Meeting of Governance Committee to be held via Zoom

Tuesday 12 October 2021 at 5.15pm

AGENDA

ACKNOWLEDGEMENT OF COUNTRY - *We acknowledge the First Peoples of the Millewa-Mallee, The Latji Latji, Ngintait and Nyeri Nyeri, as the Traditional Owners and Custodians of the Country on which we are. We pay our respects to the Elders past and present of First People of Millewa-Mallee and the ancient connection they hold with their Country.*

1. **MEMBERS:** D Midgley (Chairperson), B Smith and J Adams

   IN ATTENDANCE: S Heald, M Wade, D Gardner and L Burrows **MINUTE TAKER:** S Coombes

2. **APOLOGIES:** G Beaumont

3. **DECLARATION OF CONFLICTS OF INTEREST:**
   In the event that a Board Director is aware that a specific issue may involve a "Conflict of Interest", it should be declared at the start of the Meeting:
   Darren Midgley: Rural Care Australia/Chaffey Aged Care, Generations Early Learning and La Trobe University Rural Health School (ongoing)
   Glenis Beaumont: Wentworth District Community Medical Centre, Victorian Healthcare Association and Mildura Base Public Hospital (ongoing)
   Leonie Burrows: Murray Primary Health Network, Mallee Regional Partnership, Mallee Regional Innovation Centre and Lodden Mallee Regional Development Australia (ongoing)

4. **CONFIRMATION OF PREVIOUS MINUTES:** **Attachment 1**
   Governance Meeting Minutes – 10/08/2021 *(refer attached)*
   Motion: *Minutes of the Governance Committee meeting held on Tuesday 10/08/2021 be accepted as an accurate record.*

5. **BUSINESS ARISING FROM PREVIOUS MINUTES:**

6. **STRATEGIC DISCUSSION:** Nil

7. **ACTION PLAN:** **Attachment 2**
   7.1 2021 Board Evaluation Group Results and Governance Evaluator reports (*refer attached)*
   7.2 Governance Evaluator Options for Action Plan development (*refer attached)*
   7.3 2020 Action Plan for reference (*refer attached)*

8. **DIRECTOR'S TRAINING SCHEDULE:** **Attachment 3**
   8.1 Training Schedule (*refer attached)*

9. **CLINICAL GOVERNANCE:** **Attachment 4**
   9.1 Clinical Governance Report: July-August 2021 (*refer attached)*
   Motion: *Governance Committee accept the Clinical Governance Reports for July-August 2021.*

10. **NEW BUSINESS:** **Attachment 5**
    10.1 Governance Handbook Review (*refer attached)*
    10.2 Ian Dickie Staff Scholarship draft (*refer attached)*
    10.3 Risk Register review (*refer attached)*
    10.4 Document Reviews: (*refer attached)*
        10.4.1 Conflict of Interest or Duty Declaration
        10.4.2 Clinical Governance Policy

10.4.3 Consent to Act as Board Director
10.4.4 Board of Directors Training Register
10.4.5 CEO Action Plan
10.4.6 CEO Performance Review – Director

10.5 Quality Review of Accreditation Bodies and requirements (following on from early discussions pre-Covid)

10.6 Conflict of Interest or Duty Declarations – All 2021 forms now received and the register updated

10.7 ASIC Banned and Disqualified Searches – for tabling (r*efer attached)*

11. NEXT MEETING DATE: Tuesday 14 December 2021 **Attachment 5**

Annual Governance Calendar *(refer attached)*

12. MEETING CLOSED:

Attachment 1

Governance Committee Meeting held via Zoom on

Tuesday 10 August 2021 at 5.15pm

MINUTES

MEMBERS: D Midgley (Chair), B Smith, G Beaumont and J Adams

IN ATTENDANCE: S Heald, M Wade and D Gardner **MINUTE TAKER:** S Coombes

1. **PRESENT:** D Midgley, B Smith, G Beaumont, J Adams, S Heald, M Wade and D Gardner
2. **APOLOGIES:** L Burrows

   Chair D Midgley declared the meeting open and thanked all for attending. Quorum attained.
3. **DECLARATION OF CONFLICTS OF INTEREST:**

   In the event that a Board Director is aware that a specific issue may involve a "Conflict of Interest", it should be declared at the start of the Meeting.

   Darren Midgley: Chaffey Aged Care, Generations Early Learning and La Trobe University Rural Health School (ongoing)
   Glenis Beaumont: Wentworth District Community Medical Centre, Victorian Healthcare Association and Mildura Base Public Hospital (ongoing)
   Leonie Burrows: Murray Primary Health Network and Lodden Mallee Regional Partnership (ongoing)
4. **CONFIRMATION OF PREVIOUS MINUTES:**

   Motion: *That the Minutes of the Governance Committee meeting held on Tuesday 08/06/2021 be accepted as an accurate record.*

   Moved: G Beaumont **Seconded**: J Adams **Carried**
5. **BUSINESS ARISING FROM PREVIOUS MINUTES:** Ian Dickie Innovation Grant moving to Scholarship. S Heald advised the draft is progressing. It was understood and accepted that due to the priority workload of the local COVID 19 response the draft has been delayed.
6. **STRATEGIC DISCUSSION:** Nil
7. **GOVERNANCE ACTION PLAN:** Nil
8. **DIRECTOR TRAINING SCHEDULE:**

   8.1 Training Schedule: Updated schedule tabled as presented and noted.
9. **CLINICAL GOVERNANCE REPORT:**

   9.1 Clinical Governance Report: May - June 2021: M Wade provided an overview of the report and explained the brief nature was due to recently increased workloads relevant to the COVID 19 response. Slight increases in both complaints and compliments have been received, relating to COVID 19 testing and vaccinations. Nil events of concern. Incidents were discussed and explained, also with nil significant concerns.

   Motion: *That the Governance Committee accept the Clinical Governance Reports for May - June 2021.*

   Moved: B Smith **Seconded**: J Adams **Carried**
10. **NEW BUSINESS:**

    10.1 Governance Terms of Reference Review for Risk Management Framework inclusion: Following the Board Meeting discussion from 26.07.21, it was agreed that the Risk Management Framework be included in the Governance Terms of Reference. Risk Management review to be added to the next Governance Agenda for October 12, 2021.

Motion: *That the Governance Committee recommend to the Board the item 'Review the operation and implementation of the risk management framework' be removed from the Audit and Finance Committee Terms of Reference and be included in the Governance Committee Terms of Reference.*

Moved: G Beaumont **Seconded**: B Smith **Carried**

10.2 Governance Handbook Review: Adjustments as suggested at 08/06/21 Governance meeting were accepted. S Heald advised further amendments have been made to clarify the split of the Department of Health and Human Services (DHHS) into the two new departments; Department of Health (DOH) and the Department of Families, Fairness and Housing (DFFH). Discussion occurred regarding the reference to the Whistleblower's Act and if the contained information was still correct in light of the recent introduction of Public Interest Disclosure legislation. It was noted the definition of 'Public body' determines whether the legislation applies, although it offers further protection, not further scrutiny. J Adams agreed to review further and to circulate relevant material to members. It was felt that the current wording in the handbook remains true and correct but to be confirmed.
Action: J Adams to provide advice regarding statements pertaining to the Whistleblower's Act. Item to be included in the October 2021 Agenda.

10.3 Vaccination Clinic Establishment Plan: Document tabled for Committee feedback. Feedback included;

- Spelling correction required throughout document for Gantt Chart.
- Page 3, Point 1.2, Point 1, second bullet point: To replace 'Dr Kelechi' with SCHS GP.
- Page 5, Point 2.3, first bullet point: thirteenth to be changed to Thirteenth.
- Page 6, Point 3.1.10: Replace 'PCG Group' with 'Project Delivery Team'.
- Page 8, Risk Table: 'Unable to meet Community Demand' is still likely, despite strategies implemented.
- Mitigation of all points to be reviewed in light of the recent practical experience.
- Identified Risks: To consider the risk of State or Federal Governments not signing off on the project.
- Risk of Death: It was recognised that this risk relates to Project Risk, and not that of the affected individual. Suggestion received to consider including 'reputational risk of client death' with (Moderate) rating.
- Page 10, Point 3.5: Figures to be checked especially Salary & Wages.
- Throughout document: Reference to Pfizer and AstraZeneca is specific. With the impending introduction of Moderna, it was suggested to change the wording to 'available vaccines'.

S Heald thanked committee members for their feedback and recommendations. As the document is not requiring Board approval, document noted only.

10.4 Declarable Associations discussion: Following the discussion from the 26/07/21 Board Meeting, S Heald shared a paper from the NSW Police Force pertaining to Declarable Associations. All present agreed a documented register and process for management of personal declarations would be appropriate to develop. A suggestion was made for possible annual training to be conducted, based on personal relationships and contracts of employment and procurement, for Management level and higher. The process of declaring an influence or perceived benefit and the resulting steps to be taken to manage the risk of an unfair advantage requires documentation. S Heald agreed to review requirements in line with existing policies in conjunction with the SCHS Human Resources Department.
Action: S Heald to discuss Declarable Associations with HR and report back to the Board of Directors.

10.5 General Discussion:
S Heald circulated further documents via email on 08/08/21 for information only.

- Care Economy CRC Information Brochure: SCHS has been approached by La Trobe University to become a Care Economy participant and contribute $10,000 annually. S Heald advised she would like to complete a non-binding Expression of Interest (EOI) with a view to reviewing the final partners before making a decision to proceed. All present felt comfortable to proceed with the EOI.
- Northern and Western Regional Victoria Community Health (NWRVCH) Collaboration: S Heald has authored a scoping paper on behalf of 10 Victorian Community Health Services (CHS) with the intention of engaging a consultant to find the common voice of CHS. A financial contribution of $1,500 from each CHS is expected, to fund the consultant. All present supported the venture.

Social Enterprise Advisory Group (SEAG): An invitation has been extended to all Directors, to join the newly developed advisory group. The first meeting is scheduled for August 18th. Interested participants to advise S Heald via reply email.

Governance Evaluator Board Evaluation: The annual evaluation review is soon due. All present agreed to recommend to the Board that the evaluation process commence in the first two weeks of September. It was suggested to review the Governance Evaluator contract end date and add an Agenda item to review potential alternatives allowing enough time for change, should it be warranted.

11. NEXT MEETING DATE: Tuesday 12 October 2021

12. MEETING CLOSED: 6.17pm

Chair…… *Date ……../……../…….*

Attachment 2

Board Evaluation: Group Results
Sunraysia Community Health Service

Legend Mature | Maturing | Developing | Starting | Early | Unsure

Whole of group results

SUNRAYSIA COMMUNITY HEALTH SERVICE

Module 1: STRATEGIC DIRECTION	Module 2: RISK MANAGEMENT AND COMPLIANCE	Module 3: FINANCE	Module 4: GOVERNANCE OF CLINICAL CARE	Module 5: GOVERNANCE RELATIONS	Module 6: BOARD COMPOSITION	Module 7: BOARD PROCESSES	Module 8: STAKEHOLDER ENGAGEMENT	Module 9: CONTINUOUS REVIEW AND DEVELOPMENT
Formulation	Risk Appetite and Tolerance	Director Financial Responsibilities	Governing safety and quality	Governance versus Management Roles	Legal Structure	Board Meetings	Stakeholder Communication	Board
Oversight	Risk Management	Financial Controls	Leading a safe and quality culture	Director Roles and Responsibilities	Board Size	Agenda and Papers	Stakeholder Influence	CEO (or equivalent)
Insight	Risk Systems	Financial Planning	Genuinely partnering with consumers	Director Induction	Board Skills	Meeting Minutes		Governance Policy
Population Health Planning	Compliance	Financial Reporting	Staff who deliver safe care	Chair Role	Succession Planning	Board Annual Calendar		Remuneration
			Safety and Quality Systems	Relationship between the Board and CEO (or equivalent)	Committees Structures			
			Evaluating safety and quality	Board Culture				
				Conflict of Interest				

Module	SubModule	Question	Comment
STRATEGIC DIRECTION	Formulation	Does the organisation have a current strategic plan that is relevant to the present environment, and which contains a set of objectives and related strategies to drive the organisation's long-term performance?	
	Insight	Does the board periodically engage in opportunities to broaden and challenge its strategic thinking?	
			Whilst not specifically referring to insight time, the board regularly invites guest speakers, reviews papers and hears the voice of consumers through the consumer reference group. The board also sets aside time to review the strategic plan and monitors progress towards goal achievement.
	Oversight	Does the board effectively oversee the implementation of the current strategic plan?	
		Does the board monitor the progress of the strategy through a yearly operational/business plan?	
	Population Health Planning	Does the board understand and identify health inequalities in the community of interest and agree on strategic priorities for action to be undertaken with stakeholders to address the factors contributing to health inequalities?	
RISK MANAGEMENT AND COMPLIANCE	Compliance	Does the board receive a comprehensive and relevant compliance report covering all relevant legislation, standards and funding requirements?	
	Risk Appetite and Tolerance	Has the organisation formulated a statement of its risk appetite and risk tolerances, which aims	
			Captured within the standard documents, and processes inc. introducing new practices/services.

		to align its risk-taking capability with its strategic objectives?	I understand that we have a risk appetite statement. The current appetite is low. I feel this needs to be reviewed and aligned with our strategic direction
	Risk Management	Have the key risks that will have the greatest impact on achieving the organisation's objectives been identified and reported?	
	Risk Systems	Does the board have a risk management framework that meets the board's current requirements for risk management?	
			Recently discussed having VMIA provide education/workshop to refresh RM approaches etc. in light of changing environment and dominance of CV across all work, strategy and operations.
		Does the board receive a regular update on the action plans that are used to manage all major risks affecting the organisation?	
FINANCE	Director Financial Responsibilities	Does the board as a whole understand the law regarding financial viability, and can the board identify warning signs of insolvency in the financial statements?	
		Does the board understand its financial roles and responsibilities?	
	Financial Controls	Does the board implement financial safeguards and controls as part of its financial oversight role?	
	Financial Planning	Does the board have effective oversight of the annual budget cycle?	
	Financial Reporting	Do the financial reports received by the board contain adequate information for financial oversight and to enable informed decisions to be made?	

		Does the board receive additional information that assists it to understand the strategic financial implications for the organisation – for example, financial ratios, trend data or strategic analysis?	
GOVERNANCE OF CLINICAL CARE	Evaluating safety and quality	Does the board assure itself by assessing performance based on: Targets - internally or externally generated Benchmarks - internally or externally Trends Best practice understandings?	
			Benchmarking could be elevated and progressed
			Quarterly reporting
			The board have access to high-quality internal trend and benchmark data but there is not a lot of external benchmark data available to draw comparisons.
		Does the board believe it has the appropriate knowledge and skills to analyse safety and quality data?	
		Does the board oversee/monitor actions in relation to key clinical performance issues?	
			Additional external benchmarking data would assist the board in decision making and provide confidence with regard to service performance
		Does the board, when evaluating quality and safety, interrogate a range of quantitative and qualitative data from various sources; for example, committees, service delivery units and regulators?	
		Does the board's business decision-making take into account the impact on patient safety and the quality of care?	
	Genuinely partnering with consumers	Does the board receive, discuss and respond to evidence from a range of sources (such as the Consumer Advisory Committee and Clinical	
			As noted earlier

		Governance Committee) about consumer/carer engagement in the planning, design, delivery and evaluation of healthcare?	
		Does the board regularly review consumer experience surveys, complaints, compliments and their resolution processes?	
		Does the boards agenda allocate time to hear the voice of consumers (everyday patients), for example board meetings start with a patient story?	
			Consumers voice is heard through the consumer reference group. The board also hears from staff about consumer experiences.
			Keen for us to have a regular patient story program established, it has been discussed previously and agreed in principle, like many things CV has taken priority
			This is provided to the Board as the \"letters\" are received - ie the latest Board Meeting letters were tabled from appreciative clients during COVID testing
	Governing safety and quality	Does the board's strategic plan reflect a clear focus on the provision of safe quality health care?	
		Does the boards' Clinical Governance Committee have leadership that is highly skilled and knowledgeable about quality and safety issues relevant to the organisation?	
		Does the organisation have a Safety and Quality Plan that identifies key priorities for safety and quality across the organisation?	

		Is the board as a whole knowledgeable about the healthcare quality and safety issues relevant to the organisation so that they are able to exercise their clinical governance responsibilities?	This is something that I will need to work on personally - the Board is provided Manager's reports and Statistics Quarterly
	Leading a safe and quality culture	Does the board actively support and celebrate outstanding achievement in clinical care?	
		Does the board frequently reflect on its own focus and leadership in safety and quality?	
			Quarterly Reporting
			Strong discussion always re quality and safety performance and effectiveness from all directors across all organisational areas.
			There is an opportunity for improvement, for the board to reflect on its own focus and leadership in safety and quality. This does happen but in a less formal manner.
		Does the board regularly see, discuss and respond to evidence that senior clinical leaders are actively engaged in quality and safety activities?	
		Does the board regularly see, discuss and respond to evidence, both qualitative and quantitative, from consumers, carers, staff and external providers regarding their engagement in the safety and quality culture of the organisation?	
			Consumer engagement has been challenging for the Consumer Committee during CV
	Safety and Quality Systems	Can the board identify significant harms occurring to consumers and how they are being managed, including how medicolegal matters are managed?	
			Medicolegal is something that involves both medical and legal aspects, mainly: Medical jurisprudence, a branch of medicine; Medical law, a branch of law. -

		Does the board have evidence that effective systems of communication (including formal Open Disclosure) with consumers and carers are undertaken after an adverse event?	
		Does the organisation have a Clinical Governance Framework (or similar) that is regularly reviewed for effectiveness?	
		Is the board aware of the major clinical risks and satisfied that these are managed appropriately?	
	Staff who deliver safe care	Is the board assured that clinical staff are enabled through performance appraisals, supervision, and continuous development requirements to deliver safe, quality care within the context of the Clinical Governance Framework and Safety and Quality Plan?	
		Is the board assured that clinical staff are periodically credentialed & working within a defined scope and safe range of practice which is appropriate for their level of training, experience and expertise in their clinical, leadership & management roles?	
			Example is the current\"Vaccination Clinic Establishment project\" brought to the Governance Committee and then reported to the Board August 2021
GOVERNANCE RELATIONS	Board Culture	Are the actions of directors testament to a healthy board culture, one in which all directors are working as a cohesive group for good governance outcomes?	
	Chair Role	Does the chair clearly understand their role and enact their responsibilities for leadership of the board?	
			Well versed with broad contemporary issues relevant and beyond org requirements

	Conflict of Interest	Does the board as a whole declare and act in accordance with their own policies and processes governing conflict of interest?	
	Director Induction	Does the induction process effectively prepare new directors for their role and help them to understand the organisation and the context in which it operates, its governance policies and processes?	
	Director Roles and Responsibilities	Is it evident, through their actions, that directors clearly understand their fiduciary and governance roles, and responsibilities?	
			Not all directors are AICD - but are working towards this
	Governance versus Management Roles	Does the board understand and respect the difference between their governance roles and that of management?	
			This function is support by the Board Chair
	Relationship between the Board and CEO	Is there evidence of a high functioning and trusting relationship between the board and CEO?	
		Is there evidence of a high functioning and trusting relationship between the chair and CEO?	
BOARD COMPOSITION	Board Size	Is the board an effective size?	
	Board Skills	Does the board collectively have the skills, knowledge, experience, behaviour and diversity to govern and direct the organisation effectively?	
			CALD, Indigenous and Youth diversity and succession planning should be a focus in the future.
	Committees Structures	Do the committees support the board in fulfilling its governance responsibilities and	

		achieving the organisation's strategic objectives?	
	Legal Structure	Does the board as a whole act in accordance with the requirement of their organisation's legal structure?	
			This is also supported by the Board Chair
	Succession Planning	Does the board address all levels of succession planning?	
BOARD PROCESSES	Board Meetings	Are all directors well prepared for meetings and engage in decision-making and discussions?	
		Are meetings effective in achieving the correct balance between oversight of the organisation's performance and strategy?	
		Does the board make well-informed decisions?	
			This is reporting is very well done - using PCG where required
	Agenda and Papers	Are meeting papers an effective and timely source of information for directors?	
			Not always received up to 1 week before but are very well prepared and are presented with all documentation required
		Does the board meeting agenda clearly identify items for decision, and enable adequate discussion of the important items?	
			Board papers not received one week in advance and they really need to be. Area of improvement.
			The Board papers are not always received up to 1 week prior, however they are very well set out
	Meeting Minutes	Are the meeting minutes an accurate and true record of the board meeting and the decision taken?	

	Board Annual Calendar	Is the annual calendar effective in guiding the activities of the board across the year to address all the key governance responsibilities?	
STAKEHOLDER ENGAGEMENT	Stakeholder Communication	Does the board actively influence and communicate with a wide range of stakeholders on key initiatives and plans?	
			As noted previously. HUM engagement gives great info and evidence into children and families across our catchment area of the northern mallee.
	Stakeholder Influence	Does information acquired through stakeholder engagement inform strategic planning and review processes?	
			Stakeholder engagement to inform strategy comes via CEO
CONTINUOUS REVIEW AND DEVELOPMENT	Board	Does the board undertake a review of its performance, identify areas for improvement, and implement a board development plan on a regular basis?	
			I'm not aware of a board development plan
			The board are provided opportunities for development and education is recorded. A more planned approach to board development would present an opportunity for improvement.
	CEO	Is the performance review of the CEO based on a comprehensive set of key performance indicators (KPIs) that are mutually-agreed and are measured annually?	
		Is there a clear and agreed process that enables the board to oversee, and annually review the performance and development needs of the CEO?	
	Governance Policy	Does the board have and use governance documents to effectively guide the key roles and responsibilities for good governance of the organisation?	

