Community Care Options

Policy Manual
Section 1 – Effective Management

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Section 1

EFFECTIVE MANAGEMENT

1.1 Service Purpose, Philosophy and Outcomes

Our Vision
Creating a better future for our community through leadership and innovation.

Mission Statement
The purpose of Community Care Options is to support and facilitate improved quality of life and independence for people living within our community.

Philosophy
Community Care Options recognise the rights of people within the community to –

- accountable and responsive services;
- easy and equitable access to services;
- make choices in their own lives including decisions about their support needs;
- dignity, respect, privacy and confidentiality; and
- be valued as individuals.

Community Care Options also recognise the –

- obligation to provide a high standard of Case Management and direct services to their client;
- importance of an informal support network, particularly the role of carers; and
- need to observe duty of care and balance this sensitively with a person's right to self-determination.

Community Care Options also recognise the necessity to be aware of and sensitive to the differing needs of people –

- who are from Aboriginal or Torres Strait Islander backgrounds
- who have a disability and/or who are aged
- with cultural, spiritual and language differences
- who live in rural or social isolation
- who are financially disadvantaged
- with mental illness
- with dementia
- LGBTI

Organisational Values

The values of Community Care Options reflect the desire to achieve the following –

- respect and valuing of people as individuals
- to improve the quality of life of clients and carers
- to be guided by an ethical framework
- to operate in a professional way
- to encourage creativity & initiative.

We Value –

Creativity and initiative
Honesty and transparency
Options
Independence and professionalism
Community, connection, cooperation and collaboration
Equality

This means we –

- encourage innovative and dynamic ideas
- promote visionary thinking
- behave in a positive and friendly manner
- provide inspiration and encouragement

- act ethically and with integrity
- are open in our communications and share ideas
- accept responsibility and admit mistakes
- show trust and behave in a trustworthy manner
- share confidential information only where needed and with the permission of the person whose information it is
- protect and keep safe people's private information.

- set achievable goals and work towards them
- continually improve our performance in all areas of operations, striving for excellence
- show leadership
- reflect on our work practices and systematically improve them
- promote a learning culture and are willing to learn
- support and promote professional development
- observe collective and individual boundaries
- account for our actions.

- provide a high quality of services which improve clients' and carers' quality of life
- promote clients' independence
- centre the service on clients' individual choices
- support and empower people in their decision making
- observe our duty of care
- strive for continuity and consistency in service provision.

- treat people with respect and dignity
- respect people's individual way of life, belief systems, culture and views
- welcome diversity and behave in a culturally sensitive way
- treat people fairly
- uphold people's rights and support them to fulfil their responsibilities
- celebrate achievements
- consult people on issues concerning them.

Outcomes

Community Care Options will aim to achieve the following service delivery outcomes, through effective management –

- the clients of the organisation can remain in their own home;
- clients achieve a high degree of independence and quality of life;
- families or other primary caregivers are supported in their role;
- the organisation operates in an effective, efficient and accountable manner;
- people with complex care needs receive case management and flexible support;
- clients are consulted about what service they need and how services are delivered to them;
- clients can have appropriate cross-service referral;
- informal and formal caring networks are integrated;
- effective across service sharing of resources and reduced duplication, such as multiple assessment; and
- sub-regional equity between clients at similar levels of risk.

Schedule for Revision of Policy: SERVICE PURPOSE, PHILOSOPHY AND OUTCOMES				
Date Adopted	Outcome	Author	Next Review	Comments
1996	Adopted	A. Vaughan		
2001	Amended	A. Vaughan		
March 2003	Amended	A. Vaughan		
Nov 2005	Amended	N. Jut	Nov 2008	
	Amended	D. Ryan		Dec 2008
16.1.2011	Amended	D. Ryan	2013	
22.9.2014	Amended	D. Ryan	Sept 2015	Review of mission, vision, values Business Name Change
Dec 2016	Updated	D. Ryan	Dec 2018	

1.2 Corporate Governance

Community Care Options is a not for profit, community based organisation governed by a volunteer Board of Management.

Definition
Corporate Governance is the legal authority given to the Board or management committee of an organisation to manage the affairs of the organisation.

There are four important parts to the governance role –

- leadership
- safeguarding – ensuring the organisation has effective risk management processes, well planned and managed human resources and finances, and complies with relevant legislation
- monitoring and managing
- viability.

Position Statement
Effective governance is an essential component of any successful organisation. Community Care Options is committed to ensuring effective and robust corporate governance.

Legislation and Standards
Associations Incorporation Act 1984
Home Care Standards - Standard 1 – Effective Management
Expected Outcome 1.1 – Corporate Governance
National Disability Service Standards – Standard 6 – Service Management

Operational Procedures
Board Composition
The composition of the Board of Management of Community Care Options includes -

- Chairperson;
- Vice Chair Person;
- Secretary;
- Treasurer;
- Public Officer; and
- 4 other Board Members.

The Board of Management acknowledge the need to have as Board Members, people with the range of skills required to govern a community based, not for profit organisation. The organisation therefore aims to appoint Board members with skills and experience in –

- representing members of the client groups
- accounting
- business management

- human resources management
- law.

In addition, the Board gives favourable consideration to the following attributes –

- living or working in one of the Local Government Areas serviced (Bellingen, Coffs Harbour and Nambucca);
- experience in aged care or disabilities services at a managerial level;
- being of Aboriginal or Torres Strait Islander descent;
- being from a culturally or linguistically diverse background;
- being a carer.

Nominations for Member of Board of Management
Nominations to the Board of Management will be made at the Annual General Meeting (AGM). Nominations may be made in writing prior to the AGM. The suitability of potential Members of the Board of Management is considered on the following basis -

- expertise and experience in various aspects of management of a medium sized organisation;
- professional skills;
- ability to work as part of a management team;
- impact on the Board 's ability to represent Community Care Options' catchment and target group characteristics.

Election of Board Members
- In order to stand for election, a person needs to be nominated and seconded by members of the Association.
- Nominees are invited to speak to the Meeting regarding their reasons for wishing to join the Board of Management and outlining the expertise they will bring to the Board of Management.
- If there are more nominations than there are vacancies, the Association will hold a secret ballot to select the new member or members.
- The successful candidate(s) will be selected by a simple majority.
- Each Board of Management Member is appointed for a term of 2 years. Board Members may apply for re-appointment.
- The Organisation's Board of Management Executive will be elected from and by the Board of Management.

Casual Vacancies on the Board
Vacancies which arise during the term of a Board of Management through resignation of elected Board members will be filled by the Board as deemed necessary. The Board of Management will consider the individual skills and attributes of the nominees, particularly –

- stakeholder-oriented skills
- professional skills
- management skills
- industry-related skills, eg. In the areas of aged care and disabilities services.

Nominations will be presented to the Board for consideration and approval. The Board may decide to invite a prospective member to join them at a Board Meeting and/or invite them for an interview. The Board will confirm the appointment of a prospective member. Board Members and staff are encouraged to identify suitable members of the community as prospective Board Members.

Orientation for New Board Members
The Chief Executive Officer is responsible for the orientation of Board Members. Each Board Member will be given an orientation handbook. This handbook will include the following information –

- an overview of the organisation
- the Mission Statement, philosophy and outcomes
- the history of the organisation
- the constitution
- the organisational management structure
- the roles and responsibilities of the Board of Management
- the Code of Conduct
- process for meetings
- programs and funding sources
- CEO's position description
- the Strategic Plan.

New Members will also receive a copy of the organisation's latest Annual Report. New Board Members will be invited to attend a session where they meet the Management Team who will be presenting to them an outline of their section's operations and responsibilities.

New and prospective Board Members may request a meeting with the CEO or Executive to hear more about the organisation and its operations.

The Role of the Board of Management
The role of the Board of Management is to govern the organisation within the framework of the organisation's constitution. This includes setting the organisation's strategic direction, ensuring the organisation's ongoing viability and ensuring the organisation achieves outcomes in accordance with its mission and vision. The Board will follow due diligence, ensure the organisation's legal and contract compliance, and ensure a policy framework is in place and followed by all members of the organisation. The Board appoints a CEO who is delegated by the Board to manage the operations of the organisation.

The Responsibilities of the Board of Management
Legal Responsibilities –

- to comply with all statutory requirements of Commonwealth and State law
- to comply with the organisation's constitution
- to comply with the conditions of all legal contracts, including funding contracts entered into with various Government Departments, including Service Standards and relevant Acts.

- to comply with the Department of Fair Trading's reporting requirements
- to ensure that all appropriate insurances and licences to meet all government legislative and funding conditions are held. All appropriate insurances are taken out to adequately protect the organisation and its staff, Board Members and clients.

Financial Responsibilities –

- to ensure financial viability of the organisation. The Board will ensure the organisation is solvent at all times.
- to comply with all legal and contract financial reporting requirements, including annual audits, reports to the Department of Fair Trading and Government Department acquittals of funding
- to use the organisation's funds which are derived from funding contracts in accordance with the guidelines and conditions of those contracts
- to approve an annual budget and variations to the budget
- to hold funds received in restricted assets and released only when due to be paid in relation to activities approved for the use of the funds
- to ensure it receives regular financial reports with sufficient relevant information to enable the Board to make sound financial decisions.

Responsibilities in regard to Policy and Planning
In accepting funding for community care including the care of aged people, people with disabilities and their carers, the Board of Management has accepted the philosophy and goals of the funding bodies.

The Board of Management is responsible for ensuring that –

- the organisation has clear and congruent goals, policies and values
- policies are reviewed, added to, evaluated and revised as appropriate
- policies are complied with
- an annual report is produced which outlines objectives and achievements
- an annual general meeting is held, and
- appropriate planning occurs ie the organisation has a Strategic Plan and an annual Business Plan directing the efforts and work of the organisation.

Responsibilities in regard to Staff
The Board of Management will ensure that –

- the organisation fulfils the duties of an employer in a responsible way
- the organisation complies with all relevant industrial legislation including awards and workplace agreements
- the workplace is a non-discriminatory learning and working environment, which is free from all forms of harassment.

Responsibilities of Executive Board Members
The Chairperson –
- ensures regular Board of Management meetings are held
- encourages members' participation at Board meetings

- chairs General Meetings and Board Meetings
- ensures that meetings are held in accordance with the organisation's constitution
- signs the minutes after they have been confirmed as an accurate record
- acts as spokesperson for the organisation, and
- conducts annual performance review with the CEO and another Board Member.

The Vice Chairperson –
- takes over the duties of the Chairperson in his or her absence.

The Secretary –
- ensures that records of the organisation including - the rules, register of members, minutes of all General Meetings and Board Meetings, and correspondence are dealt with in accordance with the organisation's constitution. These records shall be available for inspection by any member of the Association.

The Treasurer –
- ensures an audit of the organisation's financial position is prepared each year
- that the organisation's financial management is in compliance with the relevant accounting standards
- that the accounts of the Association, showing the financial position at the end of the preceding financial year, is submitted to members at the Annual General Meeting
- that all financial reporting requirements are complied with, including to the Department of Fair Trading and to various Government Departments who provide funding to the organisation
- ensures appropriate financial reporting systems are in place
- ensures appropriate financial controls are in place
- ensures Board Members understand the financial reports
- ensures that funds are properly managed.

The Public Officer -
The Public Officer may be an office bearer, Board Member or any other person regarded as suitable for the position by the Board of Management. The Public Officer is required to notify the Department of Fair Trading of the following circumstances –

- the Public Officer's appointment (within 14 days) or change of residential address
- a change of the association's objects or rules
- a change in the association's name
- the association's Financial Report (within one month after the annual general meeting.

The Public Officer shall keep a register of Board of Management members that must

- contain the name and residential address of each Board Member and the date on which they became a member of the Board of Management
- be updated within one month of any change taking place
- be made available for inspection by any person, at all reasonable hours and free of charge.

The Public Officer authenticates documents or proceedings of the organisation for the Department of Fair Trading and receives formal notices from them.

Other Board Members

- attend Board Meetings
- practice due diligence
- actively participate in decision-making
- assist the executive in their duties
- act as a spokesperson when requested by the Board of Management
- offer to serve on sub-committees/task groups as required, and
- sign letters or documents on behalf of the organisation as required.

