional assistance if required.

For example, stop the unauthorised practice, recover the records, or disconnect the system that was breached. Additional steps may include setting or changing passwords on client databases, turning on two factor authentication, attempting to recall unread emails, changing computer access privileges, and disconnecting internet connectivity.

! Does the data breach relate to the **My Health Record system?**

2 EVALUATE

Assess any risks associated with the breach

No

Consider whether the data breach involves personal information and is likely to result in serious harm to any individuals (such as physical, psychological, emotional, financial or reputational harm). Can remedial action remove the likelihood of serious harm?

If remedial action is successful, a provider should progress to the review stage. If not, this may be an *eligible* data breach under the **Notifiable Data Breaches scheme** regulated by the **Office of the Australian Information Commissioner**. Assessment guidelines can be found on their website (see reverse).

Yes

! All data breaches related to the **My Health Record system** must be reported!

This includes situations that have (or may have) resulted in **unauthorised collection, use or disclosure** of information in a My Health Record and events or circumstances that have (or may have) compromised the **security or integrity** of the My Health Record system.

3 NOTIFY

Contact all relevant parties

When an organisation believes an *eligible data breach* has occurred, they must promptly **notify affected individuals.**

The organisation must also **notify the Office of the Australian Information Commissioner** as soon as practicable using the form that is available on their website (see reverse).

When a data breach relates to the My Health Record system, organisations must **notify the Australian Digital Health Agency** as soon as practicable (see reverse).
In most cases you will also need to ask the Agency to contact affected individuals. Organisations must also **notify the Office of the Australian Information Commissioner*** as soon as practicable (see reverse).

* Public hospitals and health services are only required to notify the Australian Digital Health Agency.

! Does the affected data contain **Medicare** details?
Contact **Services Australia** (see reverse).

4 REVIEW

Minimise the likelihood and effects of future data breaches

- Thoroughly investigate the cause of the breach.
- Develop a prevention and response plan and conduct audits to ensure the plan is implemented.
- Review and strengthen security practices, consider changing organisational policies and procedures for maintaining data, and revise staff training practices.
- Refer to the **Office of the Australian Information Commissioner's** *Guide to health privacy* and other resources to identify additional steps that may be required (see reverse).
- Advice from the **Australian Cyber Security Centre** is also available to assist organisations with developing a cyber incident response plan (see reverse).

CONTACT INFORMATION

Office of the Australian Information Commissioner (OAIC)

The OAIC oversees the Notifiable Data Breaches scheme and privacy aspects of the My Health Record system. For more information on notifiable data breaches:

Web: oaic.gov.au/data-breach-preparation-and-response

Assessing an eligible data breach
Web: oaic.gov.au/data-breach-response-steps

Report a notifiable data breach
Web: oaic.gov.au/report-a-data-breach

Report a My Health Record data breach
Web: oaic.gov.au/my-health-record-data-breach

Guide to health privacy
Web: oaic.gov.au/guide-to-health-privacy

Enquiries
Web: oaic.gov.au/contact-us
Phone: 1300 363 992

Services Australia (Medicare)

Services Australia can assist breached organisations by placing impacted customers on a watch list to monitor for any compromise or misuse of customers' Medicare records.

Email: protectyouridentity@servicesaustralia.gov.au

Phone: 1800 941 126

Australian Digital Health Agency (My Health Record system)

All data breaches related to the My Health Record system must be reported to the Australian Digital Health Agency. The Agency will contact affected healthcare recipients, when this is required under the *My Health Records Act 2012*. Where a significant number of people are affected, the general public will be notified.

Web:
myhealthrecord.gov.au/for-healthcare-professionals/howtos/manage-data-breach

Email: MyHealthRecord.Compliance@digitalhealth.gov.au

Phone: 1800 723 471

Australian Cyber Security Centre (ACSC)

The ACSC leads the Australian Government's efforts to improve cyber security, with the role of helping to make Australia the safest place to connect online. For advice on what to consider in developing an incident response plan:

Web: cyber.gov.au/advice/developing-an-incident-response-plan

Report a cyber security incident
Web: cyber.gov.au/report

Alert service: Sign up to the ACSC's Stay Smart Online free alert service on the latest online threats and how to respond at staysmartonline.gov.au

You can also seek support from Australia's national identity and cyber support service, IDCARE by calling 1300 432 273

Testing of the Data Breach Response Plan

Ongoing testing of different scenarios of data breaches is carried out regularly as part of our risk management process. This may involve staff and our IT Consultant.

(See 8.10.3 Risk Management Plans.)

Training

All staff and Board of Management Members receive training on our data breach response plan in their initial orientation and through ongoing updates on breaches and how to respond to them.

The Leadership Team are trained in how to isolate the IT system from the internet and from all users in the event of unlawful access or threats.

(See 7.4.3 Staff Education/Mandatory Training.)