	Remuneration	Does the board have a clearly articulated remuneration policy that rewards directors, executives and staff in alignment with the organisation's strategy?	

Trended and Overall Results for Board Governance Evaluation

The chart shows your average overall Board answers to each of the questions of the Governance Questionnaire. It is broken down by Module, Sub-Module and individual question for each of the years the Board has conducted a Board Evaluation. This can indicate where there are particular strengths and possible weakness of the overall Board.

Module 1 Strategic Direction: Population Health Planning

Question

1. Does the board understand and identify health inequalities in the community of interest and agree on strategic priorities for action to be undertaken with stakeholders to address the factors contributing to health inequalities?

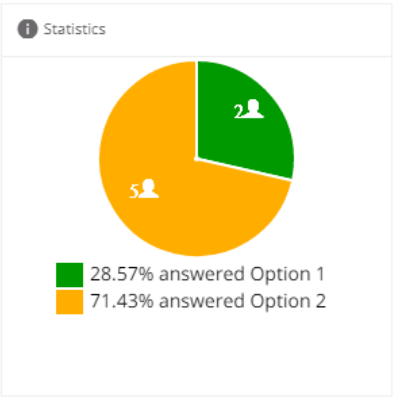
Answers

1. Yes, through a clear planning process, the board is actively engaged with key stakeholders to identify and agree on priorities for action to address health inequities and improve health for the community of interest.

2. The board is involved in the identification of and some action on health issues for the broader community of interest but does not have a formal collaboration with key stakeholders to agree on priorities or actions.

3. No

4. Unsure



Module 4 Governance of Clinical Care: Genuinely partnering with consumers

Question

1. Does the board receive, discuss and respond to evidence from a range of sources (such as the Consumer Advisory Committee and Clinical Governance Committee) about consumer/carer engagement in the planning, design, delivery and evaluation of healthcare?

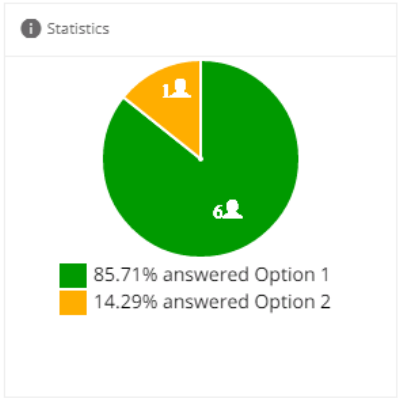
Answers

1. Yes, the board receives, discusses and responds to evidence from a range of sources (such as the Consumer Advisory Committee and Clinical Governance Committee or equivalent) about consumer/carer engagement in the planning, design, delivery and evaluation of healthcare.

2. The board does not regularly receive, discuss and respond to evidence and it may or may not be from a range of sources (such as the Consumer Advisory Committee, Clinical Governance Committee or equivalent) about consumer/carer engagement in the planning, design, delivery, and evaluation of healthcare.

3. No, the board does not receive, discuss and respond to evidence from a range of sources (such as the Consumer Advisory Committee and Clinical Governance Committee or equivalent) about consumer/carer engagement in the planning, design, delivery, and evaluation of healthcare.

4. Unsure



Sunraysia Community Health Service

Board Evaluation: 2020-09
Group Action Plan

Module 1: Strategic Direction

Title	Action	Due Date	Responsible	Resources	Status	Comments
Strategic Direction	To review the SCHS Strategic Plan in line with health and social indicators of the Murray PHN population health planning document to ensure alignment with community direction and Government initiatives.	01-12-2021	Leonie Burrows on behalf of Board of Directors		In Progress	

Module 2: Risk Management And Compliance

Title	Action	Due Date	Responsible	Resources	Status	Comments
Risk Management and Compliance	To develop and schedule a regular review process.	01-12-2021	Darren Midgley on behalf of Board of Directors		In Progress	

Module 3: Finance

No Actions

Module 4: Governance Of Clinical Care

No Actions

Module 5: Governance Relations

No Actions

Module 6: Board Composition

No Actions

Module 7: Board Processes

No Actions

Module 8: Stakeholder Engagement

Title	Action	Due Date	Responsible	Resources	Status	Comments
Stakeholder Engagement	To determine and clarify stakeholders in a post Covid-19 environment and develop a strong consultation process with key stakeholders.	01-12-2021	Leonie Burrows on behalf of Board of Directors		Not Started	

Module 9: Continuous Review And Development

Title	Action	Due Date	Responsible	Resources	Status	Comments
Continuous Review and Development	To explore professional developmental opportunities for all Directors and to develop a system for the Governance Chair to support the new SCHS Board members with a possible mentor arrangement.	01-12-2021	Darren Midgley on behalf of Board of Directors		In Progress	

Governance Evaluator
Board Evaluation:
Sunraysia Community Health Service

The below is an excerpt from an email sent 1/10/2021 from Ashley Blackburn, Customer Success, Governance Evaluator. The current 3 year contract ends May 2022 (cost $5,900).

'As the Board has finished their Evaluations, it's also the perfect time to talk next steps.

There are three places we can start.

The first being a session with myself or Debbie to go over the results and action plan sections in the portal to show you how they work so you're able to see the results and reports already available and develop an Action Plan. This is 30mins over Zoom and we're of course happy to work around your schedule. During this session, we can also talk to you about what extra supports are available to the Board if you'd like.

The second way we can start is by producing a Results Report for you. The report covers both the Board Evaluation and Development and Skills Matrix, and includes Benchmarking and Trended data as well. It really helps to explore The report is $3,000+GST but includes a half-hour zoom in session with Fi to present the results and for her to provide back some recommendations that can be used to create your action plan for the year.

Lastly, if you already know that you'd like some extra supports for the year and want to talk about the different options we've got I'd be happy to schedule a time to talk to either myself or Fi Mercer our CEO about it.

Please let me know what you're thinking about which option might suit you best and we can go from there.'

Attachment 3

SUNRAYSIA COMMUNITY HEALTH SERVICES

Form regarding: **Board of Directors Training Register**

(former reference: BOD 003 FORM)

Date	Topic	Location	Provider	Duration	Director
02/09/21	Covid19 Training	N/A	Dept of Health	60 mins	D Midgley
05/08/21	Cyber Resilience	Online	VMIA	2.5 hrs	D Schmidt
29/07/21	VATBM Third Meeting	Online	VATBM	2 hrs	D Schmidt
30/06/21	Infection Control – Meeting Requirements	N/A	Internal Workplace	30 mins	D Midgley
10/06/21	Corruption Prevention	Online	IBAC	60 mins	D Schmidt
04/06/21	VAGO Audit Committee Forum 2021	Online	VAGO	2.5 hrs	Leonie Burrows
04/06/21	VAGO Audit Committee Forum 2021	Online	VAGO	2 hrs	D Schmidt
28/05/21	VATBM Second Meeting	Online	VATBM	4 hrs	D Schmidt
19/05/21	Cyber Security for Boards	Webinar	Governance Evaluator	60 mins	C Biggs
03/05/21	VCTRMF “What’s new?”	Online	VMIA	60 mins	D Schmidt
20/04/21	Sustainable Outcomes	Online	KPMG	60 mins	D Schmidt
31/03/21	Company Directors Course	Online	AICD	40 mins	D Schmidt
26/03/21	VATBM First Meeting	Online	VATBM	3.5 hrs	D Schmidt
1/03/21	AICD Governances Summit	Sydney	AICD	2 days	Leonie Burrows
7/10/20	Session 3 Induction training for Vic Health services boards	Online	DHHS	75 mins	S Fumberger
17/09/20	Loddon Mallee health Services Board Chairs Meeting	Zoom workshop	DHHS	2 hrs	L Burrows
7/09/20	Fundraising Workshop	Webinar	Wendy Brooks & Associates	2 hrs	L Burrows

SCHS form regarding: Board of Directors Training Register

3/09/20	Roundtable for Board members of Community Health Services	Webinar	Victorian Healthcare Association	2 hrs	L Burrows
27/08/20	Session 2 Induction training for Vic Health services boards	Online	DHHS	75 mins	S Fumberger
26/08/20	Board Induction - Governance Framework	Microsoft Teams	DHHS	2 hrs	F Piscioneri
19/08/20	Board Induction - Victorian Public Health Service Sector	Microsoft Teams	DHHS	90 minutes	F Piscioneri
28/07/20	Regional Development Australia Regional Revival Workshop				L Burrows
22/07/20	The importance of data led governance – the three year effect	Webinar	Governance Evaluator	60 minutes	G Beaumont
22/07/20	Board Director Induction Training	Microsoft Teams	DHHS	90 minutes	G Beaumont
22/07/20	Session 1 Induction training for Vic Health services boards	Online	DHHS	60 mins	S Fumberger
22/07/20	Board Director Induction Training	Microsoft Teams	DHHS	90 minutes	F Piscioneri
11/06/20	What I learnt at Djerriwarrh Health Services	Webinar	Liz Mullins for AICD	90 minutes	G Beaumont
11/06/20	Challenges facing Regional Australia (webinar)	AICD	Australian Institute of Company Directors		L Burrows
31/05/20	The Importance of Induction	Webinar	Governance Evaluator	60 minutes	G Beaumont
25/05/20	Incident Investigation	Mildura	Online Training Portal	1 hour	D Midgley
20/05/20	Board Evaluation	Webinar	Governance Evaluator	60 minutes	G Beaumont
12/05/20	Pandemic Prevention	Mildura	Online Training Portal	0.5 hours	D Midgley
05/05/20	Effective Meetings during COVID (webinar)	Webinar	Australian Institute of Company Directors		L Burrows
01/05/20	Importance of Board Induction (webinar)	Webinar	ACHG		L Burrows

SCHS form regarding: Board of Directors Training Register

01/05/20	Cash flow management for survival and Recovery (webinar)	Webinar	Australian Institute of Company Directors		L Burrows
26/03/20	Coronavirus (COVID-19) Know your directors' duties and how to manage them	Webinar	Governance Institute of Australia	1 Hour	Frank Piscioneri
26/03/20	Better Boards Effective remote meetings (webinar)				L Burrows
19/03/20	Webinar: Coronavirus - evolving business impact and continuity planning	Webinar	Governance Institute of Australia	1 Hour	Frank Piscioneri
28/02/20	Good Governance Mildura - Mentor Training	Mildura	Good Governance – Centre for Participation	10 Hours	Frank Piscioneri
29/11/19	Cultural Sensitivity	Mildura	Online Training Portal	0.5 hours	D Midgley
27/11/19	Reportable Incidents & Elder Abuse	Mildura	Online Training Portal	0.5 hours	D Midgley
25/11/19	Aged Care Quality & Safety Commission	Mildura	Online Training Portal	6.5 hours	D Midgley
07/11/19	Essential Director Update 2019	AICD	Australian Institute of Company Directors	-	G Beaumont
02/10/19	ASIC Corporate Governance Taskforce Report Launch	AICD	Australian Institute of Company Directors	-	G Beaumont
01/10/19	2019 VHIA Annual Conference		VHIA		L Burrows
29/08/19	Open Disclosure Education	Mildura	Online Training Portal	1 hour	D Midgley
17/07/19	Dignity of Risk Webinar	Mildura	Online Training Portal	1 hour	D Midgley
26/06/19	Philanthropic Workshop	Mildura	Wendy Brooks Consulting	4.0 hrs	A Hines
26/06/19	Philanthropic Workshop	Mildura	Wendy Brooks Consulting	4.0 hrs	B Smith
26/06/19	Philanthropic Workshop	Mildura	Wendy Brooks Consulting	4.0 hrs	D Midgley
26/06/19	Philanthropic Workshop	Mildura	Wendy Brooks Consulting	4.0 hrs	F Piscioneri
26/06/19	Philanthropic Workshop	Mildura	Wendy Brooks Consulting	4.0 hrs	G Beaumont

SCHS form regarding: Board of Directors Training Register

26/06/19	Philanthropic Workshop	Mildura	Wendy Brooks Consulting	4.0 hrs	J Adams
26/06/19	Philanthropic Workshop	Mildura	Wendy Brooks Consulting	4.0 hrs	L Burrows
07/06/19	Governing quality for clients in Community service organisations	Mildura	DHHS	2.5 hrs	A Hines
07/06/19	Governing quality for clients in Community service organisations	Mildura	DHHS	2.5 hrs	B Smith
07/06/19	Governing Quality for Clients in Community Services	Mildura	Online Training Portal	2.5 hrs	D Midgley
07/06/19	Governing quality for clients in Community service organisations	Mildura	DHHS	2.5 hrs	G Beaumont
07/06/19	Governing quality for clients in Community service organisations	Mildura	DHHS	2.5 hrs	L Burrows
30/04/19	Corporate Communication	Mildura	Online Training Portal	3.5 hrs	D Midgley
16/04/19	DHHS Victorian Integrity Governance Frameworks				L Burrows
01/03/19	Certificate in Governance and Risk Management		Governance Institute of Australia		F Piscioneri
01/03/19	The Role of the Chair		Australian Institute of Company Directors		F Piscioneri
06/02/19	Financial Services Royal Commission final report - Governance insights	AICD	Australian Institute of Company Directors		G Beaumont

Attachment 4

Sunraysia Community Health Services (SCHS)

Clinical Governance Performance Report

Reporting Period: July – August 2021

1. Clinical Audit Results *(ISO)9001/2015)*

Internal Audits

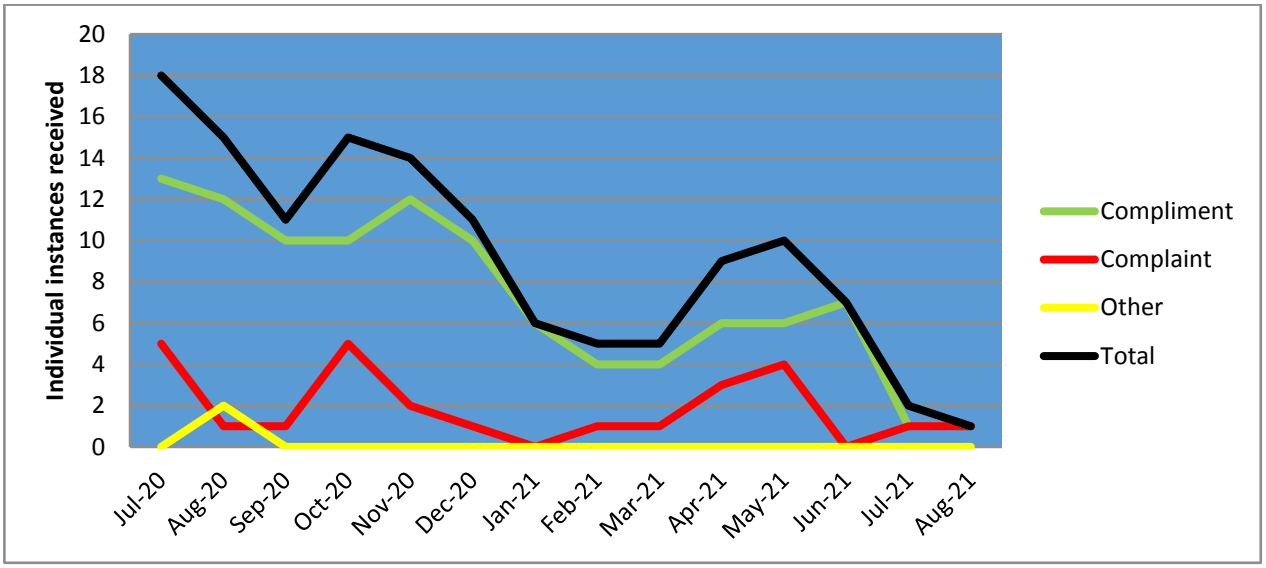
- The internal auditing program is expected to re-commence in October with the commencement of surge workforce. Observational process audits, PPE compliance and client file auditing will be the initial focus.

External Audits

- **NSQHS 2nd Edition**
  - On-site Announced Accreditation - Initial audit conducted 16 and 17 June 2021.
  - Verification of compliance of the safety and quality system and associated procedures and practices to the requirements of the NSQHS Standards.
  - Despite the lockdowns both intra and interstate, the audit was conducted on site as per the commissions requirements.
  - Report states that management and staff demonstrated a good understanding of their roles and responsibilities. The internal audit program was seen to be effectively planned and implemented to provide a platform for improving the systems and processes within the organisation.
  - There were 2 actions rated as "Met with Recommendation " identified during the assessment (these will require to be 'met' at the next accreditation event):
    - Ensure all staff complete mandatory training as deemed necessary by the organisation.
    - Perform a risk assessment on staff immunisation and ensure all staff comply with the latest edition of the Australian Immunisation Workbook. (This is in relation to pre-existing staff only).
    - The remainder of the actions were rated "Met" or "Not Applicable".
- **ISO9001 and DHS Human Service Standards** - cyclical audits were postponed due to the pandemic from late September until 25th to 28th October. Self-assessment is complete in preparation. Audit will be conducted remotely due to travel restrictions. The Audit was completed remotely last year without concern.

2. Consumer Partnership *(STANDARD 2)*

Consumer Feedback



Complaints by Type:	**Aug**	**Jul**	**Jun**	**May**
Service received				1
Access to service	1	1		1
Other				2
Average response time (days) *(Target: ≤ 2)*	<1	<1	N/A	<2
Complaints closed within 28 days *(Target: 100%)*	100%	100%	N/A	100%

- Feedback rates continued to decline across the reporting period. With a significant number of staff working remotely due to Victorian Government directives and for such an extended period, clients are familiar with telehealth and appreciate staff coming in for urgent face to face appointments; less complaints regarding access to service are expected. Complacency in reporting may also be a factor and this will be addressed in the re-commencement of process audits in October.

3. Infection Control *(STANDARD 3)*

IPC Clinical Governance Report Sept 2021

HAND HYGIENE

- Minimal moments completed, but short observation period on 7th September in Dental showed good compliance with the 5 moments of hand hygiene relating to client care. In view of the proposed Victorian road map to "freedom" report and predicted peak active COVID-19 cases across the state in mid-late October, a focus for early October on infection control auditing and staff education has been planned.

CLEANING

- 7 areas were audited in the Dental suite and all were clean.
- Minimal areas were untidy. It was noted that client information was left on a bench.

- Decanting of bulk supplies of an alcohol based hand rub product (not Avogard) into Avogard bottles was noted. Conversations occurred with both Nola (Dental Team Leader) and Denise (Stores and Facilities Coordinator) regarding this unacceptable practice.
- Numerous "used" sets of instruments on dirty bench in the sterilisation room.
- Staff education has been provided for all above noted points. Re-audit by reporting manager has been requested, with further non-compliance to be escalated for performance counselling of applicable staff.

RENOVATION & CONSTRUCTION

- Refer to central sterilisation PCG report from September Board Package.
- Nil concerns re: infection control aspects of the renovations. Quality team representative on project group.

OCCUPATIONAL EXPOSURES

- Nil to report during July and August.

ANTT

- Education provided to new vaccination clinic staff as part of on-boarding process.

PPE use Audits

- The wearing of protective glasses is a standard precaution for any employee who has potential exposure to blood and body fluids. All dental staff fit this category but not all staff wear protective glasses. Immediate feedback to employees is recommended when this is noted and as per above, further incidences will require escalation and performance counselling by manager.
- Staff compliance with compulsory mask use should improve, particularly in the current Victorian scenario of rapidly escalating case numbers. SCHS needs to reinforce the requirement of wearing masks in indoor spaces, particularly in communal areas, even if you are fully vaccinated. Education and re-circulation of education materials combined with observational audits across the organisation are planned for early October.
- Taking fluids into client contact areas is not acceptable and leads to practices where masks are worn incorrectly and in a relaxed manner with little or no hand hygiene noted. Re-education and performance counselling has been recommended to direct line managers.

STANDARD PRECAUTIONS AUDITS

- Nil attended

AS/NZS4187:2014 audit

- Nil further

Anti-Microbial Stewardship –Audit of Dental Prescribing

- Nil attended
- Correspondence from the Victorian DOH regarding the emergence of Carbapenemase-producing Enterobacterale carrying the NDM-1 gene has been noted in patients who have been cared for at two hospitals in Victoria. The hospitals were not named, but these are often metropolitan hospitals. The Community Nursing Team have been alerted.

- Infections due to this bacteria will be very resistant to current antibiotics and any clients with these infections are unlikely to do well. Antibiotic resistant bacteria can be transferred between clients and healthcare workers usually due to poor hand hygiene and sharing of equipment and environments.