The Role of Sub-committees
The Board of Management may appoint sub-committees to assist the Board in its activities. The following will apply to all sub-committees of the Board –

- all sub-committees shall be under the direct control of the Board of Management
- the Board may appoint to sub-committees persons who are not members of the Board
- the Board will delegate in writing specific functions to sub-committees
- the Board cannot delegate to any sub-committee a function which is a duty imposed on the Board by any law
- a delegation may be for a specific time period or to complete a discrete task
- despite any delegation the Board may continue to exercise any function delegated
- sub-committees will advise the Board by written report
- the Board may, in writing, revoke wholly or in part any delegation to the sub-committee
- a sub-committee may meet and adjourn, as it thinks appropriate.

Board of Management Members' Code of Conduct
Board Members agree to –

- attend Board of Management meetings, and if unable to attend, to send apologies;
- be committed to the organisation's aims and philosophy;
- conduct themselves ethically and represent the organisation in a positive way;
- observe all the rules of the organisation including those specified in the constitution, the Associations Incorporation Act, 1984 No. 143 and any others set by the Board of Management or the membership of Community Care Options Inc.;
- act, and consider management and practice issues, in accordance with the organisation's policies and procedures;
- recommend necessary amendment to policies and procedures through Board of Management meetings;
- act on matters relating to the organisation only with the consent of the Board of Management;
- not interfere with the day to day operations of the organisation;

- adhere to all accounting and ethical requirements of the organisation;
- not discuss confidential issues with people outside the organisation without the consent of the Board of Management or its executive;
- follow the organisation's grievance procedures to resolve any conflict;
- not abuse, physically or verbally, the organisation's clients, staff or other Board Members; and
- not vote on matters in which she/he has a conflict of interest.

If a member of the Board of Management fails to abide by the above rules they may be liable to expulsion from the Board of Management.

Meetings

Annual General Meeting
The Annual General Meeting (AGM) will be held within 6 months of the end of the financial year in accordance with the Constitution and the Associations Incorporation Act 1984. AGM usually held on the 4th Tuesday of October each year.

The Annual General Meeting will be advertised in a regional newspaper at least a fortnight prior to the meeting date. Any member of the public may attend the AGM, although voting is restricted to financial members of the organisation.

Written notice of all general meetings shall be given to members either personally or by post.

The venue of the meeting will be chosen to ensure equity and access for all members of the community including those who have a disability and those from culturally and linguistically diverse backgrounds.

The quorum for a general meeting shall be five members present in person. If within half an hour of the time appointed for a general meeting a quorum is not present the meeting shall be dissolved.

Voting at general meetings shall be by a show of hands unless a secret ballot is demanded. Decisions shall be made by a simple majority vote except for those matters which must be decided by special resolution where a three quarter majority is required. All votes shall be given personally and there shall be no voting by proxy. In the case of an equality of votes the person appointed to chair the general meeting shall have a second or casting vote.

Nominations of candidates for election as office bearers or other Board Members may be made at the annual general meeting or in such other ways as may be determined by the Association at a general meeting.

Members who have items of business they wish considered at a general meeting shall give written notice of such business to the Secretary. The Secretary shall include that business in the next notice calling a general meeting.

Extraordinary General Meetings

The Board of Management may, whenever it thinks fit, convene a general meeting of the Association. A general meeting must be convened by the Board of Management within three months of receiving a written request to do so from at least five per cent of the membership of the Association.

At least 14 days' notice of all general meetings and notices of motion shall be given to members. In the case of general meetings where a special resolution is to be proposed, notice of the resolution shall be given to members at least 21 days before the meeting.

Agenda Items

The following matters will constitute standing agenda items at the AGM –

- the receipt of the Chairperson's report for the previous financial year;
- the receipt of the Treasurer's report and the audited financial statements for the previous financial year, together with the financial budget for the current financial year;
- the receipt of the Chief Executive Officer's report for the year;
- the election of Board Members;
- the appointment of an auditor for the current financial year; and
- any other business placed on the agenda prior to the commencement of the meeting.

Board Meetings

Community Care Options' Board of Management will meet at least quarterly.
The Board and/or Community Care Options' Executive may call other special Board meetings, provided that notice in writing is given to all members at least 7 days in advance.

Board meetings should be attended by all Board Members and the CEO. Guests may be invited to attend meetings (by the Chairperson) for a specific purpose*.*

In line with the organisation's constitution any Board Member who does not attend three (3) consecutive Board meetings without providing a reasonable excuse can be expelled by a majority vote of the Board of Management.

The Quorum for the Board of Management is four (4).

Meetings will be conducted in accordance with the constitution. The agenda for the meetings will include –

- attendance and apologies;
- conflicts of interest;
- acceptance of minutes from previous meeting;
- business arising from the minutes of the previous meeting;
- correspondence;
- financial report;
- CEO's report;

- Work Health & Safety Issues; and
- Sub Committee reports (if any)
- general business.

Additional agenda items may include –

- planning/review;
- meeting feedback.

Minutes of Board meetings will be recorded and circulated to Board Members. Minutes will be ratified or amended at the subsequent Board of Management meeting and signed by the Chairperson. A copy of all minutes will be filed.

The Board of Management's Executive will make management decisions for a project if these are required before the next meeting takes place. The Executive will comprise the Chairperson, Deputy Chairperson, Treasurer and the Secretary. Community Care Options' CEO, and/or another staff member will be present at all Board of Management meetings.

The CEO will provide timely and accurate information and advice to the Board of Management.

The CEO or staff representative do not have any voting rights at Board Meetings.

Schedule for Revision of Policy: THE BOARD OF MANAGEMENT				
Date Adopted	Outcome	Author	Next Review	Comments
1996	New	A. Vaughan		
21/02/05	Amended	A. Vaughan	21/02/2007	
16/07/05	Amended	A. Vaughan	16/07/07	
26/03/07	Amended	A. Vaughan	26/03/10	The Role of Board of Management amended.
16.1.2011	Updated	D. Ryan	2013	
November 2011	Reviewed & updated	D. Ryan	2012	
22.9.2014	Reviewed & updated	D. Ryan	Sept 2015	Change of GM title to CEO Change of org. name
Dec 2016	Updated	D. Ryan	Dec 2018	

1.3 Organisational Relationship Structure

Position Statement
Clients are the focus of Community Care Options existence. The organisational relationship structure therefore reflects the central role of clients and the order in which they are supported by staff and the Board. The arrows denote the relationships of support among members of the organisation.

CLIENTS

Support Workers

Administrative Team	Coordinators		Support Planners

Finance Manager	Operations Manager	Client Services Manager

Chief Executive Officer

Friends of CCO		WHS Committee
	Quality Committee	

Board of Management

1.4 Management Structure

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                    ┌─────────────────────────────────────────┐
                    │           Board of Management            │
                    └─────────────────────────────────────────┘
                          ▲                    ▲
  ┌──────────────────────────────────┐         │
  │ Finance Sub-Committee – Board     │         │
  │ Treasurer, CEO,                   │         │
  │ Finance Manager, 2 Board members  │         │
  └──────────────────────────────────┘         │
                    ┌─────────────────────────────────────────┐
                    │         Chief Executive Officer          │
                    └─────────────────────────────────────────┘
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Friends of CCO		Finance Manager	Operations Manager	Client Services Manager
WHS Committee		Admin Staff		Support Planners
Quality Committe			Support Workers Coordinators	

Schedule for Revision of Policy: MANAGEMENT STRUCTURE				
Date Adopted	**Outcome**	**Author**	**Next Review**	**Comments**
1996	**New**	**A. Vaughan**		
30/04/07	**Amended**	**A. Vaughan**		
	Amended	**D. Ryan**		**Dec 2008**
16.1.2011	**Amended**	**D. Ryan**	**2012**	
August 2011	**Amended**	**D. Ryan**	**2012**	
22.9.2014	**Updated**	**D. Ryan**	**Sept 2015**	**Change of titles**
Dec 2016	**Updated**	**D. Ryan**	**Dec 2018**	

Reporting and Decision Making Procedures

Staff at all levels of the organisation have accountabilities. The Organisational Chart identified above provides a framework and delineation of reporting and accountability for all staff.

The Organisational Relationship Structure (1.3) also identifies the relationships with and for clients as pivotal to organisational success in meeting their needs.

Clients

Decision making about direct client services will always involve the client and/or their representative. The client is at the centre of decision making in relation to the services that they receive. This decision making will obviously occur within the framework of funding guidelines and budget allocations for specific programs. Intake Officers and Support Planners are responsible for ensuring that each client has the appropriate information about available options to assist them to make informed decisions and choices about the types of services available that might meet their needs and wants, both internally and external to CCO.

The organisation will be accountable to client's, carers and their representatives for the outcomes achieved through our service delivery.

Support Workers

Are accountable to client's for the provision of direct care services to the standard and as required by the client and as negotiated between the client and the Support Planner (as per care plan and duties lists). Support Workers directly report to the Manager Support & Coordination who will make decisions in consultation with them about leave, employment conditions, contracts, work performance, training & development.

Support Workers are responsible for reporting at every service in the client's home communication book (most client's will have one to facilitate communication between staff and other providers who may be involved). The client record is also evidence of the services that we have provided in accordance with our agreement with the client. They are a legal record. Arrangements that deviate from the policy and procedure should be agreed to in writing by the client, the organisation and specific staff involved.

Support Workers are responsible for reporting changes to client circumstances, health, etc to the Support Planner via a staff memo and feedback/complaints and risk issues or incidents to their Manager via CCO's Feedback/Complaints Form or Hazard/Incident Forms. Any changes requested by client that differ from care plans or duties lists are to be discussed with the Support Planner.

Coordinators – including reception

Coordinator's are accountable for processing Client Service requests from Support Planners to ensure that appropriately skilled staff are rostered to meet the clients direct care support needs. Coordinators need to make decisions about appropriate staff based on award requirements, client expressed needs for staff ie male or female, staff availability and the skills set required to provide the service. Coordinators communicate with both clients and staff about changes to rosters and

service requirements. Coordinators are responsible for ensuring Support Workers are resourced with the information required to fulfil the client's service request and any known risk information for safe delivery of services. Support Planners to provide this information on the client database in risk assessments, risk management plans, risk alerts and duties lists.

Coordinators report directly to the Operations Manager and are responsible for notifying the Operations Manager of any staffing issues, feedback from Support Workers and clients about service delivery issues. Client specific issues may be discussed directly with the Client Services Manager.

Program Managers
Are the point of contact for information, referral and community engagement. They are responsible for provision of information to referrers and potential clients about the range of programs and services provided by CCO and other organisations within the community. Program Managers have a solid knowledge of community services and organisations so that they can assist clients or potential clients and other service providers navigate the local service system and determine the best service to meet their needs. They assist with referrals to other agencies where this is identified as being the best option or preference of the person (with their consent). Program Managers maintain waiting list information for CCO programs and fulfil reporting functions in consultation with and under the guidance of the Client Services Manager. Program Managers represent the organisation at a range of community events, forums, networks to ensure effective knowledge of community resources and development and sustainment or professional relationships and networks essential to collaborative service provision. Program Managers report to the Client Services Manager directly and are responsible for identifying referral trends, package availability, service gaps etc.

Support Planners
Work with clients to assess their service needs and requirements and to deliver a care plan and service agreement that meets their needs, goals and wants. Support Planners work with a case management framework, program and funding guidelines and CCO policies and procedures. Clients are to be fully involved in consultation about their needs and decision making about their services. The case management framework includes the following processes – engagement, holistic assessment of client needs, wants, preferences, planning, implementation, review and monitoring and service evaluation. Support Planners are responsible for ensuring regular reviews and reassessment of client needs (quarterly case reviews) and adjustment to care plans and service delivery as agreed in service reviews, ensuring that services continue to meet client changing needs. Support Planners are responsible for documenting communications and changes in care plans, client records etc. to ensure the effective communication with all other CCO about these changes. Support Planners will make appropriate referrals with client consent to other services that may be required by the client/carer. Support Planners ensure that service delivery is provided within program guidelines, allocated funding, and to the standards required by the client and legislation. They will monitor client services including suitability, meeting of client needs, and that they are within budget allocations. This will include completion of purchase orders for approval by the Client Services Manager.

Support Planners will complete a monthly report to their Manager identifying any client specific issues, service delivery issues, feedback/complaints, hazards/ incidents etc. Support Planners will ensue reporting of specific feedback/complaints and hazards/incidents on relevant CCO forms to their Manager.

Support Planners are responsible for briefing staff working with specific clients about any specific service delivery needs and identifying and supporting training and development needs of staff.

Support Planners report directly to the Client Services Manager.

Admin Staff
Administrative staff are responsible for the completion of administrative processes that support service delivery including – debtors, creditors, bank account reconciliation, payroll, funding reconciliation, purchase order processing, assets management, personnel records, police check and working with children check registers, fleet management etc.

Admin staff complete a monthly report to their Manager identifying work completed, issues for support etc.

Administrative staff report directly to the Finance Manager.

Managers
Managers are responsible for managing programs under their span of supervision, ensuring that they are operating according to program and funding guidelines, meet legislative standards, and demonstrate best practice. The Client Services Manager supervises Support Planners directly and complete regular (quarterly) reviews with Support Planners in relation client service delivery issues. The CSM monitors care plans and client records to ensure that they comply with CCO requirements and also meet client needs. The CSM will action and resolve any feedback/complaints and monitor hazard/incident reports to ensure that these are resolved by Support Planners and the organisation within a timely manner.

The Operations Manager is responsible for support and supervision of Coordinators and Support Workers and will consult with them about issues affecting them and their service provision. Is responsible for HR Management, Return to Work Coordination, WH&S and other operational matters including marketing, property.

The Finance Manager is responsible for financial management, contract management with suppliers etc. and for direct support and supervision of the admin team. Accountable for the provision of financial reports monthly to the Finance Sub Committee and the Board of Management.

Managers report directly to the CEO and provide a written report to the CEO monthly highlighting program specific issues, client specific issues, feedback/complaints issues, hazard/incident/ risk issues and staffing issues. Managers are also responsible for ensuring that reporting as per our program funding agreements is completed accurately, on time and in accordance with government requirements.

The Management Team meet each week to discuss emerging operational issues, review feedback/complaints, hazards/incidents, and as a team develop strategies, systems, polices, procedures and practices that ensue effective management of service delivery to clients and integration of all aspects of CCO's business.

CEO
Is responsible for the effective management of CCO as delegated by the Board of Management. This includes client service delivery, staffing, financial, assets management, business planning etc.

The CEO reports directly to the Board of Management and provides a monthly report to the Board covering reporting, compliance, quality management, feedback/ complaints, WH&S and any other areas affecting the successful operation of the organisation.

Board
The Board of Management are responsible for strategic direction and governance of CCO. The Board meets monthly to review progress and make decisions pertaining to financial, compliance, governance, effective management, quality improvements etc. See Corporate Governance re specific roles and responsibilities of the Board of Management.

See Position Descriptions re specific roles and responsibilities and Key Performance Indicators for other specific CCO roles.

Schedule for Revision of Policy: Reporting and Decision Making				
Date Adopted	Outcome	Author	Next Review	Comments
August 2012	Developed	D. Ryan	2013	Change of structure
22.9.2014	Updated	D. Ryan	Sept 2015	Change of titles
Dec 2016	Updated	D. Ryan	Dec 2018	

1.5 Regulatory Compliance

Definition
The obligation and responsibility of the organisation to act in accordance with enacted laws. Legislation is enacted by government to provide standards and legal parameters for operation.

Position Statement
Community Care Options will act in accordance with all relevant legislation, standards and practices as well as contract requirements.

Legislation and Standards
Home Care Standard 1 – Effective Management
Expected Outcome 1.2 Regulatory Compliance – the service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards.
Disability Service Standard 6 – Service Management

The legislation and standards that CCO complies with, includes, but is not limited to -

Aged Care Act 1997
Aged Care Principles 1997
Aged Care Act, Accountability Amendment Principles 2006 and Record Amendment Principles 2006
Associations Incorporation Act 1984
Associations Incorporation Act, 1984 No. 143
Australian Privacy Principles 2014
Children and Young Persons (Care and Protection) Act, 1998
Commonwealth Disability Discrimination Act 1992
Commonwealth Privacy Act (1988)
Community Care Common Standards 2011
Corporations Act 2001
Disability Services Act 1993
Equal Employment Opportunities Legislation
Federal Anti-Discrimination Legislation and Principles
Fringe Benefit Tax Assessment Act 1986
Health Records and Information Privacy Act 2002
Income Tax Assessment Act 1997
NDIS Act 2013
Privacy Act 1988
Privacy Act Commonwealth Privacy Amendment (Private Sector) Act 2000
Privacy Amendment 2001
Superannuation Guarantee Administration Act 1992
The NSW Anti-Discrimination Act 1977
The Work Health and Safety Act 2011
The Work Health and Safety Regulations 2011
The Workplace Relations Act
Workers Compensation Act 1987

Workers Compensation Regulation 2003
Workplace Injury and Workers Compensation Act 1998
Workplace Injury Management and Workers Compensation Regulation 2002
Workplace Relations Act 1996

Operational Procedures

Community Care Options will maintain a Compliance Register which identifies legislation that we are required to comply with.

The Compliance Register will be reviewed and updated at least annually or as legislation changes to ensure our ongoing compliance.

The Board of Management and Management Team will ensure that they are aware of legislative requirements and that these are fulfilled as required.

All staff will be informed of legislative requirements that affect the conduct of their particular role eg Australian Privacy Principles, requirement for Federal Police Checks, working within funding and program guidelines.

Cross Reference and Further Reading

See Compliance Register.

Schedule for Revision of Policy: LEGISLATIVE COMPLIANCE				
Date Adopted	**Outcome**	**Author**	**Next Review**	**Comments**
17/10/05	**New**	**A. Vaughan**		
29/01/07	**Amended**	**A. Vaughan**	**29/01/09**	
10/3/09	**Reviewed**	**D. Ryan**	**2010**	
16.1.2011	**Reviewed and amended**	**D. Ryan**	**2013**	
November 2011	**Reviewed & amended**	**D. Ryan**	**2012**	
22.9.2014	**Reviewed & amended**	**D.Ryan**	**Sept 2015**	**Change in some legislation**
Dec 2016	**Updated**	**D. Ryan**	**Dec 2018**	

1.6 Policy Development

Definition
The organisation believes that clear policies are the blueprint that underpins and guides the organisation's direction and work practices, defines roles and responsibilities, and ensures that the organisation acts within the law.

Position Statement
The Board will maintain a comprehensive and detailed Policies and Procedure manual, which is regularly updated with new or amended policies and procedures. All staff are expected to read, understand and utilise these policies and procedures to guide their work practices and behaviours.

CCO will endeavour to implement best practice standards with regard to policy research and development, implementation and communication, service delivery, review and evaluation.

Legislation and Standards
Community Care Options will comply with all relevant legislation. See Legislative Compliance 1.2.
Home Care Standards - Standard 1 – Effective Management
Disability Service Standards – Standard 6 – Service Management

Operational Procedures
Polices and procedures are developed or amended in response to one or more of the following –

- Changes in legislation
- New or amended funding conditions
- Client feedback including complaints
- Client surveys
- Staff performance matters
- Staff feedback
- Checks and audits
- Risk assessments and review
- Strategic planning activities
- Other processes or information

Members of the management team are responsible for drafting new or revised policies. These will be discussed and reviewed at Management Team meetings.

Draft policies are circulated to staff representatives for comment (through Quality Committee), and where appropriate consulted on during other meetings such as support and supervision groups, work group meetings and client advisory group meetings.

All draft policies are submitted to the Board of Management via the CEO's monthly report for amendment and adoption at Board meetings.

Once adopted by the Board new or amended policies and procedures are incorporated into the policy manual.

Managers will be responsible for ensuring that the policies and procedures are adopted and implemented by all staff and that relevant other documents are updated to reflect changes i.e. work group manuals.

New or adopted policies and procedures will show the date of creation or amendment. Review of policies will occur as outlined above, as well as being reviewed by the Board in accordance with an annual policy review schedule. All policies will be reviewed within a 2 year timeframe.

Upon receipt of new policy, current practice is to be reviewed in light of the minimum standards established by the policy.

Managers are to assist staff in identifying how the policy impacts upon their service delivery and to identify specific strategies to ensure practice is consistent with operational guidelines and procedures set out in the policy.

Staff receive training as necessary for them to –

- become familiar with the contents of the policy
- have evaluated their practice in light of the standards set by the policy
- have held team discussions to devise strategies for implementing the policy within their work setting
- have the opportunity to make links between the philosophical base which underpins the policy and their practice.

Communication and knowledge of policies and procedures will occur as follows -

Staff will be informed about new policies and procedures through –
- Emails
- Staff newsletter
- Staff manual
- Policy and procedures manual
- CCO Intranet

Staff receive training in policies and procedures through the following –
- Orientation and induction
- Staff work group meetings
- Special training sessions
- All staff meetings

Staff may be assessed in their knowledge and understanding of policies and procedures through -
- Competency assessments
- Supervision and support reviews
- Annual appraisals

CCO POLICY DEVELOPMENT PROCESS

Issues identified requiring a policy to be amended or developed.
Issues may be identified by a range of interested parties e.g. consumers, key stakeholders, staff, the Board.

⬇

Management Team to review relevant literature and consult with experts in the area of policy, to produce a draft policy document.

⬇

A focus group of field practitioners (through the Quality Committee) review and comment on the draft policy document.

⬇

Draft policy document circulated for staff feedback.

⬇

Feedback received

⬇

Policy finalised incorporating feedback

⬇

Policy ratified and endorsed by the CCO Board as organisational policy

⬇

Copies of the policy distributed to all work groups for implementation

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POLICY FORMAT

All policies will be formatted in the following way:

Definition	Definition of the key terms used in the policy
Position Statement	A statement providing an overview of the organisations obligations, responsibilities and approach to the issue
Legislation and Standards	Identifies the legislation and standards related to that policy
Operational Procedures	The specific procedures on how to deliver a service to the organisation's consumers
Cross reference and further reading	Any other policies or information that may be relevant to the implementation of a particular policy

Policy Review Schedule

Date	Reviewed By	Outcome	
24.7.2006	Angela Vaughan	Adopted	
1.6.2008	Deb Ryan	Draft for feedback	
2.12.2008		Adopted by Board	
November 2011	D. Ryan	Reviewed	
7.11.2014	D. Ryan	Reviewed	
Dec 2016	D. Ryan	Updated	

1.7 Information Management Systems

Purpose
The purpose of this policy is to provide guidance and direction on the creation and management of information and records and to clarify staff responsibilities. CCO is committed to establishing and maintaining information and records management practices that meet its business needs, accountability requirements and stakeholder expectations.

The benefits of compliance with this policy will be trusted information and records that are well described, stored in known locations and accessible to staff and clients when needed.

Definition
Information management (IM) is the collection and management of information from one or more sources and the distribution of that information to one or more audiences. This sometimes involves those who have a stake in, or a right to that information. Management means the organisation of and control over the structure, processing and delivery of information. The objective of Information Management (IM) is to manage data efficiently and to make information secure, easily accessible, meaningful, accurate and timely that supports data driven decision making.

'Information management' is an umbrella term that encompasses all the systems and processes within an organisation for the creation and use of corporate information.

Information management therefore encompasses –

- people
- process
- technology
- content.

Position Statement
Information management is a corporate responsibility that needs to be addressed and followed from the upper most senior levels of management to the front line worker. Community Care Options must be held and must hold its employees accountable to capture, manage, store, share, preserve and deliver information appropriately and responsibly.

Information management requires the adoption and adherence to guiding principles that include –

- Information assets are corporate assets. This principle should be acknowledged or agreed upon across the organisation otherwise any business case and support for IM will be weak.
- Information must be made available and shared. Of course not all information is open to anyone, but in principle the sharing of information helps the use and exploitation of corporate knowledge
- Information the organisation needs to keep is managed and retained corporately. In other words the retention and archiving, of information.

CCO will take an organised approach to the study of the information needs of the organisation's management at every level in making operational, tactical, and strategic decisions. Its objective is to design and implement procedures, processes, and routines that provide suitably detailed reports in an accurate, consistent, and timely manner.

Community Care Options information and records are a corporate asset, vital both for ongoing operations and also in providing valuable evidence of business decisions, activities and transactions.

There is an expectation that CCO will meet legislative standards and obligations in terms of information management and is committed to creating and keeping accurate and reliable records to meet this obligation.