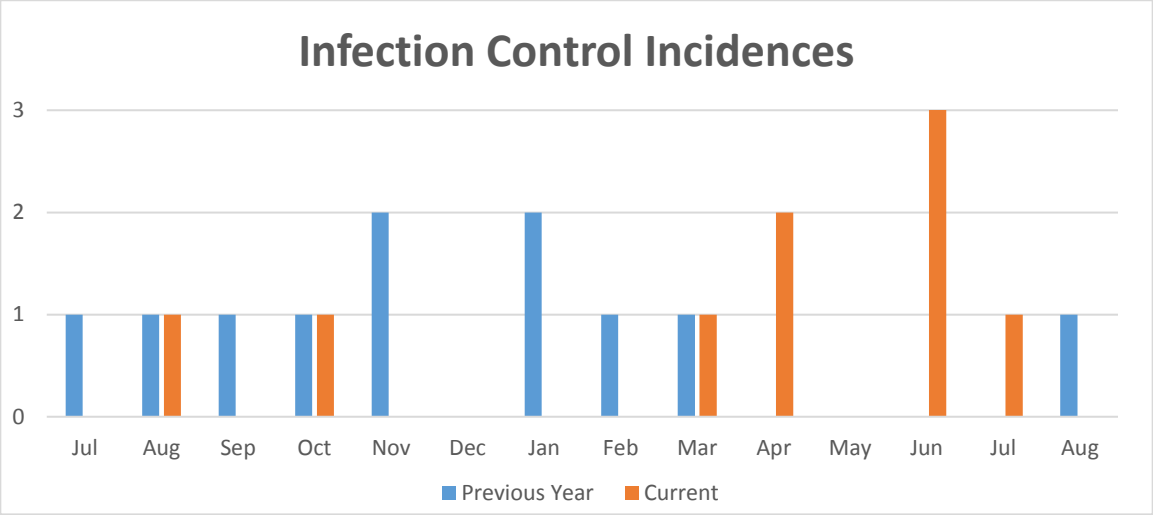
Staff Health

- COVID vaccination rates for SCHS staff are steadily rising. There is limited hesitancy and we are working to provide information to these staff. SCHS is on track to achieve 100% compliance by October 15th2021. The Human Resources Team are leading this process to ensure legislative requirements are met.

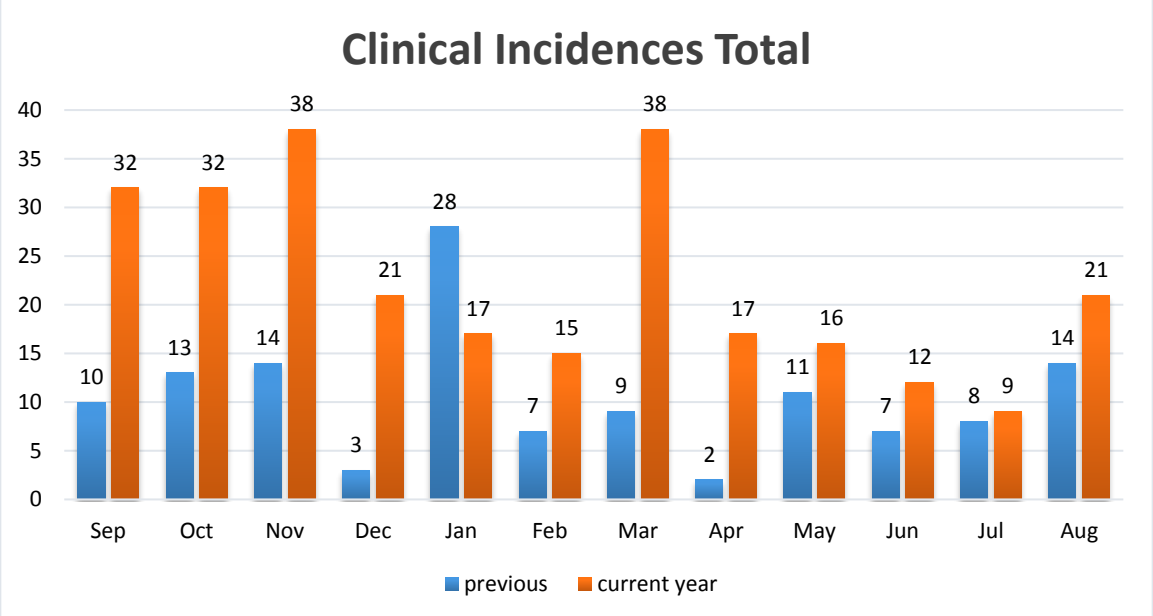
4. Risk Management (ISO9001/2015)

Infection Control Incidents

Total number of infection control incidences for the period.



Total Clinical Incidents



- Return to limited on-site service delivery for most of August in Podiatry saw clinical incidents head back towards 'typical' rates. Nil concerns.

Total Incident Severity

	Same time last year				2020				2021							
	May	*Jun*	*Jul*	*Aug*	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Clinical																
ISR 1			*1*								1				1	
ISR 2					1						1					1
ISR 3	*8*	*20*	*4*	*8*	24	17	29	20	14	13	33	14	9		6	18
ISR 4	*3*	*2*	*3*	*5*	7	15	9	1	3	2	3	3	7		2	2
S/total	*11*	*22*	*8*	*13*	32	32	38	21	17	15	38	17	16	12	9	21
Hazard																
ISR 1																
ISR 2																
ISR 3																
ISR 4	*5*	*5*	*3*	*5*	7	13	13	11	8	7	12	13	11	9	5	7
S/total	*5*	*5*	*3*	*5*	7	13	13	11	8	7	12	13	11	9	5	7
OHS																
ISR 1																
ISR 2																
ISR 3				*2*	1		1	1			3		1	2	1	2
ISR 4	*4*	*2*	*5*	*3*	7	8	4	2	1	2	8	1	5	5	2	10
S/total	*4*	*2*	*5*	*5*	8	8	5	3	1	2	11	1	6	8	3	12
Grand Total	***20***	***29***	***16***	***23***	**47**	**53**	**56**	**35**	**26**	**24**	**61**	**31**	**33**	**29**	**17**	**40**

- 1 x ISR 1 registered in July. Referred client to FV services died. Reported to DFFH in line with funding body requirements. Line and Program Manager investigation confirmed nil link to SCHS conduct or service delivery.
- 1 x ISR 2 registered in August. This incident is likely to be reclassified to an ISR 3 due to awaiting confirmation that the client was not admitted to hospital for invasive treatment/surgery. The incident appears related to a pre-existing condition that was exacerbated by anxiety in attending a dental appointment and unrelated to SCHS conduct or service provision.

5. Miscellaneous Reports

- Nil this reporting period.

Attachment 5

SCHS
Sunraysia Community Health Services

Governance Handbook

Table of Contents

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Sunraysia Community Health Services . 5¶
Vision 5¶
Mission . 5¶
Values 5¶
Our services . 6¶

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Foreword

The Sunraysia Community Health Services (SCHS) Board of Directors, management and staff are pleased to welcome new members to the SCHS Board of Directors.

Health service Board Directors are an integral part of Victoria's health system, and hold ultimate responsibility for setting the overall strategies of a health service, monitoring service delivery, determining and overseeing the management and control of risk, and ensuring that robust decision-making processes are in place.

This Governance Handbook provides information relevant to SCHS and the role and function of Directors appointed to the Board, and should be read in conjunction with the following supporting documents. These high-level governance documents guide our practice as Directors and form an integral part of the SCHS Governance System:

1. SCHS Constitution
2. Australian Charities and Not-for-profits Commission (ACNC) Governance Standards
3. Australian Institute of Company Directors (AICD) Not For Profit Governance Principles Second Edition January 2019
4. Safer Care Victoria Delivering Higher Quality Health Care Victorian Clinical Governance Framework June 2017
5. Victorian Department Health Human Services (DHHS) Directors Toolkit 2018
6. Australian Standard on Risk Management (Guidelines) (AS/ISO 31000:2018)
7. Corporations Act 2001

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Sunraysia Community Health Services

Sunraysia Community Health Services (SCHS) is primarily a private provider of publicly funded health services, with its base in Mildura Victoria, approximately 550 kilometres north-west of Melbourne.

Since commencing operation as Merbein Community Health Centre in 1975, and adopting the new name of Sunraysia Community Health Services in 1989, the service has grown from a workforce of 3 employees to over 200 and a financial turnover from $36,000 to over $23 million dollars in 2021.

SCHS takes a holistic approach to the needs of clients and the community, with an emphasis on continuous quality improvement and excellence in service delivery based on the principals of collaborative primary care.

The Victorian Department of Health (DOH), the Department of Families, Fairness and Housing (DFFH), the Commonwealth Department of Health (DOH) along with other Government Departments fund SCHS to provide and report on these services, with a small proportion of user pays fee for some services.

Vision

Health and social equity for our community

Mission

To explore and deliver innovative solutions to health and social needs

Values

- We treat people with empathy, respect and dignity and we care about our clients, our people and our community
- We promote equity, peace and a genuine respect for people in our community
- We are prepared for change and strive for continuous learning and quality improvement
- We commit to responsible and open decision-making, taking responsibility for our decisions and actions, being reflective and open to feedback
- We work as a team and actively communicate and build constructive relationships to achieve positive outcomes.

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Our services

The range of services provided by SCHS, either directly or in partnership, are expanding and to date include;

- Allied and Preventative health services including Physiotherapy, Exercise Physiology, Occupational Therapy, Podiatry, Dietetics and Speech Pathology
- Public Dental Health Services
- Home Nursing and Wound Clinics
- Continence
- Aged and Disability Day Support Services
- Aboriginal Health Promotion and Chronic Care
- Refugee Health and Support Programs
- Parenting Support, Infant and Child Health
- Family and Child Hub
- Aged Care Assessment Service and Memory Clinic
- Palliative Care
- Drug and Alcohol Treatment Programs
- Specialist Counselling Programs
- Community Mental Health Support
- Family Violence Prevention Services
- Youth Programs
- General Practice Medical Clinic
- Sexual Health Clinic
- School Readiness Programs (Department of Education & Training)
- NDIS service provision

SCHS also provides a range of specialised services within programs, aimed to improve health literacy and health outcomes for individuals and the community. These include but are not limited to, Dental Education Programs in schools and child care centres, Community Oral Health Promotion, GP in schools, walking groups, Pain Rehabilitation, Chronic Disease Self-Management Programs and Diabetes Education. A full list of services provided can be found within the SCHS Services Brochure.

Organisational Chart

As required under the *Corporations Act 2001* (Cwlth) (Corporations Act) and the *Australian Charities & Not For Profits Commission Act 2012* (Cwlth) (ACNC Act), the Board of Directors governs SCHS.

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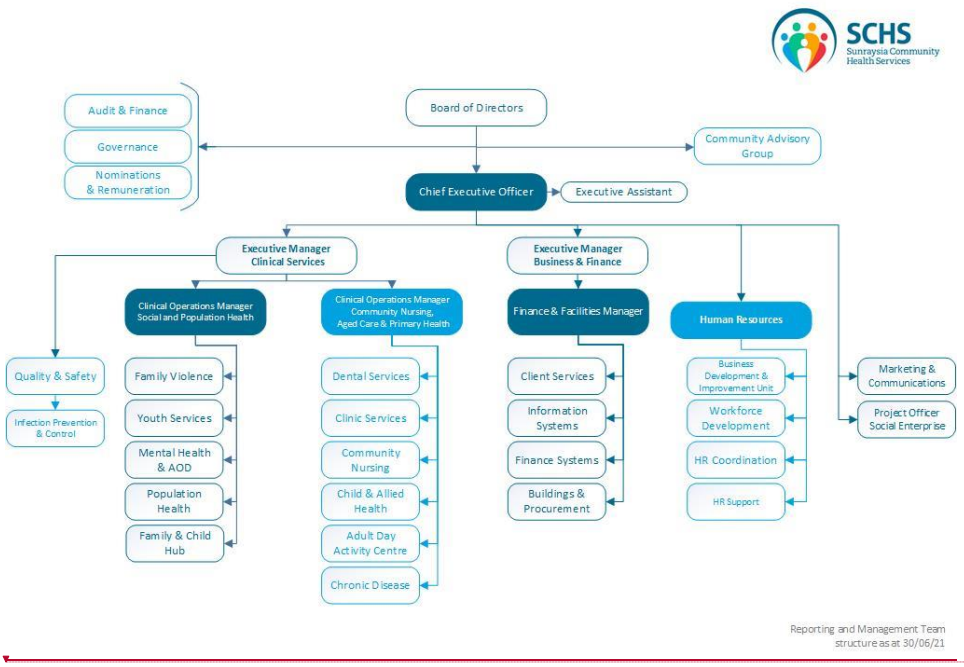
Operational matters are the responsibility of the CEO. The Organisational Chart for SCHS defines authority within the organisation, and positions of those responsible.



Organisational Chart – *correct as at 30/06/2021. Please utilise hyperlinks to ensure currency.*

Membership of Relevant Professional Bodies

In assuring quality and identification of best practice, SCHS is a member of the following peak bodies and associations:

- Alcohol and Other Drugs Council of Australia
- Diabetes Australia
- Northern Mallee Community Partnership
- No to Violence Victoria
- Palliative Care Victoria
- Victorian Healthcare Association
- Victorian Hospitals Industrial Association

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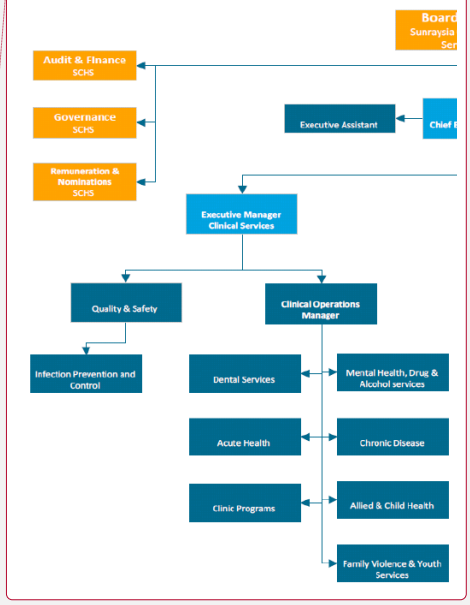

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Constitution

Under the *Health Services Act 1988* (Victoria), Sunraysia Community Health Services (SCHS) is registered as a Community Health Centre with the Victorian Department of Health.

SCHS is a Company Limited by Guarantee under the *Corporations Act 2001* (Commonwealth) and subject to the conditions of the Corporations Act except where the Health Services Act displaces the Corporations Act under Division 6. SCHS is responsible to the Department of Health, Department of Families, Fairness and Housing, Australian Charities and Not-for-profits Commission (ACNC) and governed by its Constitution as well as a Board of Directors.

The Board acts according to the SCHS Constitution, which sets out the company name, objectives and rules on how the company is to be managed. The Constitution also deals with other matters including:

- Membership
- The rules governing general meetings of the Company
- The appointment / removal of Directors

In 2018, the Board completed a thorough review of its Constitution to update it to reflect modern standards. The most significant change to the Constitution was the Directors being the only members of the corporation.

SCHS holds the status of Deductible Gift Recipient (DGR), and is therefore able to receive tax-deductible gifts. SCHS is also registered as a Health Promotion Charity (HPC) and receives Goods & Services Tax (GST), Fringe Benefits Tax (FBT) and Income Tax concessions.

Quality Certification

Quality Certification is a requirement of both State and Federal Health Departments, and is central to meeting the prerequisite requirements of funding grants for new and existing programs. Quality Certification also enables SCHS to demonstrate through an external audit process, the quality improvements and robust organisational systems in place to effectively operate. Relevant standards that are applicable to the business and services provided include but are not limited to:

- Quality Management System Standards (AS/ISO 9001:2016)
- National Safety and Quality Health Services (NSQHS) Standards (2nd Ed.)
- Australian Aged Care Standards

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- Child Safe Standards
- National Disability Insurance Scheme (NDIS) Standards
- Human Services Standards (DFFH)
- Royal Australian College of General Practitioners (RACGP) Standards

Priorities and Directions for Health

Victorian Government

The Department of Health (DOH) and the Department of Families, Fairness and Housing (DFFH) deliver policies, programs and services that support and enhance the health and wellbeing of all Victorians.

The Department of Health (DH) plays a critical role in the Victorian health system and is responsible for shaping it to meet the health needs of Victorians into the future, and have lead the Victorian Government's response to the coronavirus (COVID-19) pandemic. This department has been established to advance the government's policy priorities in improving patient outcomes and experience for all Victorians.

The Department of Families, Fairness and Housing (DFFH) aim is to create equal opportunities for all Victorians to live a safe, respected and valued life. Areas of focus include child protection, housing, disability, the prevention of family violence, multicultural affairs, LGBTIQ+ equality, veterans, women and youth. This Department allows for a dedicated focus on the community wellbeing and the social recovery of our Victoria.

The Public Health and Wellbeing Act 2008 replaced the Health Act 1958, and is a key piece of legislation designed to protect the health of Victoria's population.

Federal Government

The current Department of Health policy initiatives, programs and campaigns, relevant to SCHS to help improve the health of all Australians are centred around the following priorities:

- To support Australians with, or at risk of, mental health illness through more and better coordinated services.
- To reduce the rates of preventable mortality and morbidity caused by chronic disease, substance misuse and other risk factors, such as tobacco use and dietary risks.

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¶
They seek to break disadvantage, not by reinforcing dependency, but by working to harness all of government's resources to build capability, opportunity and inclusion.¶
¶
Most people want to be connected to their communities, and experience a good life. Their health, safety and wellbeing rely on being able to participate fully in the community and economy and access services they value. Our purpose is to help them to get there.¶
¶
To do this successfully, the department's work is focused on four strategic directions:¶
Person-centred services and care¶
Local solutions¶
Earlier and more connected support¶
Advancing quality, safety and innovation¶
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- To improve health outcomes of Aboriginal and Torres Strait Islander Australians through implementing actions under the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023*
- To improve wellbeing for older Australians through targeted support, access to quality care and related information services.

Governance

Sunraysia Community Health Services (SCHS) is directed, controlled and held to account by governance processes built on:

- Constitutional, legal and government frameworks
- Government decision making and reporting
- Authorisations and delegations in decision making
- Accountability, transparency, integrity, stewardship, efficiency and leadership
- Values and codes of conduct
- Effective risk management
- Australian Charities and Not-for-profits Commission (ACNC) Governance Standards
- Australian Institute of Company Directors (AICD) Not for profit governance principles (January 2019)

Key Stakeholders

The stakeholders that play a governance role for SCHS include:

- Australian Securities and Investments Commission (ASIC)
- Australian Charities and Not-for-profits Commission (ACNC)
- Australian Taxation Office as a Deductible Gift Recipient (DGR) and Health Promotion Charity (HPC)
- SCHS Board of Directors
- SCHS Chair of the Board
- SCHS Committees (and Chairs of Committees)
- SCHS Board Company Secretary
- SCHS Chief Executive Officer
- SCHS Executive Manager of Business and Finance
- SCHS Executive Manager of Clinical Services
- SCHS Management and Staff

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Other Stakeholders

SCHS general stakeholders include:

- Health service users and their families
- The broader community
- Other Government Ministers relevant to SCHS functioning
- Other public and private health care providers
- SCHS business partners
- Consumer advocacy groups
- Professional and industry associations
- Local Government
- Accreditation and credentialing bodies
- Relevant Government and funding bodies (see above)
- Staff and volunteers of SCHS

The SCHS Board is required to operate within various laws, policies and guidelines set out by the enabling Acts, the Department of Health, the Department of Families, Fairness and Housing, other Government Departments and other regulatory bodies.

The Minister for Health (Victoria): The Minister for Health is accountable to the Victorian Parliament for the performance of health services, and is responsible for establishing and maintaining proper controls to ensure that health services act properly and advance government policy priorities.

Relevant State and Commonwealth Departments: The structure of the Department of Health, (DOH) and the Department of Families, Fairness and Housing (DFFH) along with other relevant Government Departments provides for integrated stewardship of the systems and outcomes in health and human services. In 2018, the Department of Health and Human Services (DHHS) released The Director's Toolkit: A resource for Victorian health service Boards, and this handbook is aligned with key guiding principles of the toolkit.

Clinical Governance

Given the largely clinical role that SCHS plays in delivering health services, the SCHS Board of Directors has a responsibility to ensure SCHS provides good clinical practice as well as corporate governance.