In addition, CCO is committed to best-practice standards in information management. We will implement fit-for-purpose information and records management practices and systems to ensure the creation, maintenance and protection of reliable records. All information and records management practices in CCO are to be in accordance with this policy and its supporting procedures.

Scope
This policy applies to CCO's staff and contractors, to all aspects of our business and all business information created and received. It covers information and records in all formats including documents, email, voice messages, memoranda, minutes, audio-visual materials and business system data. The policy also covers all business applications used to create, manage and store information and records including the official records management systems, email, websites, social media applications, databases and business information systems. This policy covers information and records created and managed in-house and off-site.

Legislation and Standards
Australian Privacy Principles 2014
Home Care Standards – Standard 1 - Effective Management –
Expected Outcome – 1.3 – Information Management Systems – the service provider has effective information management systems in place.
Disability Service Standards – Standard 6 – Service Management

Information Management Challenges
CCO like other organisations is confronted with many information management problems and issues. In many ways, the growth of electronic information (rather than paper) has only worsened these issues over the last decade.

Common information management problems include –

- Large number of disparate information management systems.
- Little integration or coordination between information systems.
- Range of legacy systems requiring upgrading or replacement.
- Direct competition between information management systems.
- No clear strategic direction for the overall technology environment.

- Limited and patchy adoption of existing information systems by staff.
- Poor quality of information, including lack of consistency, duplication, and out-of-date information.
- Little recognition and support of information management by senior management.
- Limited resources for deploying, managing or improving information systems.
- Lack of enterprise-wide definitions for information types and values (no corporate-wide taxonomy).
- Large number of diverse business needs and issues to be addressed.
- Lack of clarity around broader organisational strategies and directions.
- Difficulties in changing working practices and processes of staff.
- Internal politics impacting on the ability to coordinate activities enterprise-wide.

While this can be an overwhelming list, there are practical ways of delivering solutions that work within these limitations and issues.

Operational Procedures

Improving information management practices is a key focus for CCO. Our goal to deliver an integrated information management environment. This is being driven by a range of factors, including a need to improve the efficiency of business processes, the demands of compliance regulations and the desire to deliver new services. Effective information management is not easy. There are many systems to integrate, a huge range of business needs to meet, and complex organisational (and cultural) issues to address.

CCO has developed a range of principles that can be used to guide the planning and implementation of information management activities. The principles focus on the organisational, cultural and strategic factors (not just technology) that must be considered to improve the management of information.

Systems used to maintain information and records

CCO's primary information and records management system is our electronic document records management system (EDRMS). Where possible, all incoming paper correspondence received by the organisation should be converted to digital format and saved into the EDRMS.

The following business and administrative databases and software applications are endorsed for the capture and storage of specific information and records. These include -
- Business system - TRACCS
- Finance system - Attache

These endorsed systems appropriately support information and records management processes such as creation and capture, storage, protection of integrity and authenticity, security, access and retention, destruction and transfer.

Corporate records must not be maintained in email folders, shared folders, personal drives or external storage media as these lack the necessary functionality to protect

business information and records over time. Records created when using social media applications or mobile devices may need to be captured into an endorsed system.

The use of computers by staff is in accordance with the Australian Privacy Principles, the Privacy Act 1988 and the Privacy Amendment 2001, the Work Health and Safety Act 2011 and the WH&S Regulations 2011, the organisation's policies on confidentiality, anti-discrimination, anti-harassment and work health and safety.

All IT equipment will be monitored by the Operations Manager and maintenance will be outsourced to Technology Centres Australia (TCA).

Use of Computers by Staff
The computer system is a resource owned by the organisation and is to be used for business purposes only. Computer facilities provided by the organisation require user authentication (the use of a user name and password). Individual staff members are responsible for the security of their own computer and associated accounts. Therefore staff must only use the account assigned to them.

Access Security
In order to protect the information held by the organisation's computer system and to ensure that computers are used by authorised users only, data is stored in separate domains. These areas are monitored by Technology Centres Australia and can be modified by management request.

The domain called 'General Management' is accessible to staff with management responsibilities only, namely

- the CEO
- the Operations Manager
- the Client Services Manager
- the Finance Manager
- the Communications Officer

All staff have access to the domain called 'General'.

In order to protect the data relating to their particular work-station, all staff have the responsibility to –

- use a password which is not readily identifiable (for example, do not use your own name)
- change passwords frequently.
- ensure the password is not accessible to other people
- log out when away from their work station for longer than 15 minutes.

Access to information and records
Sharing corporate information within CCO -
Information and records are a corporate resource to which all staff may have access, except where the nature of the information requires restriction. Access restrictions are not be imposed unnecessarily but should protect –

- individual staff, or client privacy
- sensitive material such as security classified or material with limited dissemination.

When handling information, staff are reminded of their obligations under the Australian Privacy Principles. Clients and /or their representatives are able to request access to their own personal information. The organisation will only collect information that it requires to safely and effectively provide client services and this information will only be shared internally with staff on a need to know basis for the purposed of providing safe and effective services.

Release of publicly available information -
Access to publicly available information will be provided on our website.
The public additionally have legislative rights to apply for access to information held by our organisation under the Freedom of Information Act 1982. These apply to all information held by the agency, whether in officially endorsed records management systems or in personal stores such as email folders or shared and personal drives. Responses to applications for access under Freedom of Information legislation are the responsibility of the CEO.

Information storage
As a user, staff are responsible to store data either –

- electronically on the Q: drive; and
- in hard copy form within the filing system.

Retention or destruction
Agency records are destroyed when they reach the end of their required retention period (client records 10 years, financial records 7 years). Retention periods take into account all business, legal and government requirements for the records.

Some records can be destroyed in the normal course of business. These are records of a short-term, facilitative or transitory value that are destroyed as a 'normal administrative practice'. Examples of such records include rough working notes, drafts not needed for future use or copies of records held for reference.

Staff should be familiar with the policy and be aware that unauthorised destruction not only risks penalties but may expose CCO to a range of other risks including –

- an inability to comply with regulatory and legislative responsibilities such as the Freedom of Information Act 1982, the Privacy Act 1988 and Australian Privacy Principles;
- an inability to provide access to information requested by legal discovery action; and
- damage to organisational reputation.

Roles and Responsibilities
All employees

All staff are responsible for the creation and management of information and records as defined by this policy to ensure that reliable and useable information and records are created and managed, and are kept for as long as they are needed for business, accountability or historical purposes.

Additional responsibilities for certain staff are listed below.

Chief Executive Officer (CEO)

The CEO is ultimately responsible for the management of information and records within the organisation. The CEO has authorised this policy. The CEO promotes compliance with this policy, delegates responsibility for the operational planning and running of information and records management to the Communications Officer and ensures the organisation's information and records program is adequately resourced.

Senior management

Managers are responsible for the visible support of, and adherence to, this policy by promoting a culture of compliant information and records management within the organisation and contributing to the development of strategic documents.

Managers are responsible for ensuring staff, including contract staff, are aware of, and are supported to follow, the information and records management practices defined in this policy. They should advise the CEO of any barriers to staff complying with this policy. They should also advise the CEO of any changes in the business environment which would impact on information and records management requirements, such as new areas of business.

IT staff

Technology Centres Australia (TCA) staff are responsible for maintaining the technology for CCO's business information and records systems, including maintaining appropriate system accessibility, security and back up. TCA staff should ensure that any actions, such as removing data from systems or folders, are undertaken in accordance with this policy. TCA and Managers have an important joint role in ensuring that systems support accountable and effective information and records management across the organisation.

An assessment of all IT equipment will be conducted annually by the Operations Manager in conjunction with TCA to maintain high levels of operational equipment throughout the organisation.

All recommendations will be submitted to the CEO for approval.

The life of computers/servers/printers will be assessed by TCA in line with relevant standards and organisational needs.

All IT equipment faults will be logged through TCA via their online reporting /ticketing system.

Cross Reference and Further Reading
Internet, Intranet and Email Policy
Social Media Policy
Privacy and confidentiality Policy

Policy Review Schedule

Date	Reviewed By	Outcome
2.12.2008	New policy D. Ryan	Adopted by Board
November 2011	D. Ryan	Reviewed
7.11.2014	D. Ryan	Reviewed & updated
Dec 2016	D. Ryan	Updated

1.8 Internet, Intranet and e- Mail Policy

Position Statement
Community Care Options has established guidelines for employees using the company's computing facilities, including computer hardware, printers, fax machines, voice-mail, software, e-mail, and Internet and intranet access, collectively called 'Information Technology'.

Purpose
All employees share the information technology facilities at Community Care Options. These facilities are provided to employees for the purpose of conducting company business. The company does permit a limited amount of personal use of these facilities, including computers, printers, e-mail and Internet access. However, these facilities must be used responsibly by everyone, since misuse by even a few individuals has the potential to negatively impact productivity, disrupt company business and interfere with the work or rights of others.

All employees are expected to exercise responsible and ethical behaviour when using the company's information technology facilities. Any action that may expose the company to risks of unauthorized access to data, disclosure of information, legal liability, or potential system failure is prohibited and may result in disciplinary action up to and including termination of employment and/or criminal prosecution.

Policy
The use of the company's information technology facilities in connection with company business and limited personal use is a privilege but not a right, extended to various company employees. Users of the organisation's computing facilities are required to comply with all policies referred to in this document.

Users also agree to comply with applicable country, federal, state, and local laws and to refrain from engaging in any activity that would subject the company to any liability. Community Care Options reserves the right to amend these policies and practices at any time without prior notice and to take such further actions as may be necessary or appropriate to comply with applicable federal, state/province, and local laws.

To protect the integrity of Community Care Option's computing facilities and its users against unauthorized or improper use of those facilities, and to investigate possible use of those facilities in violation of company rules and policies, the organisation reserves the right, without notice, to limit or restrict any individual's use, and to inspect, copy, remove, or otherwise alter any data, file, or system resource which may undermine the authorized use of any computing facility or which is used in violation of company rules or policies. The organisation also reserves the right periodically to examine any system and other usage and authorization history as necessary to protect its computing facilities.

Community Care Options disclaims any responsibility for loss of data or interference with files resulting from its efforts to maintain the privacy and security of those computing facilities or from system malfunction or any other cause.

Status of Statements Made Via E-Mail or Internet
- As statements made by e-mail have similar status to those made by hard-copy letter, a user's delegated authority regarding organisation communication still applies.
- The distribution of information through the Internet and e-mail messaging systems is to be treated in the same manner as advice given verbally.
- Users must not represent personal opinions as those of the organisation.

Procedures for Sending and Receiving E-Mail Messages and Internet Information
- To contain the organisation's IT costs, staff must keep the sending of file attachments to a minimum wherever possible.
- When using the office intranet, it is cheaper to send a message, including the file location on the server so that the recipient can open the document from their desktop rather than as an attachment.
- Staff must not upload, download, or otherwise transmit commercial software or any copyrighted materials belonging to parties outside of the organisation.
- Staff must not send e-mails in another person's name or log into another person's account without their permission or management's prior approval.

All e-mails must contain the following disclaimer –

> **PLEASE NOTE:** The information contained in this e-mail is confidential. It is intended solely for the addressee. If you receive this e-mail by mistake please notify us. You must not disclose or use the information in it unless we authorise you to do so.
> This note also confirms that this e-mail message has been virus scanned and although no computer viruses were detected, Community Care Options accepts no liability for any consequential damage resulting from e-mail containing any computer viruses.
> Any views expressed in this communication are those of the individual sender, except where the sender specifically states them to be the view of Community Care Options.

Restrictions on Using the Internet
Anti-discrimination, anti-harassment and work health and safety legislation make it illegal to use electronic media in our workplace in order to –

- visit Internet sites that contain obscene, hateful or other objectionable materials;
- send or receive any material that is obscene or defamatory or which may annoy, harass or intimidate another person;
- make or post indecent remarks, proposals or materials.

Staff must not –

- solicit non-organisation business for personal gain or profit;
- use the Internet or e-mail for any illegal purpose
- reveal or publicise confidential or proprietary information which includes, but is not limited to: client lists, databases and the information contained therein, confidential reports, financial information, technical information, computer software source codes and computer/network access codes.

Protection of the Integrity of the Organisation's IT System
Staff must –

- not intentionally interfere with the normal operation of the network, including the propagation of computer viruses and sustained high volume network traffic which substantially hinders others in their use of the network;
- notify TCA and the Finance Manager immediately they detect a computer virus in the system;
- not examine, change, or use another person's files or documents.

Staff who violate any of the guidelines set in the policy may have their access privileges restricted or revoked. In the case of serious or repeated breaches of this policy, disciplinary action may be taken.

Scope -
This policy applies to all Community Care Options' employees. It is the responsibility of all operating units to ensure that these policies are clearly communicated, understood and followed.

These policies also apply to software contractors, and vendors/suppliers providing services to Community Care Options that bring them into contact with the organisation's information technology infrastructure. The organisation's employee who contracts for these services is responsible to provide the contractor/vendor/ supplier with a copy of these policies before any access is given.

These policies cover the usage of all of the company's information technology and communication resources, including, but not limited to –

- All computer-related equipment, including desktop personal computers (PCs), portable PCs, terminals, workstations, PDAs, wireless computing devices, telecomm equipment, networks, databases, printers, servers and shared computers, and all networks and hardware to which this equipment is connected.
- All electronic communications equipment, including telephones, pagers, radio communicators, voice-mail, e-mail, fax machines, PDAs, wired or wireless communications devices and services, Internet and intranet and other on-line services.
- All software including purchased or licensed business software applications, Company-written applications, employee or vendor/supplier-written applications, computer operating systems, firmware, and any other software residing on company-owned equipment.
- All intellectual property and other data stored on company equipment.
- All of the above are included whether they are owned or leased by the company or are under the company's possession, custody, or control.
- These policies also apply to all users, whether on company property, connected from remote via any networked connection, or using company equipment.

Policy Review Schedule

Date	Reviewed By	Outcome
2.12.2008	New policy D. Ryan	Adopted by Board
November 2011	D. Ryan	Reviewed
7.11.2014	D. Ryan	Reviewed & updated
Dec 2016	D. Ryan	Updated

1.9 Communications Policy

Purpose and Scope

Community Care Options is committed to effective dissemination and receipt of information and communication within the organisation and with clients, stakeholders, and the media (where required).

The purpose of this policy is to provide guidance to Community Care Options in developing and implementing communication strategies. This policy applies to all Board members, Managers and staff and encompasses –

- Purpose of communications
- Communication tools and mechanisms
- Liaison with the media.

This policy does not provide detailed guidance on –

- Feedback and complaints from clients, stakeholders or employees – refer to the Feedback and Complaints Policy and Grievance and Dispute Handling Policy
- Privacy and confidentiality – refer to the Privacy and Confidentiality Policy
- Partnerships and relationships with external parties.
- Management of organisation information - refer to the Information Management Policy.

Definition

Communication is the imparting or exchanging of information by speaking, writing, or using some other medium.

Position Statement

Community Care Options communicates for several purposes, to –

- Increase awareness of the organisation, its goals, its work, and its needs
- Enhance community understanding of its client target group and broader sector issues
- Share knowledge with its stakeholders
- Share knowledge internally for effective organisational management
- Increase the profile of the community care sector.

Communications are undertaken not for the sole purpose of information distribution and receipt, but to be used to assist and support the achievement of CCO's strategic objectives.

Community Care Options (CCO) is obliged to communicate clearly and accurately to the public, its clients and funding bodies at all times. CCO will manage a level of confidentiality and accuracy in records and communications that inspires the confidence of clients and networking partnerships. All employees are obliged to undertake communications internally and externally strictly in accordance with CCO policy and procedures.

CCO strives to support employees through communication and recordkeeping strategies that are as modern, effective and cost efficient as possible. Recordkeeping will be kept current, accurate, and secure and will be compliant with legislation and funding requirements. The design of recordkeeping strategies will link to reporting requirements and incorporate the most efficient pathways for evaluation of data. When archived, records will be easily accessible and secure for the required period of storage. When no longer required, electronic and archived records will be disposed of confidentially.

Legislation and Standards
Privacy Act 1988, Privacy Amendment 2001
Australian Privacy Principles
Home Care Standards
Disability Service Standards

Principles
- Communication systems and equipment will be used only for the purpose of achieving the organisation's objectives.
- Clear, consistent and equitable communication within the organisation is essential for effective operations.
- All communications are presented in plain English language.
- External communication, including with the media, aligns with the organisation's strategic objectives.

Outcomes
Clients and stakeholders are informed of, and consulted on, activities and operations.

External communication increases awareness and understanding of issues relevant to Community Care Options, its clients and the community care sector.

Internal communication supports good knowledge management and operations within the organisation.

Functions and Delegations

Position	Delegation/Task
Board of Management	Endorse Communications Policy. Compliance with Communications Policy. Contribute to internal and external communication strategies and activities.
CEO	Liaise with media, including developing and responding to media releases. Endorse draft media releases prepared by other staff. Oversee production of external communications.
Operations Manager	Maintain operations of the website, social media (Facebook) and other promotional materials.
Managers	Compliance with Communications Policy. Contribute to internal and external communication strategies and activities. Actively contribute/write articles and collate items of interest for CCO communications.
Staff	Compliance with Communications Policy Contribute to internal and external communication strategies and activities.

Types of Communications
Outgoing Communication
Outgoing communication is information and knowledge that is initiated, developed and distributed by the organisation for an external audience.
CCO provides outgoing communications to the following audience -

- Clients and potential clients
- Members and potential members
- Funding bodies
- Engaged and potential consultants
- Partner organisations for project, policy, client support and other activities
- Peak bodies – state and national
- Community care and broader community services sector organisations
- Government departments and branches
- Research and academic institutes
- Media

Developing Outgoing Communications
CCO conceptualises and develops effective communications structured around the following –

Component	Example
What – identify broadly what it is to be communicated	The value of our services to individuals in the community
Message – use a message (s) to communicate	Improve health Choice Maintain independence Relieve stress
Audience – identify who the audience is, adapt the message accordingly	Clients, potential clients/carers, referrers
Messenger – identify who will do the communicating and why	Staff Member - has content knowledge & writing skills
Mechanism – how will the message be communicated?	Advertising - TV commercials, radio commercials, brochure, website, Facebook, local print media Community forums
Review – was the message received, understood, did it create interest, was there any feedback?	Increased referrals received Interest & enquiries Seek feedback

Mechanisms and Tools used for Outgoing Communication
A range of mechanisms and tools are used to distribute outgoing communication.

Community Care Options Website – www.cco.net.au
The website is a primary tool for distributing outgoing information to a broad audience. Information about CCO's goal, governance, membership, activities, current projects and news items is maintained by the Marketing and Engagement Manager & the Manager Support & Coordination.

Social Media
Facebook

Community Care Options Newsletter
The paper newsletter – 'Optional Extras' is produced quarterly with a primary target audience of existing clients/carers. All staff can contribute and write articles for the newsletter.

Organisational Documents
CCO produces a number of organisation and project specific documents that provide information about its plans, achievements, and activities. Documents such as annual reports, strategic plans, client brochures, and project background and implementation plans may be provided to clients, members, stakeholders and funders with current information about community Care Options activities, performance and plans. Organisational documents for outgoing communication are also to be distributed internally, to all staff and Board Members.

Media Communication
CCO may produce or respond to media releases on behalf of the organisation. Media releases may be developed to promote an event or project achievement, advocacy on behalf of clients, or to counter any negative media coverage relating to the sector.

CCO may partner with other organisations in producing or responding to a media release.

The CCO CEO and Board Chair hold responsibility for liaison with the media.

Any communication with a media organisation, eg, newspaper, magazine, journal, radio, television or electronic communications company, must be approved in advance by the CEO. No employee other than the CEO may represent the opinions of CCO in response to any media inquiry, whether in writing or by interview, without the express advance approval of the CEO.

All employees should reflect a positive image to the public concerning CCO, and at all times communicate according to the values of the organisation.

Public reference to funding bodies and community health and welfare support organisations should always reflect CCO's desire for strong and positive networking partnerships.

Conference, Forum and Meeting Representation

Board and staff members participate in numerous conferences, forums, and advisory groups representing community Care Options. It is important to be clear that representation is for the organisation and not personal opinion, unless clearly stated. Authority must be gained in advance of communicating any opinion, advice or organisational position on behalf of CCO, in any public forum. Employees must not represent personal opinions as those of the organisation. Any CCO employee attending a partnership networking function, conference or other external meeting, will do so professionally and their behaviour will reflect positively on CCO's corporate image at all times.

Participation also allows for information gathering so that CCO is better informed and better able to provide services for clients

Stakeholder Meetings

CCO staff participate in regular meetings with relevant stakeholders to provide support, share information about current projects and issues, and to gather feedback on services.

Regular contact with stakeholders is part of CCO's service delivery. All staff are responsible for developing and maintaining effective relationships with stakeholders.

Employees delegated with management of specific client services will communicate with those clients professionally and according to their role and responsibilities.

Branding and Corporate Image

All outgoing communications must carry the CCO name and/or logo, including letters, reports, project materials, emails, and policy and advocacy submissions. The organisation name and logo are copyright and must not be used for communications that are not directly related to the organisation.

Use of Letterhead and CCO Logo

Use of the CCO letterhead or Logo requires delegated authority and/or specific task approval. The CEO and Managers have delegated authority for use of letterhead and logo. Staff should check what outgoing communications they have delegation for with their Manager.

Letterhead communication will utilise Arial 12 font, be neatly presented, error free and will reflect positively upon the image of CCO. Only a Manager has delegated authority to sign letterhead, all other employees must receive specific approval for each letterhead that is to be signed.

Letterhead may not be used for any personal reference or expression of opinion unless the CEO has read and approved of the communication.

The CCO logo is a registered trademark and as such may not be used on any material that does not officially represent CCO.

The Associations Incorporation Act 2009, Section 41, quotes –
"An association must not issue any letter, statement, invoice, notice, publication, order for goods or services or receipt in connection with its activities unless the association's name appears in legible characters on the document."

Incoming Communication
Incoming communication is information and knowledge that is sought and/or received from an external source to the organisation. Incoming communication supports CCO in achieving its goal, strategic plan and provision of services to clients.

CCO receives communications from the following sources –

- Clients and potential clients
- Members and potential members
- Funding bodies
- Engaged and potential consultants
- Partner organisations for project, policy, client support and other activities
- Peak bodies – state and national
- Community care and broader community services sector organisations
- Government departments and branches
- Research and academic institutes
- Media
- Associations and professional organisations.

Mechanisms and Tools used to Receive Incoming Communication
A range of mechanisms and tools are used to receive incoming communication. Mechanisms described above in 'outgoing communication' also provide opportunities For CCO to receive information. Other incoming communication mechanisms include

Member, Client and Stakeholder Consultation
In recognition of the role members, clients and stakeholders play in assisting in strategic endeavours regular consultation with clients, members and stakeholders is undertaken. Consultation may be informal or through formal means such as surveys, research, contracting consultants, etc. Clients may also participate in advisory/ steering groups as a mechanism for providing expert input into activities and services. Quality Committee, WH&S Committee and Friends of CCO Meetings.

Subscriptions
Board Members and staff actively source information through numerous email and hard copy subscriptions to inform activities and services at the organisation. A list of current subscriptions both hard and email are detailed in the Memberships File.

Internal Communication
Internal communication is information and knowledge that is shared within Community Care Options. Effective internal communication is essential for good organisational management. All Board, Managers and staff are responsible for actively contributing to communication strategies and activities.

Mechanisms and Tools used for Internal Communication
A range of mechanisms and tools are used for internal communication.

Staff, Team and Project Meetings
Staff, team and project meetings provide opportunity for information sharing and decision making on a range of project and operational issues for the organisation. All staff are required to attend the CCO All Staff meetings and relevant staff attend team and project meetings. Quality Committee and WH&S Committee Meetings.

Board Meetings
Board meetings support effective governance for the organisation. Board meetings may also include time for staff (and occasionally contracted consultants) to communicate with the Board on a range of project and operational issues for the organisation.

Work Plan and Review Meetings
Work plan and review meetings between staff and supervisors allow communication on specific project and activity planning, achievements and challenges.

Email and Electronic Calendars
The use of email and electronic calendars is essential for effective communication amongst staff. These tools are a simple and effective way to share information about projects, meetings, internal business/operations, external sector news and activity. These tools also provide a record and may be considered formal documentation.