Clinical care standards and protocols are based on best practice and are clearly articulated, communicated and adhered to across the organisation. The SCHS

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Clinical Governance Policy is based on the Victorian Clinical Governance Framework: Delivering High Quality Healthcare (2017). SCHS subscribes to the following clinical governance principles:

- Excellent consumer experience
- Clear accountability and ownership
- Partnering with consumers
- Effective planning and resource allocation
- Strong clinical engagement and leadership
- Empowered staff and consumers
- Proactively collecting and sharing critical information
- Openness, transparency and accuracy
- Continuous improvement of care

Responsibilities of the Board

The responsibilities of the SCHS Board typically include, but are not limited to:

- The provision of safe, high quality health care across a range of essential health care services
- Efficient, effective and economic governance and management of the health service
- Effective and appropriate use of public funds, allocated according to need
- Ensuring the community is provided with sufficient information to make informed decisions about their health care
- Provision of an inclusive and safe work environment for health service workers

The SCHS Board is responsible for oversight of the outputs and resource management of SCHS, and the scope of the SCHS Board is generally, but not limited to:

- Developing the vision, purpose, core values, strategic directions and objectives of SCHS
- Overseeing the governance, management and strategic direction of the organisation and for delivering accountable corporate performance in accordance with the organisation's goals and objectives
- Evaluating the recommendations of SCHS Executive Management on important strategic and operational matters
- Ensuring that SCHS delivers safe, quality healthcare to all consumers, while minimising risk
- Exceeding and continuously improving the required clinical performance standards in line with the organisation's Clinical Governance Framework
- Scrutinising key financial and non-financial risks to which SCHS is exposed

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- Ensuring the implementation of effective clinical performance, risk management, probity compliance and internal control
- Adopting appropriate ethical standards, codes of conduct and appropriate behaviours, and ensuring that all SCHS staff and Board Directors adhere to these
- Overseeing CEO performance management and management succession plans
- Overseeing the establishment and review of SCHS Board processes for continuous improvement
- Delegations and authorisations

The individual Directors of the SCHS Board must ensure that they:

- Are familiar with the *Corporations Act 2001 (Cwlth)* and the *Australian Charities & Not For Profits Commission Act 2012* (Cwlth)
- Are familiar with the Australian Charities and Not-for-profits Commission Governance Standards
- Are familiar with the Australian Institute of Company Directors Not-for-profit Governance Principles
- Are familiar with the National and Victorian Government's clinical governance frameworks
- Are aware of the policy and funding changes that impact SCHS, and the broader delivery of health services in and around Mildura
- Understand the 'whole of system' stewardship role that the Federal and Victorian State DOH and DFFH plays within individual programs as well as state wide/commonwealth policy settings, and how health services integrate across the broader health services landscape
- Develop and maintain effective working relationships between the DOH, DFFH, other Government Departments and key stakeholders, the Chair and the SCHS CEO so that each party can fulfil their responsibilities

Australian Institute of Company Directors (AICD)

Board Directors are encouraged to complete the Australian Institute of Company Directors (AICD) course. Consideration will be given to provide financial reimbursement for the successful completion of the course.

Legal, Ethical Responsibilities and Fiduciary Duty

SCHS Board Directors are required to:

- Act in the interests of SCHS at all times

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- Act with integrity and in good faith
- Hold themselves and each other to account
- Attend all meetings, having pre-read all Board papers
- Look beyond the obvious and not just accept the information presented
- Be curious and well informed, including informing themselves of issues and risks impacting on the provision of health services

Indemnifying Directors

SCHS has a number of relevant insurance policies in place to assist in some indemnification of Directors. These include:

- Directors and Officers Liability Insurance
- Public Liability Insurance

Performance Monitoring

SCHS, under the governance of the Board Directors, is responsible for a range of performance monitoring, including:

- Partnering with DOH/DFFH and other relevant funders to improve health services and system wide performance
- Ensuring any emerging risks or potential performance issues are reported to DOH/DFFH promptly
- Establishing and maintaining a culture of safety and performance improvement
- Ensuring accurate and timely submission of data and other information including formal risk mitigation plans and status update reports
- Collaborating with other health services to meet community health needs

Additionally, the SCHS Board is responsible for:

- Strong governance, leadership and culture
- Board and leadership capability
- Workforce safety and engagement
- Effective risk management
- Effective financial management
- Financial viability
- Effective use of resources
- Asset Management
- Internal and external audit
- Timely access to high quality health services
- Equitable access
- Client centred care

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Financial Governance

The SCHS Board must review and interpret financial data on a regular basis, and a range of reports are tabled at Board meetings throughout the year. SCHS is responsible for appropriate financial management and reporting on the resources that the service uses, and the SCHS Board has responsibilities under the ACNC Act and Corporations Act to ensure the financial affairs of SCHS are managed responsibly. SCHS is audited by the Victoria Auditor General's Office to ensure both fiscal and corporate responsibilities are adhered to.

The SCHS Board and Executive Management are responsible for ensuring that systems and processes are in place to comply with the financial governance responsibilities above, with the Board responsible for setting the financial parameters, accounting policies, key performance indicators (KPIs), targets and objectives.

Data

It is the responsibility of the SCHS Board to question organisational data, interpret the trends and apply the analysis to strategic review, risk management and stakeholder engagement activities, and to:

- Ensure that the information and reporting systems are in place to capture accurate, timely and complete data in line with DOH/DFFH and other Government department requirements
- Understand the operating context of the health service and the key data measures that need monitoring to ensure the ongoing viability of the service
- Provide management with appropriate guidance regarding the metrics and reports that the Board needs to be able to effectively fulfil its duties
- Engage suitable qualified specialists such as clinicians or accountants to provide relevant guidance and assist with the interpretation of data

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Information Gathering

Board Directors are encouraged to draw on a range information sources to make an assessment of the effectiveness of management controls in place including:

- Clinical reports, staff surveys, patient questionnaires and feedback
- Board and committee reports and internal audit reports
- Media and public inquiries
- Networking events

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Code of Conduct and Proper Practice

Directors individually shall:

- Act honestly and in good faith at all times in the best interests of SCHS stakeholders as a whole
- Declare all interests that could result in a conflict between personal and organisational priorities (refer to policy and procedure references)
- Exercise diligence and care in fulfilling the functions of office and exercising the powers attached to that office
- Recognise that their primary responsibility is to SCHS as a whole but may, where appropriate, have regard for the interest of all stakeholders of the organisation
- Be diligent, attend Board meetings and devote sufficient time to preparation for meetings to allow for full and appropriate participation in the Board's decision making
- Put the needs of SCHS before their own needs
- Ensure scrupulous avoidance of deception, unethical practice or any other behaviour that is, or might be seen as, less than honourable in the pursuit of SCHS business
- Be aware that gifts and favours of any kind, whether for Board Directors or for members of their families may influence, or be perceived to influence decision making
- Not disclose to any other person confidential information other than as agreed by the Board Directors, is publicly available or as required by law
- Not take improper advantage of the position as a Board Director
- Act in accordance with their fiduciary responsibilities, complying with the spirit as well as the letter of the law, recognising both the legal and moral duties of the role
- Not misuse funds or property of SCHS
- Abide by Board decisions reached, notwithstanding a Board Director's right to pursue a review or reversal of a Board decision
- Not do anything that in any way denigrates SCHS or harms its public image
- Treat all persons with respect, dignity and proper regard for their rights and obligations and foster a culture that is free of intimidation and bullying

Regular attendance by Directors at Board and Committee meetings is critical for continuity, and importantly for Directors to have relevant and consistent knowledge and understanding of issues, enabling them to constructively contribute to discussions and decision making. Failing to attend three (3) consecutive meetings

or failing to attend at least 75% of scheduled meetings in a financial year is considered unacceptable. Regardless of providing apologies, if a Director does not attend the required scheduled meetings their position may be declared vacant after discussion between Chair and Director about attendance at meetings. In the event that the Director's position is to be declared vacant due to not meeting attendance criteria the Chair shall advise the Director in writing of the termination of their Directorship.

Board Structure and Composition

Chair

While it is the responsibility of the SCHS Board to set the tone for SCHS, it is the responsibility of the Chair to set the tone for the SCHS Board. The Chair plays a crucial leadership role in facilitating the effective contribution of all Directors and promoting constructive and respectful relations between all Directors and executive management.

Chief Executive Officer

The Chief Executive Officer (CEO) is the conduit between SCHS Board, Executive Management and the rest of SCHS, and responsible for the day-to-day management of SCHS in accordance with the law, decisions of the SCHS Board and governance policies. The SCHS CEO has a broad range of responsibilities and is required to take direction from the SCHS Board through the Chair with respect to:

- Managing SCHS in accordance with the financial and business plans, strategies and budgets developed by the SCHS Board
- Preparing material for consideration by the SCHS Board, including Statement of Priorities, strategic plans, business plans, strategies and budgets
- Ensuring that the SCHS Board and its committees are provided with relevant information to enable them to perform functions effectively and efficiently
- Implementing effective and accountable systems to monitor the quality and effectiveness of health services provided by SCHS
- Ensuring that SCHS continuously strives to improve the quality of the health care it provides and fosters innovation
- Ensuring that decisions of the SCHS Board are implemented effectively and efficiently throughout SCHS.
- An annual CEO Performance Review is completed, utilising the CEO Performance Review - Director document and the CEO Action Plan.

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Appointments and Tenure

The SCHS Constitution outlines the processes involved in the appointment of Board members, and further detailed in the Nominations and Remunerations Committee Terms of Reference. All prospective Directors of SCHS are required to complete the Board of Directors Application Form.

Productive Meetings

SCHS has a range of measures in place to ensure that meetings of the Board are as productive as possible:

- Directors are expected to attend all meetings
- Prior to each meeting, minutes are circulated with significant time for review prior to each meeting
- Concise Board papers that specifically relate to key agenda items are circulated prior to the meeting
- All Directors are to ensure that they have read all required Board papers prior to meeting
- All Directors are to ensure that actions arising from previous meetings have been appropriately managed
- All Directors and Board Committee Chairs have adequate opportunity to contribute to the meeting agenda content
- Questions posed by Directors during the meeting are to be of benefit to SCHS
- Issues discussed are followed by a clear set of actions with allocated responsibility, as appropriate
- Following each meeting, minutes are circulated within a timely manner

Position Description

Board Directors are expected to sign and adhere to a Position Description (extract below), which outlines the position and duties of a Board Director.

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SCHS stakeholders include:¶
Health service users and their families¶
The broader community¶
Other government Ministers relevant to SCHS functioning¶
Other public and private health care providers¶
SCHS business partners ¶
Consumer advocacy groups¶
Professional and industry associations¶
Local government¶
Accreditation and credentialing bodies¶
Relevant Government and funding bodies (see above) ¶
Staff and volunteers of SCHS ¶

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PRIMARY OBJECTIVES	Sunraysia Community Health Services Ltd (SCHS), a company limited by guarantee, operates to improve the health outcomes of our community. The Board Director has responsibility for the provision of governance to SCHS and accepting the ultimate legal authority for it. Governance is deemed to include: • Promoting ethical and responsible decision-making • Having a structure to verify and safeguard the integrity of the financial management and reporting • Setting and monitoring the strategic direction of the Company • Risk management • Accountability and member/stakeholder engagement • Adding value to the Company • Contributing to an effective, and responsible Board of Directors
KEY SELECTION CRITERIA	**Minimum Competencies** • Demonstrate a basic knowledge and understanding of the following concepts: o Governance – the role of the Board, its relationship to management and the accountability for organisation o Financial literacy - the ability to understand and interpret financial reports, to determine the financial health of the organisation o Legal literacy – the Board's responsibility involves overseeing compliance with numerous laws and the legal framework within which a Board operates • Substantial experience in management at a corporate level, with a qualification in finance, law, governance marketing, community services or related discipline preferred • Demonstrated experience working within the corporate governance environment (either working on, or with, a Board) • Experience in managing the development of corporate policies and procedures • Experience of working in a regional, rural or remote context • Experience in networking and dealing with stakeholders at a senior level • Performance at high levels in relevant fields of expertise • Strong analytical and leadership skills Specific competencies will vary due to demand and will be outlined in the position advertisement
SPECIFIC ACCOUNTABILITIES	**General** • Act honestly and in good faith at all times in the best interests of SCHS stakeholders as a whole and where appropriate, have regard for the interest of all stakeholders of the organisation • Exercise diligence and care in fulfilling the functions of office and exercising the powers attached to that office • Be diligent, attend Board Meetings and devote sufficient time to preparation for meetings to allow for full and appropriate participation in the Board's decision making • Ensure scrupulous avoidance of deception, unethical practice or any other behaviour that is, or might be seen as, less than honourable in the SCHS business • Not disclose to any other person confidential information other than as agreed by the Board, is publicly available or as required by law

	• Act in accordance with their fiduciary responsibilities, complying with the spirit as well as the letter of the law, recognising both the legal and moral duties of the role • Abide by Board decisions reached, notwithstanding a Director's right to pursue a review or reversal of a Board decision • Demonstration behaviors that promote a culture of respect, dignity and proper regard for their rights and obligations and foster a culture that is free of intimidation and bullying • Operate in a broad organisational framework and provide governance leadership in: o Relevant legislation and its application to individuals and the Company in regard to the designated services and operating environment of SCHS o The development, implementation and operation of corporate and compliance management within the community services and/or business sector o Input into, and monitoring complex budgets, cash flows and meeting accountability requirements o The assessment, preparation and evaluation of strategies and plans o Strategic thinking, risk management and audit and member/stakeholder management • Liaise effectively with all levels of leadership • Act as a professional advocate for the Company at a Director level • Build and maintain high trust relationships internal and external to SCHS • Flexibility and responsiveness to changes in requirements • Challenge important issues constructively • Take personal responsibility for meeting objectives and progressing work The Board Director will also be responsible for: • Knowing and understanding the Company • Working on the Company to improve outcomes and future development of SCHS • Acting in line with SCHS values • Championing the range of SCHS services • Attending and actively participating in at least 75% of meetings per year, of which there are 11 monthly Board meetings, an AGM and optional sub-committee meetings • Undertaking identified and agreed training and development • Committing to timely replies to email and telephone requests • Using and interpreting complex information to inform discussion and guide decision making • Creating effective agreements, partnerships and alliances at all levels • Ensuring accountability, compliance, transparency and effective human resource management across the Company
CONDITIONS	• Must pass and maintain applicable safety screening checks including but not limited to national and international criminal history check, NDIS Worker Screening check, ASIC check, disciplinary action history declaration, proof of identity. Engagement may be terminated as a result of details disclosed in safety screening checks. Incumbent must provide SCHS with evidence of currency as required. • Maintain professional registration, licenses, provider numbers and insurance certificate of currency, if relevant. Incumbent must provide SCHS with evidence of currency on an annual basis and as required. • Abide by organisational policies and procedures, SCHS Code of Conduct and Values, relevant standards, codes of practice as well as various legislation both state and federal including but not limited to Drugs, Poisons and Controlled Substances Act, Public Health and Wellbeing Act, Privacy Act and Health Records Act.

	• All qualified and Nationally Registered professionals are to respect and act in accordance with the laws of the jurisdictions in which they practice. Any professional bodies Codes of Conduct / Ethics / Standards should be interpreted with reference to these laws. The code is not a substitute for requirements outlined in the National Law, other relevant legislation, or case law. Where there is any actual or perceived conflict between the code and any law, the law takes precedence. SCHS operates in accordance with the relevant legislation and Acts and as such, the Codes / Standards should also be interpreted with reference to any organisational rules and procedures to which professionals may be subject. • Ensure Board, client and staff confidentiality is maintained at all times. • Supervision and training of school based and higher education students on placement, as required, if relevant. • Contributing effectively to SCHS quality management and safety systems by assisting with monitoring and evaluating activities and mechanisms, identifying opportunities for improvement and correcting problems to improve customer care services and experience. • Maintaining a high level of and, demonstrating an awareness of infection control standards special precautions as applicable to the role. • Assisting in promoting the organisation as a health service, integrating health promotion into all activities of the service, and creating alliances with other settings, consumers and the community with the aim of achieving healthy gains for the community. • Complying with SCHS policies, vision, mission, values and procedures, as well as applicable standards, guidelines and legislation (including OHS Act Vic, Equal Employment Opportunity requirements, Charter of Human Rights and Child Safe standards) by supporting and contributing to the overall quality management and safety systems to provide a safe and healthy work environment, free from harm, sexual harassment and discrimination.

Committee and Meeting Schedule

All meetings within SCHS are conducted in accordance with the constitution and/or the relevant terms of reference. The following list outlines the established committees of SCHS and their meeting schedules:

Governance

- Board of Directors - 4th Monday of the month
- Audit and Finance Committee - 3rd Monday of the month
- Governance Committee – Bi-monthly 2nd Tuesday of the month
- Nominations and Remuneration Committee - On an as-needed basis
- Consumer Advisory Group – 4th Friday of the month

Operational

- Executive and Senior Management Meeting – Fortnightly
- Clinical Operations and Corporate Team Meetings - Fortnightly
- Occupational Health Safety and Welfare Committee - Bi-monthly

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- Information, Communications and Technology (ICT) Committee - Quarterly
- Diversity Committee – Quarterly
- Staff Health & Wellbeing Committee - Monthly

Committee Structure

The structure and reporting lines of the committees are depicted in the Committee Support Structure.

Assessment of Committee Structure

Each committee is assessed annually to ensure each committee is performing against their functions and responsibilities utilising the Board of Directors Assessment of Committees Form.

Board of Directors Policy

1	**Purpose** This policy establishes an effective, accountable and transparent framework for members of Sunraysia Community Health Services (SCHS) Board of Directors (BOD) to perform their duties, in accordance with the relevant Acts governing the organisation. This document should be read in conjunction with the SCHS Governance Handbook, the Board of Director Procedures and other relevant operational policies.	
2	**Scope** This policy applies to individual members of SCHS' Board of Directors, Chief Executive Officer and the Executive Management team. Additionally, Section 14 applies to all staff, volunteers, students and contractors of SCHS.	
3	**Definitions**	
	Circular Resolutions	Circular resolutions are a mechanism that allows Directors of a company to pass a resolution without a meeting of Directors. They are commonly used for non-contentious and routine resolutions that need to be passed between Board meetings. *(Australian Institute of Company Directors).*
	Commercial arrangement	An arrangement with SCHS, or on SCHS premises, which results in profit or gain to a Sunraysia Community Health Services (SCHS) Board Director or employee.
	In – camera	A closed and private session of Court or some other deliberating body.
4	**Circular Resolutions** Under S 248A of the Corporations Act, the Directors of a company may pass a resolution without a Directors' meeting being held if all the Directors entitled to vote on the resolution approve the resolution via individual email. The resolution is to be passed/confirmed at the following Board of Directors meeting. Directors are individually responsible for all decisions taken by them and must always act in accordance with their Directors' duties. Directors must be active and diligent in performing their roles. They are required to act in good faith and for a proper purpose, and to exercise skill and care. Board meetings allow Directors to discharge their duties by receiving and considering presentations from management, asking questions and discussing matters amongst themselves. There is less scope for doing this in respect of a circular resolution. It is good governance therefore for circular resolutions to be used sparingly.	

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	Board decision-making should be conducted at Board meetings to facilitate the opportunity for discussion among Directors.
5	**Commercial Relationships** No SCHS Board Director or employee shall engage in a private commercial for profit venture or sell goods for their personal benefit on any SCHS site. All applications for commercial sponsorship must be directed to the Chief Executive Officer (CEO). The CEO may refer any application for sponsorship to the Board of Directors as required. It should be noted that fundraisers for community or not for profit organisations that comply with SCHS' values are exempt from this policy.
6	**Confidentiality** To avoid breach of information or misuse of position or information, Directors shall: • Not disclose to any member of the public, either orally or in writing, any confidential information acquired by virtue of their position as a Director of SCHS • Ensure that the obligation to protect confidential deliberations from disclosure continues even after the individual Director is no longer serving on the Board • Not use any confidential information acquired by virtue of their position on the Board for their personal, private financial or other benefit or for that of any acquaintances • Not disclose to any member of the public, either orally or in writing, any confidential or sensitive information related to the interests of individuals, groups or organisations acquired by virtue of their position on the Board • Not make statements to the media in the name of SCHS without express permission of the Chair • Not permit any unauthorised person to inspect or have access to any confidential documents or other information • Ensure Board papers and documents are disposed of in a manner which does not disclose confidential documents and information All information and deliberations related to the Board's operations should be considered confidential and marked as such unless released in public documents, or in accordance with mandatory public reporting guidelines. This information is taken to include, but is not limited to: • Financial information such as results on operations, etc • Strategic and business operating plans • Staffing and staff contract information • Design, data software and electronic document, patent applications, inventive discourses and other intellectual property • Research and development activities, methods, procedures, plans and strategies • In camera (closed Board sessions) which must be kept confidential and must not be used other than for legitimate purposes of the Board.

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7	**Conflict of Interest or Duty** Directors need to be alert to potential situations where they might have, or might be perceived to have some incentive or obligation to act other than in the best interests of SCHS and the Board. To minimise the likelihood of this circumstance, Directors are required to ensure that the Board is kept informed on an ongoing basis, of all interests and positions that the Director holds that could give rise to a conflict (whether a conflict of interest or duty). In addition, where an individual Director is aware of a real or potential conflict of interest or conflict of duty of another Director, this Director also bears a responsibility to bring this to the notice of the Board.
8	**In Camera** A corporate or agency Board may from time to time have parts, full meeting in-camera at which time all, or select staff officers are excused. This occurs in situations whereby there are overriding concerns where the violation of personal privacy combined with the vulnerability of certain parties justifies an *in-camera* hearing. (*Duhaimes Legal Dictionary)* In order to contribute to the environment of open and transparent decision-making, the Board aims to ensure that the number of matters which are considered by the Board in confidential session (ie "in-camera") are kept to a minimum. This policy and SCHS constitution outlines the circumstances where its meetings and minutes are not open to the public, and are held in a confidential session.
9	**Induction** The effective operation of any organisation relies on its Board, and the effective operation of the Board relies on all its Directors having a full command of the necessary information and expertise. New Board Directors are to be provided with all the information and training necessary to enable them to contribute appropriately to the operations of the Board from the time of their election. New Directors will be advised of remuneration details and options.
10	**Media Releases and/or Public Statements** Sunraysia Community Health Service (SCHS) seeks to promote its organisation and keep the community informed about health services that are delivered. SCHS may use various forms of media to communicate messages. SCHS defines media releases as reports or comments via radio, press, television, social media platforms and/or web press releases, which include the use of the organisation's name or facilities in promotional materials.

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	No employee of SCHS is authorised to distribute media releases, do interviews, or make statements on behalf of the organisation without prior knowledge and consent of the CEO. The CEO may delegate authority when appropriate. It is important that SCHS media releases, interviews or public statements reflect the policy direction of the Board of Directors.
11	**Political Communications/Lobbying** SCHS seeks to promote and represent its organisation, keeping the community informed about health services that are delivered. SCHS may, from time to time, need to approach and lobby Ministers and/or senior department representatives. Any communications representing SCHS, or on issues of policy relating to the business of SCHS, must be endorsed, approved and signed off in advance by the CEO. All communications (electronic, paper, face to face etc.) with political parties, Ministers, Shadow Ministers, senior department representatives etc. must be in line with the organisational strategic plan and stated priorities.
12	**Recruitment and Succession Planning** The nomination and selection of Board Directors is the prerogative of the Directors of SCHS through the election process delegated to the Nominations and Remuneration Committee. However, given the responsibilities of the Board, there is a need for the Board to have an appropriate mix of expertise and experience. SCHS is a skills-based Board and Directors must facilitate the election of those people who best meet the needs of the Board. The Board shall regularly assess its composition by reference to: • Necessary areas of expertise • The ideal balance between experience and diversity • Contributions from relevant stakeholders The Board shall identify areas where there is a gap in existing Board skills composition and shall recruit accordingly. The Chair and Nominations and Remuneration Committee shall undertake an agreed process to recruit Directors. All applications for a Board position should be thoroughly analysed as to the suitability to the position. All Board vacancies must be advertised in relevant print and other media and on the SCHS website. With regards to CEO succession planning, suitable individuals displaying future leadership potential can be actively supported and prepared.

13	**Strategic Planning and Insights** The Board of Directors recognise that planning is essential to ensure that community and organisational needs are identified and prioritised in a way that activities and resources can be directed in meeting and achieving these needs. SCHS' Strategic Plan is developed by the Board, CEO and Management. Once developed, the Strategic Plan will be shared with staff and an operational plan developed, to assist in contributing to and achieving the goals and strategies outlined in the Strategic Plan. Wherever possible and practicable the process should seek and reflect input from relevant stakeholders and community members. SCHS has ongoing processes in place for feedback from the community, operational groups and working parties; involvement in other relevant local committees; internal consumer feedback procedures and client satisfaction surveys. This information will be used to inform the strategic plan development and review process, and underpin the Board's strategic insight sessions. The Strategic Plan will communicate and set direction for the future, prioritising and identifying strategic and critical issues. The Strategic Plan will outline the goals and strategies to be implemented and the key performance indicators identifying responsibilities and timelines. The Strategic Plan is a 'living' document that 'steers the course' of the company and will be reviewed and monitored by the SCHS Board of Directors. This process will include regular Board strategic insight sessions (quarterly), a minor annual review and a major review every three years.
14	**Whistle-blower's Protection** SCHS does not come under the ambit of public sector protected disclosure, however we do support the principles of whistle-blower protection. SCHS is a respondent to the Corporations Act 2001 (Commonwealth) and its provisions for whistle-blower protection. To trigger the provisions of the Corporations Act, the whistle-blower must: • Give his/her name before making the disclosure • Have reasonable grounds to suspect that their allegation indicates that an officer or employee has, or may have, contravened the Corporations Act • Act in good faith SCHS does not tolerate improper conduct by the Board, staff or volunteers. Furthermore, they do not tolerate reprisals against those who come forward to disclose improper conduct. Transparency and accountability is expected in its people and administrative and management practices. SCHS supports the making of disclosures that allege conduct that is corrupt, unlawful, involves deliberate mismanagement of company assets, financial resources, data management and Human Resources practices, mismanagement of Company assets, or is a substantial risk to public health and safety or the environment.

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	Conduct that is improper will not be tolerated. Disclosures of the following types of allegations are encouraged: • Theft or fraud involving the Company's financial resources or inappropriate purchases using company financial resources • Misuse of Corporate credit cards • Misuse of Company financial resources • Misuse of confidential client information • Behaviour that adversely affects the honest performance of another employee • Illegal behaviour that is likely to bring the company into disrepute • Behaviour towards another employee that is discriminatory, intimidating or harassing • Reprisals against whistle-blowers • Conspiring with, or attempting to engage others in any of the above Disclosures of improper conduct may be made by employees to: • The Chief Executive Officer • Chair of the Board of Directors • Executive Manager • Members of the Human Resources Team • ASIC • The Company's Auditor Any disclosures that are criminal in nature must also be reported to the Victoria Police at the earliest opportunity, either by the whistle-blower or by any of the above persons to whom a disclosure is made. Further details on the documentation and process for reporting and investigating disclosures made in accordance with this policy are detailed in the Board of Directors Procedure, Section 14. SCHS will take all reasonable steps to protect people who make such disclosures from any detrimental action or reprisal for making a disclosure. It will also afford natural justice to the person who is the subject of the disclosure.
15	**Internal references** • SCH0001230 SCHS Strategic Plan (Internal)
16	**External references** "SCHS believes to its best knowledge that the external references provided are accurate and current at the date this document was approved. Staff should check that the document is current and relevant before relying on advice/direction contained." • Corporations Act 2001 (Commonwealth) (Corporations Act)
17	**Related documents** • SCH0000562 Strategic Plan handout

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18	**Accreditation tags:** <#accreditation_tags>
19	**Former SCHS reference number:** N/A
20	**Custodian of this document:** Chair of SCHS Board of Directors
21	**Overseeing Committee:** Board of Directors' Governance Committee
22	**Approved by:** Board of Directors
23	**Appendices:** N/A

Board of Directors Procedures

1	**Purpose** In support of Sunraysia Community Health Services (SCHS) Board of Directors Policy, the following procedures are in place to ensure Board procedures meet the appropriate governance and management of the organisation.
2	**Target audience** Board of Directors, Chief Executive Officer and Executive Management
3	**Definitions** (As per the Board of Director Policy)
4	**Circular Resolution for Decision Making** Decisions should not be resolved by circular resolution unless urgently required. If required, they should be limited to procedural matters of recurring, non-controversial matters or matter that have had prior Board discussion in meetings, do not require further discussion by Directors and which cannot be deferred to the next meeting. For example: • Financial matters i.e. term deposit renewals; • To meet contractual deadlines; or • Where the Board has directed the decision be made by circular resolution after further information is provided • Decision as to which matters can be sent to Directors for approval by circular resolution Approval consideration regarding matters for circular resolution include the: • Chair • Company Secretary • Chief Executive Officer (CEO) or • a combination of these, normally involving the Chair Resolution will be determined by returned Email through a majority vote (ie no text or verbal calls). The company secretary should maintain appropriate file notes and records in respect of all circular resolutions. The resolution must be confirmed at the next meeting.
5	**Commercial Relationships** (As per the Board of Director Policy)
6	**Confidentiality** (As per the Board of Director Policy)

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7	**Conflict of Interest or Duty** From time to time situations arise where a Director potentially has either a conflict of interest or a conflict of duty in relation to matters to be discussed or decided at a meeting. The purpose of this document is to assist Directors in dealing with any such potential conflict in an appropriate way. A conflict of interest includes situations where a member, or a relative or associate of a member has some form of financial or similar interest in the outcome of the relevant matter. For example a conflict of interest might arise where: • A Director, or his / her immediate family or business interest, stands to gain financially from any business dealings, programs or services provided to or by SCHS • A Director offers a professional service to SCHS • A Director stands to gain personally or professionally from any insider knowledge, if that knowledge is used for personal or professional advantage Not every financial interest should be regarded as giving rise to a conflict of interest. Only an interest that gives rise to a real possibility of divided loyalties should be a concern. For example, a small shareholding (eg less than 1%) in a company would not usually be of concern, particularly if it is part of a broader portfolio of investments. **7.1 Conflict of duty** A conflict of duty refers to situations where a member owes a duty to a third party in relation to the matter. Typically this would arise as a result of a Director being an employee or Director of a third party. Directors should keep in mind that their duty is to act in the best interests of SCHS and not to represent any other body, whether in the public or private sector. **7.2 Process of disclosure and declaration** Directors are expected to apply the following process to meetings and potential conflicts: • Directors must ensure that the Board is kept informed, on an ongoing basis, of all interests and positions that the member holds that could give rise to a conflict (whether a conflict of interest or duty) - These will be noted on the Conflict of Interest or Duty Declaration form by the individual, updated annually at the November Board meeting, and the Related Party Disclosures Questionnaire • All newly completed and updated Conflict of Interest or Duty declaration forms must be presented to the Governance Committee and minuted at the first Governance meeting following their completion • Conflict of Interest or Duty Declarations are only accessible by other SCHS Directors • Each Director should review the agenda before a meeting to determine whether or not any agenda item might give rise to a conflict. If a member believes that it is possible that he or she might have a conflict then the member should either: - Notify the Chair in writing before the meeting and discuss it with the Chair, or - Raise the potential conflict at the meeting before the agenda item is discussed • Directors should err on the side of caution in disclosing potential conflicts • The Board will determine whether or not the conflict is of a material nature and will advise the Director accordingly • Where a conflict of interest is identified and / or recorded, and the Board has declared that it is of material benefit to the individual or material significance to SCHS Board, it will be minuted and: - Usually the Director should not be present during the discussion of the relevant agenda item

	- In every case the Director should not vote in relation to the relevant agenda item • Individual Directors, aware of a real or potential conflict of interest or conflict of duty of other Directors, have a responsibility to bring this to the notice of the Board.
8	**In Camera** **Use of Information** There is an expectation that Directors will make reasonable and informed decisions on matters before the Board. In the decision making process, Directors are provided with information which may, at times, be confidential. Directors need to be: • Aware that they are only entitled to access information which is relevant to matters before the Board • Mindful that, except on matters before the Board, they enjoy the same access rights to information as any other member • Prudent in the information they acquire as Directors; Note that this applies even after a Director leaves the Board • Respectful to the status of any information treated as confidential by the Board until a matter ceases to be confidential • Careful that information is not used in a way which can cause detriment to others **Circumstances where the Board might meet "In Camera":** The following list details items that could be considered by the Board as in-camera items: • Staffing and staff contract information • Client complaints • Industrial matters • Contractual matters • Sensitive financial information • Design, data software and electronic document, patent applications, inventive discourses and other intellectual property • Research and development activities, methods, procedures, plans and strategies • Meet without management present • Conflict of interest • Any other matters that the Board considers could prejudice SCHS or any person In-camera agenda papers and discussions are confidential. Accordingly, even when it is determined that a Director has a conflict in relation to a particular matter, all information provided on a confidential basis must be kept confidential and must not be used other than for legitimate purposes of the Board. Directors must not use such information to further their own interests or the interests of a third party despite the existence of a conflict. **In-camera information shall not be:** • Disclosed to any third party without the Board's consent • Incorporated within the agenda or the minutes of any Board or committee meeting, unless it is within the agenda or minutes of an in-camera meeting of the Board The following procedures will apply to the preparation of confidential material:

	• The CEO and the Chair will jointly decide on the categorisation of confidential material (based on the Board's Meeting Policy) • Material will be clearly identified as confidential • The reason for the confidentiality will be set out on the front page of each set of documents which are categorised as confidential
9	**Induction** 9.1 Recruitment and induction of new Directors will be guided by the Board Director Recruitment and Selection Procedure. **9.2 Introductions** The CEO or Chair shall introduce the new Director to existing Directors and Executive staff, as soon as possible after their appointment. **9.3 Tour** The CEO shall invite the new Director to take a tour of the Organisation's facilities. This includes orientating the new Director to where the Board meets, and all other general housekeeping requirements. **9.4 Induction Review** The Chair of the Governance Committee shall contact the new Director three months after commencement to confirm the Director is comfortable with the induction process.
10	**Media Releases and/or Public Statements** SCHS has developed a Working with the Media Procedure and an associated template to assist staff in preparing to deal with the media. No employee of SCHS is authorised to distribute media releases, do interviews, or make statements on behalf of the organisation without the prior knowledge and consent of the Chief Executive Officer (CEO). The CEO may delegate authority when appropriate.
11	**Political Communications/Lobbying** As per Board of Directors Policy (Section 11), any communications representing SCHS, or on issues of policy relating to the business of SCHS, must be endorsed, approved and signed off in advance by the Chief Executive Officer.
12	**Recruitment and Succession Planning** The Board should attempt, using its network of contacts within and external to the organisation, to identify appropriate individuals with needed skills and interests as potential Directors. The Board can and should use all opportunities available to them to recruit the most suitable person to fill the position on the Board. **Guiding Principles:** • The Board shall regularly assess its composition by reference to: - Necessary areas of expertise; - The ideal balance between experience and diversity; and - Contributions from relevant stakeholders • The Board shall identify areas where there is a gap in existing Board skills composition

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As soon as possible after the Board has confirmed the appointment of a new Director, the CEO or Chair will make contact to advise the outcome. The CEO or Chair will write a letter confirming appointment (Board of Directors Appointment Letter template).¶
¶
9.2 Appointment documentation¶
The new Director will be provided with the following forms, and these are to be completed, signed and returned to the CEO immediately: ¶
New Board Director Details¶
Consent to Act as a Board Director¶
Board of Directors Deed of Access ¶
Application for National Criminal Check¶
Review of ASIC Banned and/or Disqualified Persons¶
Board of Directors Position Description¶
¶
9.3 Orientation¶
The CEO and Chair will provide the new Director with a copy of SCHS' Governance Handbook and deliver an overview of the handbook and provide an orientation.¶
¶
The Handbook will serve as an initial introduction to SCHS as well as an ongoing reference. It includes:¶
Background information about SCHS¶
Relevant organisational documents such as the Vision and Mission Statements, Constitution, Strategic Plan, Governance Policies, and the most recent Annual Report and Quality of Care Report¶
Basic contact information for Board members and CEO¶
Introduction to the organisation's governance and operational committee structure¶
Committee meeting schedule¶
Roles and responsibilities of the Board and Directors¶
¶
During the orientation, the CEO and/or Chair will:¶
Take the new Director through the minutes of recent meetings and brief them on the issues the Board is dealing with at the moment, or will be looking at in the future¶
Draw the new Director's attention to the roles and responsibilities of the Board in general, and the roles and responsibilities they will be expected to undertake as an individual¶

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	• All Board vacancies must be advertised in relevant print and other media and on the SCHS website • Directors shall attempt to recruit from their networks, Board candidates who would fill the identified skills gaps and should use all opportunities to ensure they are getting the right candidates for the Board position • All applications for a Board position should be thoroughly analysed as to the suitability to the Board position • The Chair and Nomination & Remuneration Committee shall undertake an agreed process to recruit Directors • The Board is responsible for agreeing to the appointment of Board Director (except where otherwise indicated in the Constitution) • Where there are vacancies before each annual election the Board shall attempt to recruit nominations for the Board **Responsibilities:** • It shall be the responsibility of each Director to explore among their networks the possibility of nominating for a position on the Board • It is the responsibility of the Board to identify alternative methods of recruiting Directors to the Board • It shall be the responsibility of the Chair and the Nomination & Remuneration Committee to draw up and maintain a list of prospective candidates for the Board and all entries on this list shall be reported to the Board for decision on suitability • Recruitment of Directors will be in accordance with SCHS Board Director Recruitment and Selection Procedure • It shall be the responsibility of the Board to ensure that any new Board Directors are acquainted with the organisation's purposes, policies, and procedures • It shall be the responsibility of the Board to ensure that any new Board Directors are provided Remuneration details and packaging options
13	**Strategic Planning and Insights** (As per the Board of Director Policy)
14	**Whistle-blower's Protection** When a person reasonably suspects that there is, or has been: • Theft or fraud involving the company's financial resources • Inappropriate purchases using company financial resources • Misuse of corporate credit cards • Misuse of company financial resources • Misuse of confidential client information • Behaviour that adversely affects the honest performance of another employee • Illegal behaviour that is likely to bring the company into disrepute • Behaviour towards another employee that is discriminatory, intimidating or harassing • Reprisals against whistle-blowers • Conspiring with, or attempting to engage others in any of the above Then, that person may make confidential disclosures, either in writing or in person, to: • The Chief Executive Officer; or • Chair of the Board of Directors; or

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- Executive Managers; or
- Human Resources Advisor; or
- ASIC; or
- the company's auditor

Any disclosures of allegations that are reasonably suspected of being criminal in nature can also be reported as soon as possible to the Victoria Police, either by the whistle-blower or by any of the above persons to whom a disclosure is made.

Whistle-blowers should make original notes of their disclosures and keep these in a secure location. These may assist investigations and may be a vital part of the chain of evidence at a later date. Original notes should include the following:

- What the whistle-blower saw
- What the whistle-blower heard or was told
- Copies of emails
- What the whistle-blower has perceived
- Records of relevant conversation between the whistle-blower and other persons
- Dates, times and places of the above

The person to whom the whistle-blower has made a disclosure shall, so far as is reasonable, ensure the following:

- Confidentiality of the disclosure
- Confidentiality of the whistle-blower's identity, unless it is required under the Corporations Act 2001 (Commonwealth)
- Obtain from the whistle-blower full details of the disclosure
- If necessary, take reasonable steps to minimise further risk to SCHS or its people
- As soon as possible, handover to the most senior manager who is not a subject of the disclosure, or any member of the Board of Directors who is not a subject of the disclosure
- The most senior manager who is not a subject of the disclosure, or any member of the Board of Directors who is not a subject of the disclosure, shall conduct a discreet initial investigation
- If at any time during the initial investigation that it appears that a breach of the law may have occurred, the matter can be reported as soon as possible to the Victoria Police
- That the matter is minuted as an action item in Board papers

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SCHS is committed to the protection of whistle-blowers against detrimental action taken in reprisal for the making of disclosures. In confidential discussion with the Human Resources Advisor, SCHS may provide the whistle-blower with support including, but not restricted to, counselling or other interventions to ensure a harassment-free workplace.

Where investigations do not substantiate disclosures, the fact that the investigation has been carried out, the results of the investigation, and the identity of the person who is the subject of the disclosure will remain confidential, as far as is reasonable.

SCHS will give its full support to a person who is the subject of a disclosure where the allegations contained in the disclosure are clearly wrong or unsubstantiated. If a matter has been publicly disclosed, the CEO will consider any request by that person to issue a statement of support setting out that the allegations were clearly wrong or unsubstantiated.

15	**Internal references** • SCH0000679 Working with the Media procedure • SCH0000682 Board of Directors Appointment Letter template • SCH0000510 Conflict of Interest or Duty Declaration form • SCH0174001 Board Director Recruitment and Selection Procedure
16	**External references** • Nil
17	**Related documents** • Nil
18	**Accreditation tags:** <#accreditation_tags>
19	**Former SCHS reference number:** N/A
20	**Document development**

	Job Title	Date of last review/consult
Initial author	Governance Committee	17/01/2019
Contributing / consulted individuals / committees	Board of Directors	17/01/2019
Current custodian	Governance Committee	08/06/2021

21	**Approved by:** Board of Directors
22	**Appendices** • Nil

Relevant Operational Policies

- Risk Management Policy
- Quality Systems Policy
- Finance & Corporate Policy
- Clinical Governance Policy
- Consumer & Community Partnership Policy
- Health & Safety Policy
- Overarching Human Resources (HR) Policy

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- Client Health Records Policy
- Communications & Technology Policy

Compliance

All staff and Board Directors of SCHS are required to comply with these policies and related SCHS procedures and business processes. Failure to do so may result in disciplinary action.

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References

Internal

- SCH0000765 SCHS Constitution
- SCH0000543 SCHS Services Brochure
- SCH0001030 Organisational Chart
- SCH0000567 Clinical Governance Policy
- SCH0001377 Nominations & Remunerations Committee Terms of Reference
- SCH0000371 CEO Performance Review - Director
- SCH0000372 CEO Action Plan
- SCH0000566 Board of Directors Application Form
- SCH0000673 Governance Committee Terms of Reference
- SCH0000565 Ian Dickie Innovation Grant Guidelines (under review)
- SCH0000322 Ian Dickie Innovation Grant Application Form (under review)
- SCH0000668 Audit & Finance Committee Terms of Reference
- SCH0000741 Consumer Advisory Group Terms of Reference
- SCH0001032 Executive Operational Group Terms of Reference
- SCH0000672 Occupational Health, Safety & Welfare Committee Terms of Reference
- SCH0000676 Information Communication & Technology (ICT) Committee Terms of Reference
- SCH0000675 Diversity Committee Terms of Reference (under review)
- SCH0001190 Staff Health & Wellbeing Committee Terms of Reference
- SCH0001026 SCHS Board of Directors Risk Appetite Statement
- SCH0000740 Committee Support Structure
- SCH0000162 Board of Directors Assessment of Committees
- SCH0001230 Strategic Plan (SCHS Internal Only)
- SCH0000562 Strategic Plan (Overview)
- SCH0000510 Conflict of Interest or Duty Declaration Form
- SCH0000682 Board of Directors appointment letter
- SCH0000569 New Board Director Details

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- SCH0000580 Consent to Act as Board Director
- SCH0000687 Board of Directors Deed of Access
- SCHS000679 Working with the Media
- SCH0001406 Recruitment & Selection Procedure
- SCH0174001 Board Director Recruitment and Selection Procedure
- SCH0001376 Finance & Corporate Policy
- SCH0000189 Risk Management Policy
- SCH0000814 Quality Systems Policy
- SCH0000570 Consumer & Community Partnership Policy
- SCH0000782 Health & Safety Policy
- SCH0000879 Overarching Human Resources (HR) Policy
- SCH0001247 Client Health Records Policy
- SCH0001410 Communications & Technology Policy

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External

- Australian Institute of Company Directors Not-for-Profit Governance Principles

SUNRAYSIA COMMUNITY HEALTH SERVICES

Procedure regarding: **<#Doc_Title>**

1	**Purpose** In support of Sunraysia Community Health Services (SCHS) policy on Overarching Human Resources Policy, this procedure is in place to assist in the development and growth of both the organisation's and the staffs' knowledge.	
2	**Target audience** All full time and part time staff at SCHS.	
3	**Responsibilities** • Nil	
4	**Definitions**	
	Scholarship	Is defined as a grant awarded to financially support a student with further academic studies.