All staff are expected to use email and share electronic calendars.
Information is also shared internally through other communication mechanisms such as –

- Noticeboards and whiteboards
- staff newsletters
- minutes of meetings - WH&S and Quality Committee
- SMS/text
- Staff Intranet
- Emails
- Staff paper memo's and forms

Use of Internet, Email and Phone
All employees will use communication systems and equipment for CCO purposes only. Employees will comply with all laws when using CCO communication systems. Using CCO's computer resources to seek out, access, store or send any material of an offensive, obscene or defamatory nature is prohibited and may result in disciplinary action. All emails and internet use, including specific websites visited may be monitored.

The Staff Email, Internet and Phone Use Guidelines provide details for staff on the appropriate use of telecommunications at the organisation.

Record Keeping

All documents bearing the CCO name and/or logo, including digital and electronic materials, must be saved in the electronic and hard copy filing systems, as per the Information Management Policy.

Electronic Client Record Keeping

All CCO owned or leased computer facilities and software will be kept licensed, updated and easily accessible for convenient employee access. Employees will be trained in relevant use of software programs, data records and reporting requirements.

All client and administrative organisational records are confidential to CCO and will be kept securely and maintained accurately by employees responsible for administration of client services. The Client Services Manager is responsible for the accurate maintenance and confidentiality of all CCO client data records.

Acquisition, disposal and leasing of communication facilities will comply with the CCO Finance Policy. All facilities will remain the property of CCO and/or the leasing agency and usage will be according to employee need as perceived by the CCO Board of Management and/or CEO.

Guidelines have been established for employees concerning usage of all forms of communication and recordkeeping undertaken when carrying out position duties on behalf of CCO. Employee use of CCO's communication facilities, including computer hardware, printers, fax machines, telephone and voice-mail, software, e-mail, and Internet and intranet access, will be carried out according to this communications policy and the Information Management policy.

The use of computers, software and all computer-linked electronic communications by staff will be in accordance with the legislation. In addition, employees will be familiar and compliant with CCO policies concerning confidentiality, bullying & harassment, and Work Health and Safety.

The Operations Manager is responsible for all aspects of computer facilities and software, acquisition and disposal, licensing, maintenance and usage procedures within the organisation, including the daily back-up of data.

Policy Review Schedule

Date	Reviewed By	Outcome
6.1.2014	New policy D. Ryan	Adopted by Board
December 2016	D. Ryan	Updated

1.10 Community Understanding and Engagement

Position Statement
Community Care Options is committed to ongoing planning and evaluation of all aspects of the organisation's performance. This means the organisation will make sure that the needs of the target groups are being met effectively and efficiently. Evaluation and planning information will be available to anyone in the community and to the Government Funding Bodies.

Participation in Planning
The Board of Management is responsible for the planning and evaluation of the organisation's performance. They will ensure that the process includes –

- Ongoing monitoring of the services provided;
- An annual presentation of data;
- Clients and staff taking part in the planning and evaluation of the services;
- Participation by other local relevant agencies including Aboriginal, culturally and linguistically diverse groups;
- That account is taken of the unmet needs of people from the service target group; and
- The Board of Management will monitor the performance of the organisation at bi monthly Board of Management meetings through information provided in the CEO's report.

The Planning and Evaluation Process
The Board will ensure the following issues are considered in all planning processes -

- Environmental and market place issues impacting upon the organisation;
- Area demographics;
- the unmet needs of people from the service target group
- the viability of the organisation
- the ability of the organisation to adapt to a changing environment.

Monitoring the Organisation's Performance
The Board of Management will monitor the performance of the organisation at their Board meetings through information provided in the CEO's report. The report includes compliance statements as well as progress reports and financial reports. The CEO is responsible for the collation and reporting of the following statistics –

- Minimum Data Set for the Community Options Project;
- CSTDA Minimum Data Set for Disability Support Programs
- DEX reporting for the Commonwealth Home Support Program and Emergency Relief;
- Data for reporting for Home Care Packages;
- Number of active clients;
- Number of people on the waiting list;
- Capacity of each program.

Annual Presentation of Data

The CEO is responsible for the collation of all service data for the financial year for consideration at the Annual Planning Day and for inclusion in the Annual Report. Service data for the previous year and service plan for the coming year will be published in the Community Care Options Annual Report. This report will be made available to the general community and the funding body.

The Annual Report

The annual report will include the following data –

- Area covered;
- Total number of clients;
- Clients' age and gender distribution;
- Clients' Geographical distribution;
- Clients from Aboriginal and Torres Strait Islander background;
- Clients from culturally and linguistically diverse backgrounds;
- Types of services provided;
- Source of referrals; and
- Clients' feedback.
- No. of complaints received

Clients' Feedback

Every two years, a questionnaire will be distributed to clients and carers, relevant agencies in the area, seeking their feedback on the organisation. This information will be combined with –

- Feedback obtained by Support Planners during client visits. This is documented by Support Planners in clients' progress notes;
- Client feedback questionnaire administered on client exit
- Number of people refusing services and the reason why; and
- Number of clients' complaint/disputes and outcomes.
- Feedback from other Community Groups
- Annual service evaluation.

Planning Day

A strategic planning day is held annually to review and evaluate last year's performance and update the previous year's strategic plan. All Board Members and staff are invited to take part in the Planning Day. An outside person with the relevant skills may facilitate the day.

Planning Day Agenda

This will include –

- overview of the target population;
- comparison of service use and demographic data;
- special needs group;
- identification of duplication and service gaps;
- Identification of plans and strategies for the next 3 years; and
- review of policy and practice manual.

Implementing the Plans

The CEO is responsible for the production of the strategic plan, which will include –

- Short, medium and long term goals;
- Tasks to be completed;
- Who will complete them; and
- Time frame.

Progress of tasks will be monitored by the CEO at staff meetings and reported to the Board of Management at monthly meetings.

Schedule for Revision of Policy: PLANNING & EVALUATION				
Date Adopted	**Outcome**	**Author**	**Next Review**	**Comments**
15/08/05	**Amended**	**A. Vaughan**	**15/8/07**	
November 2011	**Reviewed**	**D. Ryan**		**Community Understanding & Engagement**
22.9.2014	**Reviewed & updated**	**D.Ryan**	**Sept 2015**	**Change of names, titles**
Dec 2016	**Updated**	**D. Ryan**	**Dec 2018**	

1.11 Performance Planning and Review Policy

Position Statement
CCO has a responsibility to plan its future direction and goals, and to develop highly effective business and operational strategies, which will deliver excellent client services to the community. Additionally, it is necessary to continually plan the increased capacity of the organisation and the community to respond to those who need support in maintaining a high quality of life and independence.

The performance planning and review process will focus on organisational goal achievement and will endeavour to support achievement through a cycle of planning and review that encourages continuous improvement. Performance planning will assign individual direction in leadership and management responsibility, measure achievement and identify areas for improvement. This process is intended to ensure a cohesive team approach to organisational business and operations for specific purposes of achievement.

Responsibilities
The Board of Management is responsible to plan organisational direction, set corporate goal targets and monitor the business and operations of Community Care Options. Development of implementation strategies, evaluation and reporting of goal achievement is the responsibility of the CEO. The CEO and Managers will lead the business and operations of CCO, and will assume individual responsibility for progressive achievement of specific annual goals. These responsibilities will be negotiated and evaluated through a planning and review process that measures organisational effectiveness and identifies direction for continuous improvement in business and operations.

Approach
The Board of Management will develop a Strategic Plan and a supporting Business Plan, each of which will focus upon corporate purpose and goals to be achieved over a three year period. The CEO will develop a series of Annual Business Plans to provide a structure for progressive achievement of the goals set for the organisation. Responsibility to achieve organisational goals will be further detailed in an individual Performance Plan developed by the CEO, and Managers. The Performance Plan will reflect responsibility to achieve aspects of the Annual Business Plan as measureable targets of improvement. Following an evaluation process, managed by the Board of Management in the case of the CEO and by the CEO for Managers, achievement of goals will be reported in the Annual Report.

In addition to performance planning, a variety of data collection processes should be regularly implemented to identify areas for quality improvements and evaluation of services and delivery. It is appropriate to organisational planning that these processes should include wide consultation of participants and stakeholders.

Performance Plans are a tool through which an integrated responsibility for achieving organisational goals can be managed and there will not be any remuneration consequence from a Performance Plan. While Performance Plan review will form a part of the annual employee review for Managers, (see Employment Policy), it is not

in itself the basis for evaluating satisfactory work performance or conduct.

Annual employee review for Support Planners, Coordinators, Support Workers and administrative personnel in client services and operations, will be managed through the Employment Policy and is not the focus of this policy.

A **Strategic Plan** will address goals in these areas of the organisation -

Client Services Focus
Corporate Responsibility
Community Development
System Improvement
Financial Management
Organisational Positioning

A **Business Plan** will support this through resource allocation to –

Financial Management and Viability
Governance
Networks and Partnerships
Management Systems & Processes
Client Focussed Initiatives
System Improvement
Strategic Planning

Organisational performance planning is a continuous cycle of events which provide the infrastructure for progressive and co-ordinated achievement by Community Care Options, including identification of areas for future improvement.

The leadership team share and cohesively assume responsibility for achievement of the annual goals of the organisation.

The assessment and reporting of organisational accomplishment is streamlined through a planned approach to goals, regular evaluation of Key Indicators and measurement of targets, with a standardised reporting process that best serves all reporting tools and requirements.

As the Strategic Plan is triennial, every third year the Annual Report becomes a Triennial Report incorporating the previous three years of achievement and identification of areas for improvement. The Triennial Report is the basis for proposal of the new Strategic and Business Plans to structure the coming three year period.

Annual Business Plan

Goals and Key Performance Indicators

The CCO Annual Business Plan will be completed by the Management Team in early July of each year and will include approximately one third of each goal in the seven areas of the Strategic Plan. The portion of each goal will be expressed as a yearly plan designed to accumulatively achieve the three year Strategic Plan. Key Performance Indicators (KPI) will identify the components in which goals are to be focussed across the organisation. The seven goal areas and KPI components are shown below -

Goal - Corporate Responsibility - Governance
- Key Performance Indicators: Governance, Policies and Procedures, Data Collection and Reporting , Work Health & Safety

Goal - Strategic Planning - Leadership
- Key Performance Indicators: Strategic Plan, Business Plan, Areas for Improvement, Research

Goal - Management Systems and Processes – information & knowledge management
- Key Performance Indicators: Human Resources. Work Health & Safety, Consultation, Communication, Accountability, Performance Management, Business Operations

Goal - System Improvement – Continuous Quality Improvement
- Key Performance Indicators: Financial, Client Services, Organisational, Human Resources, Risk Management, Quality Improvement

Goal - Financial Management and Viability - Sustainability
- Key Performance Indicators: Viability, Planning, Reporting, System & Process Improvement, Funding

Goal - Client Services – client and market focus
- Key Performance Indicators: Client Communication, Benchmarking, Service Delivery Improvement

Goal – People and capability (Workforce Development)
- Key Performance Indicators: staff turnover, recruitment, training & development

Key Tasks and Targets

The Business Plan will identify one or more Key Tasks within each KPI which are to be achieved within CCO. These are specific tasks and will readily align with the responsibility area of each Manager. The tasks may be included in a Performance Plan as a complete task or a specific portion of a task, in the case of a shared area of responsibility between Managers. The Business Plan will also set targets across the organisation that are measurable and should be included in whole or part in the Performance Plan of Managers. Achievement should be evidenced through data record keeping and presentation in standardised reporting procedures to streamline workload for internal and external organisational reporting requirements.

Annual Report

Evidence of achievement of the Business Plan will presented to the Board of Management in an Annual Report. This report will be compiled from data evidence which has been presented by each Manager during review of her/his Performance Plan. As the Annual Report is a document of measured achievement over time, all data is to be presented in a format suitable for integration from a variety of sources and standardised to allow comparisons over an extended period of time. The Annual Report should also reflect standardised reporting procedures in the organisation.

Performance Plan Model for Managers

The CEO and Manager Annual Performance Plans should be annually negotiated and reviewed with completed plans being kept in the employee's Personnel file as part of the annual appraisal, as per the Employment Policy.

Performance Plans should utilise the following format and should also identify areas for improvement:

Corporate Responsibility

Ensure the organisation complies with all statutory, contractual and policy requirements relating to management of the organisation and service delivery.