5 Procedure

5.1 Eligibility Criteria

- Applicants must be:
  - Employed in an ongoing basis at SCHS - full time or part time (Human Resources will review exemptions to this criteria on a case by case basis with support from the direct line manager).
  - Prepared to provide a formal summary and/or a presentation to staff at SCHS on key findings and learnings from study as agreed for application into the workplace.

5.2 Eligible Activities

- Formal Nationally Accredited courses of education and study (relevant to area of work/role) at a recognised Australian University or Training Organisations such as TAFE Institutions including:
  - Certificate,
  - Diploma,
  - Undergraduate,
  - Postgraduate,
  - Masters,
  - Doctorate

5.3 Application Process

- The SCHS Staff (Ian Dickie) Scholarship will be open on an annual basis to all staff undertaking external studies.
- Advertising of the scholarship will occur in September of each year.
- Scholarship applications are to be discussed with and supported by the direct line manager.

- Opportunities to apply for a scholarship, including details of the application process and form will be advertised annually and be distributed to staff members through a variety of mechanisms including the SCHS staff intranet site, Exec E-news, and flyers via e-mail.
- The SCHS Staff Scholarship Application Form (available on PROMPT) requires completion and submission to Human Resources.
- Late or incomplete applications will not be accepted.
- Applicants must disclose other funding sources they have received at the time of application. If an employee has already accepted a scholarship elsewhere, or received funding for study via another institute, he/she may still apply under the SCHS Staff (Ian Dickie) Scholarship fund.
- Where the SCHS Staff (Ian Dickie) Scholarship funds are not exhausted, consideration will be provided to current students who are currently or scheduled to complete their placement at SCHS. This will be in return for commitment for employment following graduation.

5.4 Value of the scholarship

- Scholarships will be awarded up to the value of $5,000 per application. A total organisation value of $10,000 will be made available each year.

5.5 Ineligible Activities

- Staff may not apply for support to an award or qualification for which they already hold
- Associated travel costs and accommodation
- Conferences or seminars
- Domestic excursions
- Equipment
- International or interstate study tours
- Non-mandatory course materials
- Workshops

Staff may not apply for the scholarship if they have been previous recipients of the SCHS Staff Scholarship.

5.6 Selection Criteria

- The Workforce Development Manager will review all applications to ensure they meet the selection criteria. These applicants will then be put forward to the Scholarship Committee.
- The Scholarship Committee will be established to determine and recommend preferred applicants to the Executive for approval. These scholarships will be awarded on the approval of the Executive Team, the Governance Committee and the Board of Directors. The Scholarship Committee assessment will be based on the following criteria:
  - How the further study will benefit:
    - Applicant's professional practice
    - SCHS strategic priorities
- Contribution of the staff member towards the values and strategic direction of the organisation; may include one of all of the following:
  - Clients are at the centre of our thinking
  - Our communities wellbeing
  - People at their best
  - Innovation for excellence
  - Our long-term sustainability

	• The successful applicants for the scholarship will be announced via Executive E-news and published in the succeeding SCHS Board of Directors Annual Report.
	
	5.7 Scholarship Committee
	
	• The Scholarship Committee will meet within two weeks after close of applications.
	• The committee members will be:
	  ○ Workforce Development Manager
	  ○ Clinical Operations Managers
	  ○ Human Resources Co-ordinator
	• The successful applicants will be forwarded to the Governance Committee for endorsement and to the Board of Directors for final approval.
	
	5.8 Administration of Scholarship
	
	• Successful applicants will receive the scholarship funds one semester at a time for University related studies, or a payment for a cluster or units for TAFE related studies.
	• The successful applicant will send their receipt of payment from TAFE/University with a Reimbursement of Business Expenses Form to Human Resources.
	• These documents will then be sent by HR onto Business and Finance.
	• Tax implications for this money are the responsibility of the staff member. Further information regarding tax implication may be found at: https://www.ato.gov.au/calculators-and-tools/is-my-scholarship-taxable/
	• A successful applicant who ceases employment with SCHS within 12 months of receiving the scholarship will be required to refund the full amount of the scholarship.
	
	5.9 Certificates of completion
	
	• Each recipient of a scholarship will be required to provide a certificate of completion or record of academic transcript at the end of the semester/cluster of units to Human Resources.
	• Human Resources will file the required documents in the staff members PD file.

5	**Internal references** • Human Resources policy • SCHS Staff Scholarship Application Form • Reimbursement of Business Expenses Form
6	**External references** • Australian Government, Australian Taxation Department https://www.ato.gov.au/calculators-and-tools/is-my-scholarship-taxable/ *SCHS believes to its best knowledge that the external references provided are accurate and current at the date this document was approved. Staff should check that the document is current and relevant before relying on advice/direction contained.*
7	**Related documents** Nil

8	**Accreditation tags:** <#accreditation_tags>		
9	**Former SCHS reference number:** (*Insert former G: drive reference code, or N/A)		
10	**Document development**		
		Job Title	**Date of last review/consult**
	Initial author	Workforce Development Manager	30/06/2021
	Contributing / consulted individuals / committees	HR Consultant Human Resources Coordinator CEO	30/06/2021 10/08/2021 01/09/2021
	Current custodian	Workforce Development Manager	(*enter date)
11	**Approved by:** Board of Directors		
12	**Appendices** • Nil		

RISK REGISTER - Focus Items — Sunraysia Community Health Services

Register Entry ID	RR-1801	Date raised	01/10/2017	Origin	Strategic Planning	Category	Corporate Governance / Strategy
Risk Description	**Lack of contemporary governance structure and processes impact on Sunraysia Community Health Services operations**						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
1. Reputational risk for SCHS such as adverse media and publicity 2. Impacts on service delivery 3. Poor direction setting for SCHS 4. Governance weaknesses and risks of not achieving corporate objectives; inadequate system of targets, absence of or not meeting key performance indicators, poor monitoring of performance 5. Inadequate controls resulting in poor decision-making 6. Lack of clarity of roles, responsibilities and working arrangements 7. Non-compliance with statutory and regulatory obligations 8. Loss of stakeholder support and customer dissatisfaction	• Board Sub-Committees meet and report to Board of Directors (BoD) bi-monthly • Formal governance systems and processes in place relative to laws, regulations and standards; and government policy • Regulation and oversight by standards regulators • Monitoring and reporting processes regularly reviewed and updated; compliance programs, audit programs (external); risk management policies and program; review of risk management by SCHS June 2019 • Reviewed and updated constitution Sept 2018 • Position Descriptions for BoD reviewed and updated 2019 to ensure clarity of roles and responsibilities • BoD Governance Training completed late 2018 • Annual BOD performance review using industry tool and Action Plan	3	3	9	Board of Directors	• Governance Action Plan (AP) highlighted need for additional training in some areas including: Evaluating quality & safety, succession-planning, oversight of staff who deliver safe care and population health planning **BoD Reviewed 24/06/19:** Reduced Raw risk to 9 owing to actions implemented such as: updated constitution, implementation of additional operational roles to support governance structure, BoD Clinical Governance Training, launch quality management system review and BoD induction and governance manual review based on industry standards July 2019. **06/07/2020:** • Clinical Governance Framework development underway (EMCS, COM, MQS) • Quality Plan as a result of the 2019 External Quality Review initiated (EMCS, MQS) • Mapping of governance structure and internal reporting lines (reports, plans, registers) underway. Suggest the 'map' be maintained with in the Quality Manual, or similar	RM	2	3	6	**As at 18/8/21** • Newly developed roles incorporated into governance and operational structures including Clinical Operations Managers • Clinical governance framework developed • Review conducted July 2019 on governance policy frameworks including clinical governance framework by external consultant. • Identification of suitable digital quality mapping solution underway to support cross referencing between applicable standards and legislation. This will allow current separate self assessments with links to evidentiary documents to be linked, identify potential gaps and increase accessibility.	Open

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<#>Review current governance policy frameworks including clinical governance framework by external consultant July 2019 - Scope of review included Prompt System, P&P reviews, Quality and Safety resource structure and accreditation body¶

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06/07/2020: ¶
Clinical Governance Framework development underway (EMCS, COM, MQS)¶
Quality Plan as a result of the 2019 External Quality Review initiated (EMCS, MQS)¶
Mapping of governance structure and internal reporting lines (reports, plans, registers) underway. Suggest the 'map' be maintained with in the Quality Manual, or similar

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Newly developed roles incorporated into governance and operational structures including Clinical Operations Manager and Consumer Engagement officer

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RISK REGISTER - Focus Items — Sunraysia Community Health Services

Register Entry ID	RR-1803	Date raised	01/06/2018	Origin		Category	Clinical Governance
Risk Description	**Clinical Care policy and procedures do not reflect Best Practice (BP), negatively impacting on client outcomes**						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
1. Provision of sub-optimal clinical outcomes for client resulting in life threatening injury 2. Non-compliance with accreditation standards with risk to consumers of service 3. Reputational risk for SCHS; including consumer and external service provider complaints 4. Impacts on quality of service delivered to clients and ensuring appropriate clinical outcomes for clients 5. Financial impacts due to lack of ability to deliver services at appropriate levels	• Policies and procedures are in place and aim to reflect BP • Clinical Governance Oversight by Clinical Operations Management Meetings (COMMs), Clinical Operations Managers, Managers, Supervisors and BOD • Senior Clinicians employed and tasked with reviewing procedures against BP guidelines and supervision of clinicians to ensure compliance with guidelines • Incident reporting and hazard systems in place; including reporting through team meetings, COMMs, Executive, up to BoD and Victorian Incident Health Management System (VHIMS) • Clinical Governance Report standing agenda items at BoD Governance Meeting • Significant work through 2018/19 in triage and brief intervention processes for mental health services to reduced risk of unexpected death or injury for clients when entering the service, including onward referral for complex clients to area mental health	2	4	8	Executive Manager Clinical Services and COMMs	• Identify mechanism to ensure Best Practice is implemented across all programs through reviews of procedures and monitoring client outcomes • Implementation of Client Information Management System will provide better data to assist in monitoring client outcomes • Strategic Plan 2019-2021 item; Objective 5.4.3 - Review of Clinical Governance Framework KPI's, timeframes set and to be reported up through the BoD quarterly • Review and updating of procedures for identification and management of deteriorating clients in Acute Health • Review and update current requirements for GP clinic and practitioners to ensure that they have procedures in place for detecting and preventing serious injury or illness for patients	RM	1	4	4	06/07/2020: From an operational clinical governance perspective, the newly established Clinical Operations Management Meeting takes place of the former Clinical Governance Committee. Procedures are developed/reviewed by senior clinicians in consultation with the teams, and approved by COMM/EOG. Clinicians actively supported/encouraged to continuously upskill and identify current best practice by participating in professional development and retaining active membership of professional bodies **18/8/21** • Two Clinical Operations Manager roles allows for improved management and monitoring of clinical practice throughout the organisation, and EMCS able to focus on executive management and strategic direction	Open

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RISK REGISTER - Focus Items — Sunraysia Community Health Services

Register Entry ID	RR-1805	Date raised	01/10/2017	Origin	Strategic Planning	Category	Financial Management
Risk Description	**Planned SCHS revenue, profit or balance sheet outcomes are affected because of uncertainties (e.g. government actions, economic conditions, operational factors, etc.)**						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
1. Financial impacts affecting financial sustainability of SCHS (negative outcomes compared to planned outcomes for revenue, profit, or debt) 2. Inadequate submissions to funding agencies 3. Inadequate cash flow; results in depletion of cash reserves and uncertain financial future 4. Impacts on service delivery through inability to recruit to full EFT 4. Reputation impacts with funders resulting in reduced grant and funding opportunities 5. Not acquitting all monies received and having to return funds, and potential loss of ongoing funding 6. Deficit budget forecast for 2020/21 continues due to Government funding shortages compounded by COVD-19 pandemic threatening sustainability	• Funding Business Case provided to BoD prior to submissions • Corporations Act, Australian Charities & Not For Profits Commissions Act • External Audit function • Monitoring/reporting (e.g. monitoring of revenue, expenditure, profits (monthly, quarterly etc.) with reports to Audit & Finance and Board • Potential strategic partnerships investigated & developed in 2018 such as RFDS, Mallee Track, RDHS • New management information systems investigated & implemented 2018/19 - MasterCare - resulting in improved invoicing and reduced time spent documenting for clinicians, improved ability to monitor work flow and productivity of staff	3	4	12	Board of Directors	• Investigate other areas of revenue sources e.g.: NDIS, Social Enterprise, Aged Care • Markets researched/ documented • Financial scenario planning for new opportunities • Financial modelling to be undertaken • Establish and implement internal audit function • Implement new financial management software system • 2019-2021 Strategic Plan Objectives 1.1.2, 5.1.1, 5.1.2 - to be reported on to the BoD quarterly • Development of a Business Development Innovations Unit, out of existing resources to lead development and innovation over the next 1-2 years • Develop improved planning, reviewing and monitoring of financial viability established through timely reporting, development 5 year financial outlook	RM	3	4	12	Reviewed BoD 28/6/19 Reduced raw and residual risk rating appears to have been overrated in initial register. Given cash reserves, diversity of funding sources and performance over last 2 years. Likelihood reduced to 2 - unlikely. Proposed changes are not owing to actions completed but perceived over rating. 07/07/2020: Third-party (external contractor) internal financial audit program implemented. Implementation of new financial management system Sage Evolution for more efficient and effective reporting completed. Operating within a pandemic which has impacted on our financial resources. **18/8/21:** • Increased funding and demand for new pandemic related services – state and federal contracts/agreements • Staff redeployment due to COVID related projects and/or lock-down periods have meant some targets in other programs have not been met.	Open

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RISK REGISTER - Focus Items — Sunraysia Community Health Services

Register Entry ID	RR-1809	Date raised		Origin		Category	Legal
Risk Description	There is a perceived or actual failure of SCHS to comply with relevant laws, regulations and standards.						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
		2	4	8	Board of Directors		RM	1	4	4		Combined with RR-1810

Register Entry ID	RR-1810	Date raised	01/10/2017	Origin		Category	Legal, Quality & Compliance
Risk Description	Failure to comply with relevant laws, regulations and/or standards						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
1. Stakeholder action (includes legal actions or threats by interest groups); legal action by a third party 2. Financial impacts on SCHS 3. Regulatory or legal sanctions by an agency for non-compliance (including convictions, fines, jail) 4. Prosecution or loss of Board members or senior managers 5. Political or interventions with financial and non-financial impacts on SCHS; loss of confidence in SCHS by Government, policymakers, regulators, adverse public actions by Government 6. Reputation impacts; adverse media and publicity; loss of confidence of community 7. Insufficient or cessation of service provision to the community 8. Loss of funding due to inability to meet community needs or funding body requirements 9. Government intervention	• Experience and skill set of managers and Board members; specialist staff knowledge; • Regulatory and legal framework which SCHS understands well and for which it can set operating objectives • Insurance (of litigation costs) • Relevant management systems (VHIMS, monthly reporting to COMMS, quarterly reporting to Board, policy, procedure) • Promotion of ethical behaviour (values, staff orientation and update sessions) • Systematic process to: investigate non-compliance events in operations; assess options for solutions to the non-compliance events; take corrective action • Recruited director with legal experience 2019 **06/07/2020:** • Third-party (external contractor) internal financial audit program implemented **18/08/2021:** • SCHS remains accredited to date against ISO 9001, NSQHS (Stds 1-6), Human Service Standards, NDIS • Training of existing staff - Annual E3 learning for existing staff • Quarterly board reporting • Monthly service report HR indicators • Clinical Governance Framework developed	2	4	8	Board of Directors	• Increase training and awareness of staff in legal issues • Finalisation of clinical governance framework in line with recommendations of external Quality Management systems • Implementing Successful Change (ISC) process to be reviewed and broadened to allow for Project Management and Business Planning activities. • Achievement of current and new accreditation process • Clinical indicators, Community Health indicator development and monitoring 2019-2021 Strategic Plan Objective 3.3.2 supports Standard 2 NSQHS	RM	1	4	4	**07/07/20:** • ISC processes further refined • Clinical Governance Framework development underway (EMCS, COM, MQS) • EMCS, COM, MQS assessing efficacy of application of NSQHS standards across organisation • Quality Plan as a result of the 2019 External Quality Review initiated (EMCS, MQS) • All staff annual commitment to SCHS Policies commenced July 2020 **18/08/21:** • 2 x COM roles implemented • Positive relationship with current external auditors for Quality Management System, NSQHS, NDIS, DHS standards – greater understanding of systems and processes in place at SCHS resulting in greater confidence the systems and processes withstand scrutiny	Open

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2. Financial impacts on SCHS
3. Regulatory or legal sanctions by an agency for non-compliance (including convictions, fines, jail)
4. Prosecution or loss of Board members or senior managers
5. Political or interventions with financial and non-financial impacts on SCHS; loss of confidence in SCHS by Government, policymakers, regulators, adverse public actions by Government

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RISK REGISTER - Focus Items — Sunraysia Community Health Services

Register Entry ID	RR-1812	Date raised	01/10/2017	Origin	Strategic Planning	Category	Workforce Strategies
Risk Description	**Workforce shortages for some roles including GP's, Dentists and specific allied health professionals, staff turnover.**						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
1. Reduction in ability to win and deliver on current / future contracts / service delivery 2. Under-skilled workforce working in complex arenas 3. Reputational risk; adverse media and publicity; adverse external audit reports with adverse publicity 4. Loss of income, inability to secure ongoing and expanded income or recoupment of funds from funding bodies 5. High staff turnover, loss of key staff and intellectual property 6. Resistance to change; reduction in productivity 7. Staff dissatisfaction; industrial action	• Staff development program • Annual appraisals with quarterly check-ins • Clinical Governance framework review and gap analysis • SCHS internal staff survey response rates quite high (Dec 2019) • Staff driven changes • Visible leadership walk-arounds • Staff Health & Wellbeing committee • Organisational structure designed to meet needs • Orientation process and yearly updates • Staff survey • Staff forum formats changed in early 2018 with positive outcomes improving staff satisfaction • Active staff engagement strategies implemented throughout 2018/19 resulted in reductions in vacancies	3	3	9	Board of Directors	• Development of a realistic recruitment/ retention strategy • Staff survey results to be analysed by BoD • 2019-2021 Strategic Plan Objectives 1.2.5, 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 4.1.1		2	3	6	**BoD Rev'd 26/06/19**: Reduced residual to 6 owing to actions implemented:- Staff forum formats changed in early 2018 with positive outcomes. Active staff engagement strategies implemented throughout 2018/19 resulted in reductions in vacancies. 07/07/2020: • Orientation process altered – multiple presenters, recently utilising webinar conferencing technology. • Staff feedback regarding support during COVID response – positive and appreciated • Graduate Nurse Program • Student placements. Former student now employed as Dentist in 2020. • Workforce Development Officer and Dental Director overseeing LTU Dental Student coordination. • Working From Home Framework being developed – selling point for current/future staff • Improved retention of staff with less turnover and fewer outstanding vacancies **18/08/21:** Orientation presentation going digital, allowing for faster on-boarding and ability to on-board employees remotely.	Open

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Register Entry ID	RR-1815	Date raised	01/07/2018	Origin		Category	Client & Community Engagement
Risk Description	Corporate objectives inconsistent with consumer/community requirements (?)						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
1. Regulatory requirements for engagement are not delivered 2. Customer and stakeholder expectations not achieved 3. Reputation impacts; adverse media and publicity 4. Loss of confidence in SCHS by Government, policymakers, regulators 5.. Political action; adverse public actions by Government 6. Stakeholders become disenfranchised 7. Loss of the 'store of good will' which should be reserved for times when things go wrong	• Customer relationship strategies and processes meet historic requirements (customer committee; customer survey; customer feedback system; issue resolution; media programs) • Engagement and communication plans are implemented, gives details of how to engage • Managers with responsibility engage stakeholders and take action • Introduced marketing officer position 2018/19	2	4	8	Board of Directors	BoD Rev'd 26/06/19: Reduced raw risk to 8 owing to actions implemented through the introduction of consumer engagement officer and marketing roles		1	4	4	BoD Rev'd 26/06/19: Reduced raw risk to 8 owing to actions implemented through the introduction of consumer engagement officer and marketing roles. 07/07/2020: • Volunteer Coordinator position and volunteer program positive impact on consumer and community relationships – position has been reduced to 0.2 EFT due to financial constraints 18/8/21: • Volunteer Coord. position on hold during Pandemic • Community Engagement Officer position redundant.	Open

Register Entry ID	RR-1817	Date raised	23/10/2018	Origin	Incident IR 151170	Category	IT – Cyber Security
Risk Description	Risk of information being accessed by unauthorised individuals/organisations due to inadequate cyber security and staff knowledge						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
1. Reputational risk for SCHS, impacts on privacy of individuals and organisation 2. Breach of IT security leading from virus/malware 3. Loss of competitive knowledge	• Current security measures rely on individuals ticking a checkbox at each upload • Request web hosts change to opt-out security option at upload, rather than opt-in completed • Monthly google searches/checks implemented • Actively engaging in Government Cyber Security review	3	4	12	Systems Admin.	• Internal audit programs (monthly compliance reports, penetration testing) • Business continuity plans including cyber attacks to be investigated • Maintenance agreements with major software provider • Disaster recovery plan review	RAC	2	4	8	(Reported to BoD in October 2018 Performance Report) As at 24/06/19 - change to risk rating's, moved to supplementary register 07/07/2020: (Nil to update, stable?)	Open

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1-2 = Very low 3-5 = Low 6-10 = Medium 12-16 = High 20-25 = Extreme risk

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Register Entry ID	RR-1818	Date raised	05/08/2019	Origin		Category	Clinical Governance
Risk Description	**The introduction of the HomeBase second trial has attracted youth with complex needs**						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
1. SCHS is not equipped to manage the Youth who attend, which results in injury to staff, clients and property 2. Breech in privacy and confidentiality of attendees by staff or volunteers 3. Stakeholder actions; legal action by an employee, member of public, representative, or third party 4. Regulatory or legal sanctions against SCHS and/or its directors or officers by an OHS regulator for non-compliance (including criminal or civil prosecutions, convictions, fines, jail) 5. Reputational risk 6. Loss in funding due to legal action/reputation loss 7. Workforce and volunteers resign due to the nature of the work 8. The venue is not fit for purpose or unable to cater for number of youth attending	• Homebase handbook developed for functioning of Homebase and its participants	2	4	8		• Review current procedures regarding emergency response and alter accordingly • Develop expectations of attendees • Determine strategies to ensure attendees are informed of these expectations • Develop activities planner • Embedding the youth services model	RM	2	4	8	07/07/2020: • Youth Services Model has strengthened the governance and functioning of HomeBase • List partnerships with Out of Home Care Placement providers, CP, Police 04.10.2021 • Employment of Clinical Operation Manager – social and population health • Restructure of Youth Services role and processes • Employment of Academic and Research Officer to conduct 2 year Strategic planning of youth services	Open

Register Entry ID	RR-1821	Date raised	05/08/2019	Origin		Category	Clinical Governance
Risk Description	**The Family and Child Hub in the community is not financially sustainable**						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
1. Financial risks if loss of income due to poor project management 2. Reputational risk for SCHS 3. Stakeholder actions; legal action by an employee, member of public, representative, or third party 3. Regulatory or legal sanctions against SCHS 4. The service is not well received or utilised by the community 5. Inability to recruit to key roles 6. SCHS funding for Parenting Services is not ongoing 7. Poor utilisation of workforce resulting in inability to meet required targets 8. The venue is not fit or purpose and requires more work than budgeted for	• Submitted proposal to DHHS that 1.2 EFT is within current DHHS funding guidelines from community health programs • Engaged Wendy Brooks and Partners for another 12 months to seek further philanthropic funding	3	3	9		• Engage other service organisations to utilise the hub and contribute financially to offset SCHS expenditure	RM	2	3	6	New risk item as at 20/06/19 07/07/2020: • Updated MOU with MRCC July 2020 Project plan implemented (? Check) Weekly meetings continue? • Determine strategies to fund the centre 04.10.2021 • Employment of Clinical Operation Manager – social and population health • Successful application of Helen McPherson Smith Trust to employ Business Manager to conduct Strategic planning of FCH	Open

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RISK REGISTER - Focus Items — Sunraysia Community Health Services

Register Entry ID	RR-1824	Date raised	12/03/2020	Origin	External	Category	Clinical Governance
Risk Description	**COVID-19 pandemic impacts on all aspects of SCHS operations**						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
• Transmission of virus through workforce and/or clients • Workforce shortage - inability to provide full services • Financial Implication of COVID 19 resulting in reduction or ceasing of some government funding • Financial implications re: inability to generate funds and/or meet funding body targets • Damage to reputation if situation poorly managed • Inability to meet community need/expectations, in particular Home Nursing, GP services and emergency dental • External agency (e.g. state government, commonwealth, municipal council) pandemic plans impacting on SCHS ability to perform 'business as usual' • SCHS involvement in COVID response projects on behalf of state and federal governments – consider impact on existing services, ability to provide expected response services, are each of these projects financially sustainable, staff redeployment leaving gaps in pre-COVID services. • Local community need not recognised/understood by governments	• COVID19 Working Party was established, meeting weekly, meeting weekly in initial stages of Australian outbreaks, communicating daily in early stages of pandemic. As at 16/8/21 Exec. Operational Group meet as required. • Participation in current (2020) local community pandemic planning (As at June 2020 the sub-committee has moved to recovery phase, MRCC altered membership at this point SCHS not required at sub-committee level) • Pandemic operational plan established to work within a pandemic • SCHS GP RAC – Vaccination and testing clinics • SCHS Sub-hub Pfizer vaccination clinics • SCHS Commonwealth AZ vaccination clinics • High Risk Accommodation Response (HRAR) project – DFFH funded with significant DoH input. Advocating for Community Health driver identification of need and responsive service provision.	3	4	12	Executive	• Developing phase 4 recovery phase operational plan for the next 12 months • Ongoing communication with state government DFFH, DoH, demonstrating intrinsic community need knowledge and ability to meet this need. Push for continued/ongoing funding.	RM	3	4	12	(Added to risk register March 2020) 07/07/2020: • Developing phase 4 recovery phase operational plan for the next 12 months 04.10.2021 • Appointment of Manager – Pandemic Response. Project Officer Pandemic Response to review current processes and reduce risk if outbreaks occur	Open

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RISK REGISTER - Supplementary Items — Sunraysia Community Health Services

Register Entry ID	RR-1802-S	Date raised	01/06/2018	Origin		Category	Clinical Governance
Risk Description	**Inadequate clinical supervision and structure results in substandard care**						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
1. Sub-optimal clinical outcomes for client resulting in life threatening injury 2. Inexperienced workforce working with little supervision and potentially medically and socially complex clients 3. Reputational risk for SCHS **4. Impacts on quality of service delivered to clients and ensuring appropriate clinical outcomes for clients** 5. Financial impacts due to lack of ability to deliver services at appropriate levels 6. Inability to retain workforce due to poor supervision	• Clinical Governance Oversight by BOD, EOG, TOR updated to reflect the same • Structures in place for supervision of less experienced staff • Staff induction processes reviewed and updated to improve entry into the organisation • Processes in place to detect and respond to clinical deterioration • Managers/Supervisors PDs reflect supervision responsibilities and accountabilities • Specific staff education and training program in place • Clinical Governance Report standing agenda items at BoD Governance Meeting, who report up to BoD are required • Staff credentialing procedures in place and maintained by HR team	2	4	8	Executive Manager Clinical Services and Clinical Operations Managers	• Clinical Governance Committee structure to be adapted and relaunched to ensure meeting CG needs of the organisation post independent governance review July 2019 • Implementation and embedding of organisational wide clinical supervision structure that addresses relevant concerns • Strategic Plan 2019-2021 item; Objective 5.4.3 • Review of Clinical Governance Framework - KPI's and timeframes set and to be reported up through the BoD quarterly • Review and updating of Professional Development procedures by EOG	RM	1	4	4	**As at 24/06/19** - Reduced Raw risk to 8 owing to actions implemented such as; introduction of COM's role, supervision requirements reviewed organisation wide completed with senior clinician role implemented in high risk areas e.g. MDHA, FV and Allied Health. Clinical Governance Reporting reviewed and updated with standing agenda item at EOG and BoD Governance Meetings. *(Moved to supplementary register 06/08/2019)* 07/07/2020: (Nil to update, stable?) **18/08/2021:** • 2 x COM roles in place; greater coverage and ability to manage and monitor clinical performance.	Open

Register Entry ID	RR-1804-S	Date raised	01/06/2018	Origin		Category	Clinical Governance
Risk Description	**Inability to monitor key clinical indicators and performance measures in some areas of the organisation through lack of- accessible data, measurement mechanisms which leads to poor client outcomes**						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
1. EOG, Managers and BoD are unable to accurately monitor and detect risks to clients or sub standard care in a timely manner 2. Reputational risk for SCHS resulting from inability to recognise clinical errors in a timely manner 3. Impacts on service delivery due to inability to accurately track performance and outcomes for clients 4. Financial impacts due to lack of ability to demonstrate outcomes for clients to support ongoing funding	• Clinical Governance Oversight at EOG implemented 2018 • Clinical Governance Report standing agenda items at BoD Governance Meeting. • Monthly trending analysis completed and reported using available measures such as Incident reports, CLiP audits from palliative care and Dental Clinical Indicators • Senior Clinicians employed and tasked with supervising less experienced staff • File audits utilised to identify staff knowledge gaps and provide support and education for clinicians • Incident Reporting system - increase staff awareness of additional aspects such as deteriorating care, mortality and morbidity reviews in home nursing; which allows managers to better monitor client outcomes and sub standard care	2	4	8	Governance Committee (including Clinical Gov. Comm.)	• Create a suite of clinical indicators suitable for services that have data available including; Mental Health and AOD, Men's behaviour change • Re-introduction of the infection control coordinator position tasked with reviewing and updating infection control policies and procedures throughout the organisation • IT system capable of monitoring the data required is being investigated and implemented • Implement VHIMS Central as incident report system Jul 2019 which will allow improved data collection for incidences, hazards and feedback • Strategic Plan 2019-2021 item; Objective 5.4.3 • Review of Clinical Governance Framework - KPI's and timeframes set and to be reported up through the BoD quarterly • Investigate and implement opportunities to benchmark with other community health organisations in Mallee and also through MasterCare	RM	1	4	4	**Reviewed 24/06/19**: Reduced Raw risk to 8 owing to actions implemented such as the implementation of improved clinical governance oversite, employment of senior clinicians and improved BoD reporting *(Moved to supplementary register 06/08/2019)* 07/07/2020: (Nil to update, stable?)	Open

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Register Entry ID	RR-1806-S	Date raised	01/10/2017	Origin		Category	IT = Cyber Security
Risk Description	**Lack of timely, accurate information to support decision-making due to client management systems being un-fit for purpose.**						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
1. Financial risks if loss of income due to poor systems 2. Reputational risk for SCHS 3. Impacts on service delivery, 4. Provision of substandard clinical care to clients if unable to benchmark through data analysis 5. Poor utilisation of workforce due to manual and duplicated documentation systems 6. Inability to manage funding program targets resulting in return of funds	• Board has approved procurement for purchase or lease of renewed or new digital governance, organisational or operational solutions • Disaster recovery plans for information and information systems • Specialist staff employed to review and implement new system • SCHS has a service agreement with Int Tec for provision of support services • Staff awareness and training in issues of privacy and information management • Project Group to assist with management of the implementation of Client Information Management System • New electronic records system, compliant with all relevant legal, accreditation and reporting requirements of new business model are to be implemented • Staff training in the above • SCHS policies and procedures for information and information systems being updated • 2019-2021 Strategic Plan Objectives 5.1.1, 5.1.2- to be reported on to the BoD quarterly	2	4	8	Systems Admin.	•	RM	1	4	4	Reviewed 24/06/19: Reduced Raw risk to 8 owing to actions implemented such as the implementation of MasterCare System 07/07/2020: Systems Administrator working closely with COM to ensure MasterCare framework provides optimum data collection and availability to benefit the organisation	Open

Register Entry ID	RR-1807-S	Date raised		Origin		Category	Changes in Government Policy / Funding Priorities / Performance
Risk Description	**Policy or regulatory changes or decisions adversely impact on SCHS's achievement of its corporate objectives**						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
1. Regulator or policymakers actions or interventions with financial and non-financial impacts on SCHS objectives 2. Changes in policy outside at legislative level result in SCHS being unable to provide a service; i.e. changes to reporting requirements or changes to credentials of staff who are required to service a contract	• System of laws and regulations; systematic government policy and regulatory framework (including system of Health Acts and Funding Services Agreements) clearly set out and known to SCHS • Regulation by regulators; oversight by Government policy agencies • For policies and regulations: monitoring and reporting processes; compliance programs, audit programs (internal and external); risk management policies and program	2	4	8	Board of Directors	• CEO and Chair of BoD continue to build relationships with high level funders and policy makers that improve SCHS impact on policy makers decisions • 2019-2021 Strategic Plan Objective 4.2.1 - to be reported on quarterly to the BoD		1	4	4	As at 24/06/19 - change to risk rating's, moved to supplementary register 6/08/19 07/07/2020: (Nil to update, stable?)	Open

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RISK REGISTER - Supplementary Items — Sunraysia Community Health Services

Register Entry ID	RR-1808-S	Date raised	01/10/2017	Origin		Category	Counterparty
Risk Description	**Poorly defined and documented partnership agreement with external partners and lack of oversite with sub contracting agreements**						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
1. Financial risks if loss of income due to competitors making bids for funding usually held by SCHS 2. Reputational risk for SCHS with funders/partners and community if relationships disintegrate or sub contractors provide sub optimal care to clients 3. Legal risk 4. Provision of sub standard clinical care to clients due to poor management of partner agencies	• Building of partnerships across Loddon Mallee in Mental Health have commenced • Growing partnerships with other providers as submitting tenders/proposals • Formalised mutually beneficial partnerships with identified key strategic partners such as RFDS, Mallee Track and RDHS • Community of practices for Mental Health and Refugee Services • Involvement in the Orange Door	2	3	6	Executive & Senior Management Group	• Further work in partnership with local providers to develop chronic disease services and provision of after hours services from SCHS • Explore further MOUs with agencies in Mildura • Formalise mutually beneficial partnerships with identified key strategic partners • Advocate and work collaboratively to meet the broad health needs of the community • Establish good governance framework for use when establishing agreements		1	3	3	BoD Rev'd 24/06/19: Reduced Raw risk to 4 owing to actions implemented in 2018/19 including demonstrated partnerships such as RFDS, RDHS, MTHS, Mental Health Community of Practice and credentialing procedures *(Moved to supplementary register 06/08/2019)* 07/07/2020: (Nil to update, stable?) **18/08/2021** • MOU template developed • Collection of current MOUs maintained by Finance team.	Open

Register Entry ID	RR-1811-S	Date raised	01/10/2017	Origin		Category	Workforce Strategies
Risk Description	**Leadership/ management team not equipped to deal with growth opportunities.**						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
1. Reputational risk 2. Provision of insufficient services to the community 3. Loss of funding due to inability to meet community needs 4. Poor staff retention and recruitment	• Monthly monitoring of annual staff agreement completion - EMs follow up with Line Managers where required • Ongoing monitoring of annual staff agreement completion rates • Embed new leadership structure • Completion of NML for x 2 staff 2018/19 and enrolment of x 3 in the 2019 course	3	3	9	Executive and Senior Manage-ment (ESM), Business Development and Innovation Unit (BDIU)	• KPI's to be linked to strategic plan for all Executives and Managers • 20/06/2019: 2019-2021 Strategic Plan Objectives 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 4.1.1		2	2	4	**BoD Rev'd 26/06/19:** Consider Risk Rating change, 2 x 2 = 4 i.e. place on supplementary Risk Register - Would subsequently be tracked/ managed via Operational Plan/Quarterly KPI reporting) *(Moved to supplementary register 06/08/2019)* 07/07/2020: **and 18/08/2021** (If looking to close out entries, we could include some evidence/reports to support notion that this is embedded into monthly/quarterly reporting and hence is managed?). BDIU and ESM groups developed and meet regularly.	Open

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RISK REGISTER - Supplementary Items — Sunraysia Community Health Services

Register Entry ID	RR-1814-S	Date raised	01/06/2018	Origin		Category	Work Health Safety
Risk Description	SCHS fails to protect the health and safety of its employees and contractors; OHS legislation, regulations or industry standards are not met.						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
1. Sickness, disease, life-threatening injury or illness of a person or persons; loss of confidence of staff; staff departures 2. Stakeholder actions; legal action by an employee, member of public, representative, or third party 3. Regulatory or legal sanctions against SCHS and/or its directors or officers by an OHS regulator for non-compliance (including criminal or civil prosecutions, convictions, fines, jail) 4. Political interventions with financial and non-financial impacts on SCHS; loss of confidence in SCHS by departments, regulators, shareholders; adverse public actions by Government 5. Reputational risk if staff are injured or feel unsafe; adverse media and publicity; loss of confidence of stakeholders 6. Financial implications of loss of income or WorkCover costs due to injury or litigation 7. Increase in insurance costs	• Addressed higher risk areas: Staff working offsite, alone • Procedures involving staff recording planned schedule, Buddy system in nursing (ring each other) • PoolCar booking system • Manual handling aids, such as clax carts are readily available and use is encouraged • OT assessments of high risk clients/environments • E3 learning (manual handling) • No lift organisation • Reduce reliance on manual files with the implantation of MasterCare • Executive have afterhours notification of failure to return in PoolCar and procedures to follow up • After Hours Palliative Care On-Call have a mobile duress alarm **As at 26/06/2019** - Raw risk reduced with addressed higher risk items / programs 2018/19. Likelihood adjusted to unlikely in line with frequency guide. Continue to focus on higher risk areas in proposed actions. Raw risk reduced to rare. *(Moved to supplementary register 06/08/2019)* •	2	4	8	OHS Committee	• Investigating opportunities to have GPS tracking on vehicles, also check in and out options available in MasterCare • Targeted manual handling training for high risk programs to be developed and embedded with annual competency training requirements for staff in these programs • Review safe work practices and implement 07/07/2020: • Lone worker system (SHEQSY) trial to be undertaken August 2020. - @ 18/8/21 trial suspended midway through.	RAc	1	4	4	07/07/2020: • Legislation changes effective 1 July 2020 - Workplace Safety Legislation Amendment (Industrial Manslaughter and Other Matters) Bill 2019 (Vic) • COVID specific procedures developed, communicated and demonstrated to all staff. Internal spot compliance audits conducted with support and advice provided to staff. • COVID response included working from home arrangements – WFH Self Assessments conducted between staff member and line manager, subsequent reviews. Nil OHS injuries/hazards reported to date from WFH activities **18/08/2021:** Innovation Funding Grant application successful. Planned upgrade to 13th Street security/duress/PA system to proceed.	Open

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RISK REGISTER - Supplementary Items — Sunraysia Community Health Services

Register Entry ID	RR-1816-S	Date raised	01/07/2018	Origin		Category	Procurement
Risk Description	**Procurement of services by or for SCHS does not achieve its corporate objectives (i.e. ineffective or inefficient procurement of inputs or services)**						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
1. SCHS does not avail itself of advantages of services on the market, leading to higher costs and/or lower quality of service delivery by SCHS 2. Risk allocation objectives under contracts are not achieved with SCHS bearing higher risks than planned or above its risk appetite 3. Procured services do not meet value for money objectives (including timing; life; fit for purpose; efficiency; costs) 4. Corrupt, fraudulent or illegal activity by one or more parties 5. Contractual disputes; litigation; claims; costly mitigation 6. Customer or stakeholder dissatisfaction with services or operations 7. Reputation impacts; adverse media and publicity	• Contracts over $100K are approved by the Board • SCHS Procurement Policy applies to all contracts • Collective procurement with other health service through Health Purchasing Victoria e.g. medical supplies • Financial delegations and the approvals process • SCHS seeks and receives specialist advice for planning and execution of procurement for "one off" projects • Pre-qualified contractors • Materials procured in line with Australian Standards • Trained staff • Internal audit of procurement	3	3	9	Audit & Finance Committee	• Implement findings of procurement review • Appropriate training and support for staff that manage contracts (specifically, e.g. provide additional training for fleet procurement, provide software solution to optimise fleet management) • Understanding market conditions • Maintain an ethical environment, e.g. against fraud, by promoting ethics • 20/06/2019: 2019-2021 Strategic Plan Objective 5.2.2	RM	2	3	6	**As at 26/07/2019** - residual risk reduced to 6 with proposed actions. Raw risk remained unchanged due to minimal progress in that past year *(Moved to supplementary register 06/08/2019)* **18/08/2021:**	Open

Register Entry ID	RR-1822-S	Date raised	20/06/2019	Origin		Category	Changes in Government Policy / Funding Priorities / Performance
Risk Description	**Implementation of Voluntary Assisted dying legislation at SCHS**						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
1. SCHS is not prepared for the change in legislation, staff are unaware of obligations 2. Clients approach SCHS to access services and do not receive correct information or are unable to link in with appropriate services 3. Stakeholder actions; legal action by an employee, member of public, representative, or third party 4. Regulatory or legal sanctions against SCHS and/or its directors or officers for non-compliance (including criminal or civil prosecutions, convictions, fines, jail) 5. SCHS staff are distressed after finding a client who has accessed VAD and passed at home if not supported appropriately by the organisation 6. Reputational impacts	• Experience and skill set of managers and Board members; specialist staff knowledge; • Regulatory and legal framework which SCHS understands well and for which it can set operating objectives • Insurance (of litigation costs) • Relevant management systems (Incident Register, monthly reporting to management, policy, procedure) • Promotion of ethical behaviour (values, staff orientation and update sessions) • Systematic process to: investigate non-compliance events in operations; assess options for solutions to the non-compliance events; take corrective action • Recruited director with legal experience 2019 - Development and implementation of relevant procedures **07/07/2020:** • Policies and procedures in place • Working party ceased as embedded into practice	2	3	6				1	3	3	**18/08/2021:** VAD legislation, processes and supports are embedded into standard practice.	**Closed**