Key Performance Indicators	Key Tasks	Target	To Improve
Governance			
Policies and Procedures			
Data Collection and Reporting			

Strategic Planning

Lead organisational planning for continuous improvement into the future.

Key Performance Indicators	Key Tasks	Target	To Improve
Current Strategic Plan			
Current Business Plan			
Research for Future			

Management Systems and Processes
Lead in the development of processes to facilitate efficiency and excellence of achievement in all aspects of organisational operations.

Key Performance Indicators	Key Tasks	Target	To Improve
Human Resources			
Work Health & Safety			
Consultation			
Communication			
Accountability			
Performance Management			
Business Operations			

System Improvement
Minimise risk to the organization, lead workforce development and identify operational practice improvement areas.

Key Performance Indicators	Key Tasks	Target	To Improve
Financial			
Client Services			
Organisational			
Human Resources			
Risk Management			
Quality Improvement			

Financial Management and Viability
Ensure the effective financial and asset management of the organisation.

Key Performance Indicators	Key Tasks	Target	To Improve
Viability			
Planning			
Reporting			
System and Process Improvement			
Funding			

Client Services
Set the focus and structure of organisational client services, monitor access, ensure individual and group planning for continuous improvement in delivery of client services.

Key Performance Indicators	Key Tasks	Target	To Improve
Client Communication			
Benchmarking			
Service Delivery Improvements			

People and Capacity (Workforce Development)

Key Performance Indicators	Key Tasks	Target	To Improve
Recruitment			
Staff Turnover			
Training & Development			
PPR			
Staff Communication			

Operational Procedures
Strategic Plan
The Board of Management will develop a Strategic Plan every three years that will set organisational directions for appropriate service delivery to identified groups within the community. The Strategic Plan will include specific goals for program development and delivery, including measurable targets of achievement. Goals may focus upon continuous improvement of existing services and/or may initiate organisational development of new services and/or service delivery to new groups within the community.

Progressive achievement of the Strategic Plan, via an Annual Business Plan, will be evaluated and documented to the Board by the CEO in an Annual Report.

At the end of a current Strategic Plan the final Annual Report will be replaced by a Triennial Strategic Plan Report that also highlights areas for improvement to be included in development of the next Strategic Plan.

Business Plan
The Management Team will develop a Business Plan every year (endorsed by the Board) that will allocate resources in support of goal achievement specified in the Strategic Plan. The Business Plan will indicate proposed annual income and expenditure, and asset management. Areas for improvement in business operations may focus upon continuous improvement of existing services and/or may initiate operational change to support new directions set in the Strategic Plan.

Progressive achievement of the Business Plan will be evaluated and documented to the Board by the CEO, Operations Manager and Finance Committee in an Annual Report.

Performance Plans
Performance planning by all Managers will be integral to achievement of the organisational goals. The CEO, and Managers will each negotiate an annual

Performance Plan reflecting individual responsibility to achieve all aspects of the Business Plan as a cohesive team. A Performance Plan will be negotiated with the Board of Management in the case of the CEO and by the CEO for Managers.

Each Performance Plan will include Key Performance Indicators from the goal areas specified in the Business Plan. Key Tasks will be identified which underpin the achievement of measured targets for improvement. These Key Tasks are a focus in the work of each Manager, and will influence decision-making and work by employees throughout the organisation. Responsibility to achieve aspects of Key Tasks may be shared by more than one employee however leadership and evidencing of achievement is the responsibility of the Manager to whom the Key Task is assigned.

Targets should be expressed in terms of measurement, either as a percentage or number or extent of completion. eg. WH&S accidents resulting in lost employee time will reduce by 10%; or client participation in a specific program area will increase in accord with funding of additional 20%; or CCO operational cost associated with delivery of domestic cleaning services will decrease by 15%; or a new CCO program of support for adolescent disability clients will be established according to ADHC funding guidelines and ready for implementation in January; etc.

A mid cycle progress review should be held in January and the Final Review in May, prior to compilation of the Annual Report. Managers should evidence achievement through documented data collection that is presented in a format suited to external reporting requirements and for inclusion in the Annual Report. Data collection should be standardised to enable integration with data from multiple sources and measurement across an extended timeframe.

Data Collection and Record Keeping

CCO is obliged to report to a variety of external organisations and has developed an accountability framework for evaluation and reporting that includes several strategy plans. Data collection and presentation for external communications that report measurement of outcomes and evidence compliance with funding requirements will be carried out according to the CCO Reporting Policy. The structures and protocols of this policy outline a standardised data presentation format that is to be utilised for data collection and recordkeeping by employees at all levels of responsibility, including evidence of achievement in a Performance Plan. The compilation of data and records kept by multiple persons involved in the management and delivery of services and business operations is only possible where that information is documented in a standardised format. To improve effectiveness and efficiency, the reporting requirements of major external funding bodies have formed the basis for CCO data presentation standards. The ability to compare data across an extended timeframe will assist CCO to identify areas for continuous improvement and to evidence achievement of its Strategic and Business Plans.

Policy Review Schedule

Date	Reviewed By	Next Review	Outcome
2.12.2008	New policy D. Ryan		Adopted by Board
November 2011	D. Ryan		Reviewed
7.11.2014	D. Ryan	2016	Reviewed & updated
Dec 2016	D. Ryan	Dec 2018	Updated

1.12 Quality Management – continuous improvement

Definition

Quality management is the action a service provider takes to make sure that it always provides the best possible service for the people it supports. Quality management involves the service provider –

• listening to people who receive services and valuing their feedback
• understanding what it is doing well
• identifying where improvements are needed
• taking action in order to best meet the needs of people receiving services.

Quality management is also about a service provider gathering the information that it needs to change and innovate as part of a cycle of continuous improvement

Position Statement

The provision of quality service is CCO's core business. Community Care Options is committed to providing the highest quality services to its clients. This means that the organisation will systematically analyse and record the level of quality in all areas of operations, identify areas for improvement and devote resources to achieve these improvements within an agreed time frame.

Quality management is about ensuring that service provision and management –

• meet industry or service standards – standards, such as the Home Care Standards and Disability Services Standards, provide a benchmark for procedures and outcomes against which a service provider can measure itself
• receive positive feedback – high levels of satisfaction from people receiving services is a critical indicator of quality
• deliver outcomes for individuals – services are effective when they successfully meet the needs of people and improve their situation.

To achieve ongoing quality improvement, the organisation will do the following –

• ensure its vision, mission and values reflect the organisation's commitment to quality improvement;
• ensure its actions and operations result in better services to clients;
• use a quality management system to document, review and improve its performance in all areas of operations, including quality of service to clients, governing the organisation, working within the law, selecting and supporting staff, and managing finances;
• consult with clients and staff to ensure that there is an agreed understanding of quality and that clear policies and procedures are developed in relation to quality management;
• consult with clients and staff to achieve best outcomes in improving the quality of all operations; and be accountable and report to clients, the community, funding bodies, staff and the Board.

Legislation and Standards
Home Care Standards – Standard 1 – Effective Management
Expected Outcome – 1.5 – Continuous Improvement – the service provider actively purses and demonstrates continuous improvement in all aspects of service management and delivery.
Disability Service Standards – Standard 6 – Service Management

Creating an environment for ongoing quality improvement
Community Care Options want to provide better services to clients and believes that this is only possible if there is a common understanding and commitment to this by clients, staff and the Board of Community Care Options. This is why the organisation will –

- consult with clients and staff on matters relating to improving the organisation's performance;
- promote a staff culture of learning and wanting to do better, and provide the necessary resources to achieve this;
- encourage feedback and suggestions from clients, staff and the Board and act on this;
- keep all members of the organisation informed of progress and proposed changes to practice or procedures;
- select staff to ensure that they can work within the organisation's stated values and philosophy and that they are committed to ongoing quality improvement.

Responsibility of the Board
The Board is responsible for the overall activity and performance of CCO. This includes ensuring that services are well planned, effective in meeting needs and provided at the best possible level of quality by –

- ensuring a quality management system is in place and that internal controls are in place to comply with relevant standards
- monitoring the results of quality reviews and making changes as needed
- ensuring compliance with reporting and related requirements (as per funding agreements)
- implementing organisational risk management
- pursuing organisational goals of service excellence.

The Board also has the responsibility for providing leadership in quality management. To provide this leadership, the Board needs to work with Management Team to –

- foster a positive attitude to quality improvement across the staff team
- implement policy and procedures for quality management that will provide guidance to staff
- identify key indicators for quality
- establish documentation and reporting processes that will enable the ongoing tracking of quality improvement.

Quality management and continuous improvement need to occur at all levels within the organisation. This requires that the Board and staff team have a shared

culture of willingness to critically reflect on current practice, explore new ways of doing things and embrace change.

The basis of CCO's quality management process is a simple cycle of continuous improvement. As part of this process we will –

- identify current practices
- collect and review feedback from people receiving service and from other stakeholders
- review the results it is achieving against standards and other indicators
- identify improvements that can be made to better reach or exceed standards, meet needs or achieve results
- develop a plan for improvement
- implement the plan for improvement
- re-assess practices and performance – the cycle commences again.

Benefits of Quality Management Processes
Implementing quality management processes will help CCO to –

- provide best possible outcomes for the people it supports by driving improvements in service provision
- streamline internal evaluation, performance monitoring and planning processes by integrating them into a single system
- make effective use of standards and related compliance activities to inform good practice and improvements in service
- ensure well informed management decision making with useful data from tracking and review processes within the quality management system
- demonstrate and provide evidence of service quality and achievements

Demonstrating quality and achievements serves several purposes for CCO –

- Evidence of quality, such as meeting a particular standard or being accredited under a recognised quality system, gives people receiving or looking for services confidence that they can trust the service
- Demonstrating quality can also be important in attracting people to choose us as their service provider, or in attracting funding to the organisation
- It enables us to show that we meet funding body requirements for quality and compliance with standards
- It promotes confidence in the service within our general community.

Systems
Community Care Options believe that we need to have good systems in place to make sure that the quality is acceptable and improvements can be measured. We will therefore adopt a comprehensive range of tools to record how we meet standards, what needs to be done to improve standards, what resources are needed, who will be responsible for the improvement and a time frame for completing the improvements. Improvements identified will be documented on the Continuous Quality Improvement Plan.

Working within the law
CCO is committed to complying with all laws that apply to its operations. It will therefore conduct regular checks and audits to make sure that it works within all relevant laws and standards, including –

- Associations Incorporation Act 1984
- Work Health and Safety Act 2011 and the WH&S Regulations 2011
- Workers' Compensation Act, 1987
- Privacy Act 1988 and the Privacy Amendment 2001
- Australian Privacy Principles 2014
- Health Records and Information Privacy Act 2002
- Aged Care Act 1997 and Aged Care Principles 1997
- Disabilities Services Act
- NSW Anti-Discrimination Act 1977
- Federal Anti-Discrimination Legislation and Principles
- Commonwealth Disability Discrimination Act 1992
- Equal Employment Opportunities Legislation

As well as Legislation relating to –

- The Department of Taxation
- The Department of Industrial Relations (including Industrial Awards)
- All relevant Funding Agreements and standards they contain
- All other legally binding agreements.

Providing better services to clients
CCO's funding bodies determine the minimum standard of care and support to clients. CCO are committed to providing a higher standard of care than is required by the standards, including the Home Care Standards, the Disability Service Standards and those contained in the Aged Care Act 1997 and Principles.

Standards provide one set of indicators of good practice, CCO has identified other indicators that will tell how us how well we are doing our job. These include indicators for –

- sound corporate governance
- the financial health of the organisation
- levels of satisfaction with the service received
- achievement of positive outcomes for people receiving services
- staff morale
- a positive profile amongst stakeholders.

Improving operations
CCO recognises that in order to provide the highest level of client services, it also needs to ensure that the quality of all its operations is of the highest standards. CCO can ensure its ongoing sustainability; and produce the most acceptable, efficient and cost effective services to clients.