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Review and updating of all relevant procedures to ensure that staff are guided by evidence based practice¶
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RISK REGISTER - Supplementary Items — Sunraysia Community Health Services

Register Entry ID	RR-1823-S	Date raised	17/06/2019	Origin	Duress alarm activations	Category	Work Health Safety
Risk Description	**Depending on location, some occupants of 13th Street premises are unaware of duress alarm activations and/or PA announcements. Unable to respond to said emergencies in a timely and effective manner.**						

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status
Occupants unaware of active code responses and/or automated fire alarms - death Nil response by responsible parties to emergency codes - Emergency Management Response Team (EMRT) unaware of code activations and do not respond to emergency codes Lack of confidence in organisational safety processes and systems by clients/visitors/new staff	• Interim measures put in place with dental staff to ensure that staff can easily seek assistance within their department when requiring duress activation and utilisation of pager system for staff in the dental area until permanent measures are in place • Speakers for PA system are in place in many rooms Speakers for automated fire detection system are in place in most areas (not necessarily the same locations as the PA and/or duress alarm speakers) • Duress alarm speakers available where Duress display panels are located • Floor plans show location of 'speakers' but have been proven to be incorrect and don't specify between the three different speaker systems utilised at the 13th street facility	3	4	12	Executive	• Audit on speakers (type, working status) throughout all internal facilities at 13th Street site • Update floor plans to reflect above-mentioned audit outcome • Identify rectification plan with agreement of which areas require which speakers • Installation of speakers to missing areas. Subsequent update to floor plans once all areas covered • Periodic maintenance checks to ensure all systems operating as shown on plans and according to organisational need		3	3	9	**As at 29/8/19: interim measures are in place to ensure that staff can seek assistance promptly within their unit if duress activation occurs** *(Moved to supplementary register 29/08/2019* 07/07/2020: • Anomalies detected in weekly testing of duress alarms is to be addressed by a full review of duress system status which has been scheduled to occur in July by Fort Security. Review to include monitoring company (SSPS) to ensure all stakeholders receive the same information 13/10/2020: Risk partially realised 29/09/2020 (EMRT Summ. Response Report). **18/08/2021:** Innovation Funding Grant application successful. Planned upgrade to 13th Street security/duress/PA system to proceed.	Open

Risk Matrix

Likelihood	Consequence 1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic
1 – Rare	1	2	3	4	5
2 – Unlikely	2	4	6	8	10
3 – Possible	3	6	9	12	15
4 – Likely	4	8	12	16	20
5 – Almost certain	5	10	15	20	25

Likelihood x Consequence = Risk Rating Score

1-2 = **Very low** risk 3-5 = **Low** risk 6-10 = **Medium** risk 12-16 = **High** risk 20-25 = **Extreme** risk

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Register Entry ID		Date raised		Origin		Category	
Risk Description							

Impact / Consequences	Existing Actions	Raw Risk L	Raw Risk C	Raw Risk Rating	Owner	Proposed Action(s)	Risk Treat	Residual Risk L	Residual Risk C	Residual Risk Rating	Progress on Actions	Status

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SUNRAYSIA COMMUNITY HEALTH SERVICES

Form regarding: **Conflict of Interest or Duty Declaration**

(former reference: BOD 002 FORM)

Name:	
Year completed:	

Please list any personal, family or business interests which could be interpreted as a conflict of interest in line with the Sunraysia Community Health Services "*Board Conflict of Interest or Duty Policy and Procedure*".

Personal and / or family: (eg other board positions, employment and club memberships)

Public positions: (eg council, committees)

Business: (eg service or goods provider, consultant)

I declare that the information provided by me is true and correct in accordance with the Service's "*Board Conflict of Interest or Duty Policy and Procedure*".

Signature:	
Date:	

SUNRAYSIA COMMUNITY HEALTH SERVICES

Policy regarding: **Clinical Governance**

1	**Purpose** The SCHS Clinical Governance Policy is based on the Victorian Clinical Governance Framework: Delivering High Quality Healthcare (June 2017). Sunraysia Community Health Services (SCHS) is committed to implementing and maintaining Clinical Governance in accordance with: • Service Coordination Practice Manual 2012 (Department Health) • National Safety and Quality in Health Services Standards. • Australian Guidelines for the Prevention and Control of Infection in Healthcare • ISO-9001 Quality Management System standards • Dental Health Services Victoria Standards • Health Services Act 1988, the Health Services (Governance) Act 2000 • Health Service (Governance and Accountability) Bill 2004 • Community services quality governance framework (Department Health & Human Services) • Victorian Healthcare Association's policies and publications (including best practice recommendations) • other applicable legislation, statutory and funding requirements
2	**Scope** This policy applies to all Board of Directors, employees, volunteers, students, visitors and consumers.
3	**Definitions**

Clinical Governance	A formalised method for implementation, monitoring and reporting of clinical standards for policy, practice and the supporting systems and processes in health services. *" the integrated systems, processes, leadership and culture that are at the core of providing safe, effective, accountable and person-centred healthcare underpinned by continuous improvement – Victorian Clinical Governance Framework June 2017 "*
Risk Management	Coordinated activities to direct and control an organisation with regard to risk.

4	**Policy** Clinical care standards and protocols based on best practice that are clearly articulated, communicated and adhered to across the organisation. The SCHS Clinical Governance Policy is based on the Victorian Clinical Governance Framework: Delivering High Quality Healthcare (2017). SCHS subscribes to the following clinical governance principles: • Excellent consumer experience • Clear accountability and ownership • Partnering with consumers

- Effective planning and resource allocation
- Strong clinical engagement and leadership
- Empowered staff and consumers
- Proactively collecting and sharing critical information
- Openness, transparency and accuracy
- Continuous improvement of care

SCHS has a Risk Management (RM) framework that applies to both the strategic and operational levels of the organisation. Management of clinical risk is as per the SCHS Risk Management Policy.

Roles and responsibilities

- The Board of directors is responsible for overseeing clinical governance, identify and manage risks in accordance with the risk management framework.
- Executive Management is responsible for reviewing key clinical risk information, identifying trends and timely on-reporting to the Board of Directors and relevant external agencies of identified clinical risks and trends in accordance with the risk management framework.
- The Executive Operational Group (EOG) incorporates clinical governance. EOG is responsible for:
  - Reviewing all risk assessments for clinical practices and procedures. Provide recommendations to Executive Management regarding the risk management of clinical practices.
  - Report clinical indicators to Executive and Board of Directors.
  - Research, monitor and implement appropriate infection control measures including those related to communicable diseases to minimise the risk of infections.
  - Oversee the risk management framework at operational level, including consideration and review of risk management policies and procedures.
- Managers are responsible for ensuring all risk management procedures are applied to all programs and services including management of stakeholder feedback, incident and hazard reporting/identification in line with relevant SCHS procedures.

SCHS will implement clinical governance as follows:

- The establishment of the EOG to provide oversight to clinical practice and procedures.
- Functions of the former Clinical Governance Committee (pre 2018) are incorporated in the Executive Operational Group meeting. Refer to SCHS Executive Operational Group Terms of Reference (TOR)
- Provision of Clinical indicator reports to the Board of Directors on a regular basis, including trending of incidences and highlighting risks.
- Developing partnerships with consumers where:
  - Information is provided in relevant and appropriate formats to maximise consumer consent and partnership in care.
  - Ensuring consent is provided for treatment by the consumer or a person who meets the requirements by being a parent of a consumer/person under 18 or as set out for the provision of consent under the Guardianship and Administration Act 1986.
  - Opportunities for consumers to give feedback, ask questions about treatment options and care, and improve their health literacy to improve health outcomes are provided.

	- Clients accessing only Dental services will have a Treatment Plan in accordance with DHSV guidelines. - All clients receiving ongoing care will have a current client centred management plan. - Care plans, treatment plans and Advanced care plans are developed with consumers to support informed decisions about care options including the risks and benefits. The option to refuse treatment is also supported and documented. - Copies of all plans and consent information is always provided to the consumer. • Clinical Practice - Safe and appropriateness of care is monitored through the auditing process and reported through to the appropriate committee or workgroup. - Policies, Procedures and risk assessment tools help support staff to ensure that prevention strategies and good clinical practice are in place for consumers. - SCHS has an annual performance review process. This gives the opportunity for staff development to be discussed and growth in a formal, structured approach. - Credentialing of all clinicians occurs to ensure accreditation and registrations are maintained in accordance with the relevant professional peak body. - Professional supervision and development opportunities are provided for clinical staff relevant to their specific discipline. • Clinical Risk is also managed by: - Following all relevant Occupational health and safety requirements - Implementing and monitoring effective Infection Prevention and Control (IPC) procedures and measures. - Staff immunisation and education system. - Internal safety and quality auditing systems. - Use of Open Disclosure. - Incident reporting systems, procedures and analysis of trends. - Adverse and sentinel events investigation and analysis.
4	**Internal references:** • SCH0001032 Executive Operational Group Terms of Reference • SCH0000189 Risk Management Policy
5	**External references** "SCHS believes to its best knowledge that the external references provided are accurate and current at the date this document was approved. Staff should check that the document is current and relevant before relying on advice/direction contained." • Department of Health MDS Guidelines • Service Coordination Framework • Victorian Clinical Governance Framework: Delivering High – Quality Healthcare (June 2017) Department of Health and Human Services • Better Quality Better Healthcare a safety and quality improvement framework for Victorian Health Services. www.health.vic.gov.au/qualitycouncil • VHA Board of Management Clinical Governance Reporting Guidelines • Australian Institute for Primary Health – Clinical Governance in Community Services • Enhancing Clinical Care (2008). • Victorian Service Coordination Practice Manual 2012, Department of Health

	• Community services quality governance framework (Department Health & Human Services) • Australian Commission on Safety and Quality in Health Care. https://www.safetyandquality.gov.au/
6	**Related documents** • SCH0000209 Personal Protective Equipment procedure • SCH0000129 Medication Administration procedure • SCH0000205 Hand Hygiene procedure • SCH0000208 Routine Environmental Cleaning procedure • SCH0000191 Needlestick / Sharp Injury procedure • SCH0000417 Aseptic Non Touch Technique procedure • SCH0000764 Staff Immunisation procedure • SCH0000204 Segregation and Disposal of Waste procedure • SCH0000591 Multi Resistant Organisms (MRO) precautions procedure • SCH0000592 Standard and Transmission Based Precautions procedure • SCH0000212 Exposure Prone Procedures procedure • SCH0000214 Infectious Disease Outbreak Management procedure • SCH0000171 Sterilisation procedure • SCH0000210 Infectious Disease Table & Management Guidelines procedure • SCH0000304 Incident Reporting procedure • SCH0000782 Health and Safety policy • SCH0000814 Quality and Safety System policy • SCH0001264 Consumer Intake procedure • SCH0001247 Client Health Records policy • SCH0000879 Overarching Human Resources policy • SCH0001032 Executive Operational Group (TOR)
7	**Accreditation tags:**
8	**Former SCHS reference number:** ORG 022g POL
9	**Custodian of this document:** Executive Manager Clinical Services
10	**Overseeing Committee:** Executive Operational Group
11	**Approved by:** Board of Directors
12	**Appendices**: N/A

SUNRAYSIA COMMUNITY HEALTH SERVICES

Form regarding: **Consent to Act as Board Director**

(former reference: BOD 005 FORM)

CONSENT TO ACT AS DIRECTOR

To:
Sunraysia Community Health Services
PO Box 2803
MILDURA VIC 3502

I consent to act as a Director of the Company as and from (INSERT DATE) ...../...../.....

I am not disqualified by the Constitution of the Company or the *Corporations Act 2001* (Cth) from acting as a Director of the Company.

The following particulars are supplied as required to be lodged with ASIC under section 205B(3) of the *Corporations Act 2001* (Cth):

Full name:

Former names:

Date of birth:

Usual residential address:

Place of Birth (Town/City) and State:

....

Signed Date signed

SUNRAYSIA COMMUNITY HEALTH SERVICES

Form regarding: **Board of Directors Training Register**

(former reference: BOD 003 FORM)

Date	Title	Location	Provider	Duration	Attended by

SUNRAYSIA COMMUNITY HEALTH SERVICES

Form regarding: **CEO Action Plan**

(former reference: BOD 017 FORM)

Chief Executive Officer Action Plan

Developed at June _____ Review to measure _____ Performance

Insert year — Insert financial year

Agreed goals	Agreed performance indicators	Timelines

Signature: _____ Date: _____

Chief Executive Officer

Signature: _____ Date: _____

Chair

SUNRAYSIA COMMUNITY HEALTH SERVICES
Form Regarding: **CEO Performance Review - Director**
(former reference: BOD 019 FORM)

CHIEF EXECUTIVE OFFICER PERFORMANCE REVIEW YEAR _____

Director:

Form regarding: CEO Performance Review - Director

Instructions:

The Chief Executive Officer's (CEO) appraisal is in two parts, being general performance indicators and specific key performance measures as previously set by the Board.

Please complete the following survey forms and email to *[insert name]*, at *[insert email address]* ***no later than C.O.B on [insert date].***

To process these survey forms, please save the questionnaire attachments as a Word document, complete your scoring and comments and send back to *[insert name]*.

PART A - For the Performance Measures and Indicators section:
You are asked to assess the performance of the CEO against a set of statements.

Could you please:

1. Identify the rating that best reflects your view and mark the relevant number. Note, a score of 10 is the most favourable score; a score of 1 is the least favourable score.

   The larger the number, the more positive is your response to the statement.

2. Comment on the thinking behind your rating as appropriate.

PART B - For the Annual Performance Targets section:
You are asked to assess the CEO's attainment of previously agreed Performance Targets.

Could you please:

1 Identify the rating that best reflects your view. Note that a score of 100% is the most favourable score, a score of 0% means there was no achievement of the set targets.

2 Comment on your assessment as appropriate.

Please ensure that you read and consider the CEO's report against these targets in considering your response (attached to the covering email).

If you have any queries, please do not hesitate to contact *[insert name]* on *[insert phone number]*.

Thank you for taking the time to complete this Performance Appraisal Survey.

Form regarding: CEO Performance Review - Director

PART A

PERFORMANCE INDICATORS

1. Relationship with the Board

Focus: Overall contribution to the activities of, and relationship with, the Board.

Considerations:

- Provide accurate and timely advice and reports to the Board to facilitate the decision making process.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Personal input and quality of information and advice provided to the Board.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Demonstrated integrity and a climate of trust, confidence and teamwork established and maintained with the Board.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Appropriate communication of statutory and legislative requirements and support for their adherence by the Board.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Maintenance of a meeting cycle and structure which supports informed and timely decision making.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Ensures that Board policies and decisions are implemented in a timely and efficient manner.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

2. Corporate and Human Resource Management

Focus: Demonstrated corporate and HR management skills, reflecting strategic thinking on an organisational-wide basis.

Considerations:

- Ensure that business objectives are achieved and delivered in a timely manner.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- The strategic plan and annual program budget are produced within the required timeframe and provides for the resources required to undertake the service's strategic objectives and obligations.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Ensure corporate performance indicators are in place and are used to evaluate the service's performance.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- The integrity of regular reporting to the Board of organisational performance, including highlighting areas of possible change.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- An appropriate organisational structure is in place and resourced.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Human resource management policies and procedures are documented and communicated to all staff. Appropriate delegations are in place.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

3. Customer Satisfaction and Communication

Focus: The provision of cost effective, quality services which reflect the needs and priorities of the community.

Considerations:

- The facilitation of productive communication with the community and stakeholders.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Documentation and understanding of all business and customer contact protocols, codes and charters.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Feedback obtained on levels of satisfaction within the community in terms of services and facilities provided by the service.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Effectiveness of communication with users, community organisations, government bodies and business, leading to sound working relationships being established and maintained.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Public profile of the service within the community, including responses to media enquiries, and initiative and quality shown in media releases.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

4. Financial and Asset Management

Focus: Ongoing development and management of the service's physical and financial resources.

Considerations:

- Sound financial strategies pursued in all operations of service business.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Appropriate policies, procedures and systems are in place and complied with in the workplace.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Delivery of appropriate and accurate financial reports to the Board, identifying significant deviations and recommended actions.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- The cost of business delivery and related assets are identified, evaluated and measured ensuring future financial obligations can be met.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Preparation and audit of financial statements in accordance with relevant accounting and statutory requirements.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Risk management policies, procedures and programs are clearly defined and achieved.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Ongoing review of the business needs of the service.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

5. Personal Competencies

Focus: The manner in which the Chief Executive Officer uses personal knowledge and competencies in undertaking the role.

Considerations:

- Demonstrated initiative in planning and implementation of innovative ideas.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Capacity to maintain performance and productivity in stressful situations.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Application of consistent and effective problem solving and decision making skills.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Proactive approach to identify and seize opportunities.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Positive nature of commitment to the service.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Decisiveness and soundness of judgement.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Demonstrated professional competence and commitment.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Receptive to feedback, open to change and willing to make necessary adjustments.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Development of effective networks and relationships.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

6. Leadership

Focus: The manner in which the Chief Executive Officer supports and develops the organisational capacity.

Considerations:

- Development and implementation of organisational core values and behaviours.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Effective and regular communications with the media and community.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Effective and regular communication with staff.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Expresses points of view clearly and concisely in both written and oral forms.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

- Shares information appropriately with the executive team.

Score:	1	2	3	4	5	6	7	8	9	10

Comments:

PART B

ACHIEVEMENT OF KEY GOALS [INSERT FINANCIAL YEAR]

1. [Insert Goal 1]

Score:	0%	100%

Comments:

2. [Insert Goal 2]

Score:	0%	100%

Comments:

3. [Insert Goal 3]

Score:	0%	100%

Comments:

4. [Insert Goal 4]

Score:	0%	100%

Comments:

5. [Insert Goal 5]

Score:	0%	100%

Comments:

6. [Insert Goal 6]

Score:	0%	100%

Comments:

Thank you for taking the time to complete this review.

If you have any queries or questions, please do not hesitate to contact [insert name] on [insert mobile], [insert phone number] or by email at: [insert email address].

Sunraysia Community Health Services

ASIC Banned & Disqualified Register Search Results 04/10/2021

Search Results - Banned & Disqualified Persons

0 results found for "Leonie Burrows".

Search Results - Banned & Disqualified Persons

0 results found for "Darren Leigh Midgley".

Search Results - Banned & Disqualified Persons

0 results found for "Brian K Smith".

Search Results - Banned & Disqualified Persons

0 results found for "Glenis Beaumont".

Search Results - Banned & Disqualified Persons

0 results found for "Diane Schmidt".

Search Results - Banned & Disqualified Persons

0 results found for "Courtney Biggs".

Search Results

Help

Within: Banned & Disqualified For: Adams James Go

Banned & Disqualified Persons

6 results found for "James Adams"
Click on the name to view further details.

Display 10 results Prev 1 Next

Family Name (*indicates former name)	Given Name(s)	Type	Commenced	Ceased	Address
EGAN	JAMES	Disqualified Person	22/08/2006	22/08/2009	CREMORNE NSW
EGAN	JAMES	Disqualified Person	22/08/2006	22/08/2009	PYMBLE NSW 20
EGAN	JAMES	Disqualified Person	22/08/2006	22/08/2009	KILLARA NSW 2(
EGAN	JAMES	Disqualified Person	22/08/2006	22/08/2009	CREMORNE NSW
EGAN	JAMES	Disqualified Person	22/08/2006	22/08/2009	KILLARA NSW 2(
EGAN	JAMES	Disqualified Person	22/08/2006	22/08/2009	MOSMAN NSW 2

View Results List (PDF)

Display 10 results Prev 1 Next

Therefore nil result for James Adams, as nil match

Banned and Disqualified searches on the ASIC Register performed by Simone Coombes 04/10/2021

Attachment 6

Annual Governance Calendar 2021

MONTH	FUNCTION
January	No meeting
Tuesday February 9th	Director Conflict of Interest or Duty Declarations (2020 Completion to be noted) Distribute Assessment of Committee forms
Tuesday March 9th	Ian Dickie Innovation Grant – table paperwork for update Review of completed Committee Assessments
April	April meeting moved forward to March 9 due to CEO leave, no meeting
May	No Meeting
Thursday June 8th	Ian Dickie Innovation Grant – finalise and approve paperwork
July	No Meeting
Tuesday August 10th	Board of Directors Self-Assessment – confirm open dates (send results: both individual and group to L Burrows) Table Ian Dickie Innovation Grant Applications for decision
September	No Meeting
Tuesday October 12th	Review Action Plan in light of new online evaluator results Include Online Evaluator Results in package (GROUP only) Distribute Annual Director Conflict of Interest or Duty Declarations Table Board Directors ASIC 'Banned & Disqualified Persons' searches
November	No Meeting
Tuesday December 14th	Determine Governance Meeting calendar dates for following year