The organisation will therefore –

- seek feedback and input from staff and clients in relation to operational issues through regular forums – Friends of CCO, All Staff Meetings, work group meetings, Quality Committee, WH&S Committee, suggestions box.
- audit on an ongoing basis all its activities including policies and procedures, planning, work practices, financial management, use of resources, performance and use of staff;
- identify areas for improvement & record on continuous quality improvement plan;
- compare its own performance with that of other community services providers;
- set realistic targets for improvements;
- translate these into action plans including timeframes for completion;
- systematically record the level of quality and improvements achieved;
- report on quality improvements in a number of ways, including the organisation's Annual Report, Client and Staff Newsletters, Strategic Planning meetings, during client consultative and staff meetings;
- monitor, review and evaluate the quality improvement plan and implementation; and
- make relevant information available to the public on request.

In addition to direct feedback from clients and other stakeholders, CCO will utilise objective ways of assessing the extent to which people's needs are being met. The extent to which needs are met will be tracked at a number of levels -

- Case plans and case management documentation for individuals - case management documentation is used to keep track of the agreed or planned aims and actions for individuals, and of what has been achieved at any point in time. Case review processes provide opportunities to make adjustments in planned action and improve the outcomes being achieved.
- Service intake and progress data - reports on the number and types of people receiving services, and the numbers progressing through stages or aspects of the service gives us information on how well our access, intake and case management procedures are working.
- Outcome data: reports on the proportion of people receiving services who have achieved particular outcomes tell us the extent to which we are successfully supporting people and producing positive outcomes.

The Quality Committee will meet bi-monthly in March, May, July, September and November. Representatives of all work groups will participate on the Quality Committee. The Quality Committee will review organisational data such as feedback/complaints information, client exit surveys, client surveys, policies and procedures, feedback from staff as opportunities to develop continuous improvement plans and priorities.

See Continuous Quality Improvement Plan and Quality Register.

Schedule for Revision of Policy: QUALITY MANAGEMENT				
Date Adopted	Outcome	Author	Next Review	Comments
17/10/2005	Adopted	A. Vaughan	17/10/07	
26/11/2007	Adopted	D. Ryan	27/11/09	Reviewed & amended
November 2011	Reviewed & updated	D. Ryan	2013	
20.3.2014	Reviewed & Updated	D. Ryan	2016	
Dec 2016	Updated	D. Ryan	Dec 2018	

1.13 Membership of Professional Associations

Position Statement
In order to participate in the development and promotion of the industry, as well as maximise the organisation's access to relevant information and resources Community Care Options will subscribe to relevant industry professional Associations. Membership will be reviewed by the Board of Management annually. Membership of associations will assist us in improving services and maintaining quality through an ability to assess our practices in relation to others in the sector and seek professional assistance to improve.

Present memberships are as follows –

- Aged and Community Services Association of NSW and Canberra (ACSA)
- Community Options Australia Inc.(COA)
- Alzheimer's Australia NSW
- Carers Australia
- Paraquad
- Australian Business Limited
- Case Management Society Australia
- National Disability Services (NDS)
- NCOSS

We also subscribe to a range of resources to support currency of information in relation to compliance and quality in many sectors and areas.

- Attache
- QA Business
- Australian Business Chamber
- Governance & Board Management
- Leadership Management Australia
- Business Assist Workcover
- Disability Safe
- Employers Mutual
- AON Risk
- ARK Group

COMMUNITY CARE OPTIONS
Memberships/ Subscriptions Register
2016/2017

FINANCE	**IT**
Attache	Adamas
QA Business	Corporate Solutions
Wealth Partners	Donortec
Workplace Express	TCA
AWARDS	**MANAGEMENT**
Australia Business Chamber	ACSA
Australian Federation of Employers & Industry	Alzheimers Association
Australia Human Resource Institute	ARK Group
Business Education Services	Taxation Review
Fair Work Australia	Governance & Board Management
NSW Business Chamber	Leadership Management Australia
NSW Industrial Relations	MNC Regional Council for Social Development
	NCOSS
	NSW Business Chamber
	NSW Community Options Projects
	Portner Press
	PRM
	Case Management Society of Australia
	Community Options Australia
FLEET VEHICLES	**WORK HEALTH SAFETY**
Holden Fleet Management	Business Assist – Workcover
NRMA	Disability Safe
Shell Company	Graham Morgan - OHS
Toyota Fleet Management	National Disability Service
United Fleet	
GENERAL	
AON Risk	
Altiora	
Employers Mutual	

Schedule for Revision of Policy: MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS				
Date Adopted	**Outcome**	**Author**	**Next Review**	**Comments**
Reviewed 20/12/2008	**Adopted**	**D. Ryan**		
November 2011	**Reviewed**	**D. Ryan**	**2013**	
7.11.2014	**Reviewed**	**D. Ryan**	**2016**	
Dec 2016	**Updated**	**D. Ryan**	**2018**	

1.14 Risk Management Policy

Community Care Options recognises that the organisation is exposed to certain risks due to the nature of its activities and the environment in which it operates. The key to Community Care Options success is the effective management of risk to ensure its organisational objectives are achieved.

Risks arise due to the organisation's operational undertakings and from external sources. Risks occur in numerous ways and have the potential to impact financial performance, reputation, health and safety, community and the overall performance of the organisation.

Definition
Risk - includes both (a) potential threats to achieving those objectives (negative risk), and (b) potential opportunities for achieving those objectives (positive risk). Threats and opportunities come and go, or evolve, as an organisation's internal dynamics change, as its relationships with stakeholders change, and as the external environment in which it operates changes. Keeping abreast of the risks that may affect our organisation must therefore be an ongoing activity

Risk Management – aims firstly to anticipate risks. Then, in the case of negative risks, it aims to prevent them from eventuating or to minimize their impact if they do. In the case of positive risks, it aims to capitalise on opportunities that present themselves. Because responding to risk is intended to help the organisation achieve its objectives, risk management must be integral to strategic planning, decision-making, and resource allocation.

A risk management system encompasses many elements - a risk management policy, a risk management framework, and various risk management tools and processes.

Risk is present at all levels of activity. There are risks that may affect the organisation as a whole. There are risks that may affect only financial activities, or only service delivery activities, as well as risks that may affect both. There are risks specific to each and every project. What this means is that everyone in the organisation bears some responsibility for managing risk.

Position Statement
Community Care Options recognises that effective, systematic and documented risk management practices are an essential component of good organisational management. It is pivotal to ensuring the viability and efficient and effective management of the organisation. Risk management is good business practice and can assist with meeting a range of compliance, statutory, organisational and governance requirements.

Community Care Options has established this Risk Management Policy to provide the framework for how risk will be managed within the organisation. The Risk Management Policy is based on the Australian Standard, AS/NZS ISO 31000:2009 Risk management – principles and guidelines, and forms part of the governance framework of the organisation. It also integrates with the strategic planning process.

The policy addresses both strategic and operational risks. We will use our skills and expertise to identify risks across the organisation. Community Care Options will also identify operational controls in place which manage risk.

We will assess the size or degree of risk by taking into consideration the potential impact to our operations. Risks will be ranked in a common and consistent manner and a Risk Register will be maintained containing material risks to the organisation. Risk treatment actions and plans will be developed for risks which are unacceptable to the organisation. Risks, and the effectiveness of the risk management system will be monitored on a regular basis and we will communicate and consult with relevant stakeholders on our approach to managing risk.

PRINCIPLES
The following principles provide useful guidance for integrating risk management into the organisation. These principles are that risk management –

- creates and protects value
- is an integral part of all organisational processes
- is part of decision-making
- explicitly addresses uncertainty
- is systematic, structured and timely
- is based on the best available information
- is tailored to the organisation's requirements
- takes human and cultural factors into account
- is transparent and inclusive
- is dynamic, iterative and responsive to change
- facilitates continual improvement of the organisation.

As well as contributing to legal compliance and good governance, effective risk management can contribute to strategic and business planning and the general running (operational activities) of the organisation. It creates confidence that our organisation can deliver the desired outcomes, manage threats to an acceptable degree, and make informed decisions about opportunities.

Some of the benefits of effective risk management are that it -

- improves the quality of decision-making (appropriate, fast, accurate, and effective)
- enables effective execution of decisions (improved confidence, known quantity)
- when embedded within an organisation's day-to-day operations, is part of 'business as usual' rather than an additional task or burden
- when integrated with business strategy, ensures that strategic decisions are informed and based on up-to-date information and sound judgment
- improves planning processes by enabling the key focus to remain on core activities, and helps ensure continuity of service delivery
- reduces the likelihood of potentially costly 'surprises'
- prepares for challenging events and improves overall resilience
- prioritises budgeted resources

- optimises performance through efficiencies in service delivery, major change and quality assurance initiatives
- contributes to the development of a positive organisational culture of improved governance, as well as helps establish clear purpose, roles and accountabilities for all staff
- improves stakeholder relationships and stakeholders' confidence in the organisation.

Legislation and Standards
Home Care Standards – Standard 1 Effective Management
Disability Service Standards – Standard 6 – Service Management

Purpose
The purpose of this risk management policy is to minimise risks facing the organisation, to promote safe behaviour and to minimise insurance claims and premiums. Risk Management identifies risks facing the organisation and puts into place controls that can significantly reduce the probability of liabilities occurring. Risk management is an on-going process and should be incorporated in decision-making processes at all levels of the organisation.

Accountability
The Community Care Options Board will oversee the Risk Management Policy and the organisation's exposure to risk. Oversight of the effectiveness of our risk management processes and activities will provide assurance to the Board and stakeholders and will support our commitment to continuous organisational improvement.

Ownership of risks and risk treatment actions will be assigned to relevant roles within the organisation. Community Care Options has incorporated risk management accountability in executive, management and supervisory roles which are required to report on risks and risk treatment actions.

Managers are responsible for –

- the inclusion of risks into the risk management plan
- for classifying the risks
- for developing control measures to minimise the risk
- implementing control measures.

Risks may be identified by anyone within the organisation and is the responsibility of all staff.

Operational Procedures

Risk Management Plan
The CEO is responsible for the organisation's Risk Management Plan, including the review of the plan at least once every 12 months. The Risk Management Plan identifies risks to the organisation in the following categories –

- Leadership
- Strategy and Planning
- Financial Management
- Innovation, Quality and Improvement
- People
- Client and Market Focus

Risk Identification, classification and control measures
Risks have been identified as per the Risk Management Plan and Risk Register. They are classified from low to high detailing the level of likelihood of an event occurring.

Implementing control measures
Control measures that are not part of present practice are planned and implemented through the organisation's Continuous Quality Improvement Plan.

A range of risk management policies and procedures relating to Work Health and Safety are included in the Safe Care Manual.

All staff are responsible for implementing risk control measures where they identify a hazard or risk to themselves, their clients, members of the public or the organisation as a whole.

Community Care Options will monitor risks and treatment actions on an ongoing basis. Performance of the risk management system and outstanding risk treatment actions will be reported to the Board on a regular basis. Formal reviews of both the risk management system and the Risk Register will take place on an annual basis and the Board will assess the effectiveness of the Risk Management Policy annually.

Communication and Consultation
CCO will communicate and consult with its stakeholders (internal and external) on its approach to risk management.

Approving Cost of implementation of control measures
The cost will be approved by the responsible manager within the manager's delegation. If cost exceeds the Manager's delegation, it must be approved by the CEO or, if the costs exceed the CEO's delegation, by the Board of Management.

Cross Reference and Further Reading
This policy should be read in conjunction with the CCO Risk Management Plan and Risk Register.

Schedule for Revision of Policy: RISK MANAGEMENT				
Date Adopted by	**Outcome**	**Author**	**Next Review**	**Comments**
26/02/07	**new**	**A. Vaughan**	**26/02/10**	
November 2011	**Reviewed**	**D. Ryan**	**2012**	
15.8.2014	**Updated**	**D. Ryan**	**2015**	
Dec 2016	**Updated**	**D. Ryan**	**2018**	

1.15 Insurances

Position Statement
In order to achieve effective risk management in a number of areas Community Care Options will maintain current insurance policies which satisfy legislative and business requirements.

Legislation and Standards
The type and level of insurance cover will be in accordance and compliance with –
Legal and contract requirements
Board directions
Work Health & Safety legislation

Operational Procedures
At present the insurance cover is as follows –

- Public Liability – minimum $20 million
- Professional indemnity, Directors and Officers, Employment Practices Liability – minimum $10 million
- Product Liability;
- Personal Accident for Volunteers;
- Workers Compensation;
- Fire and All Risk;
- Vehicle comprehensive.

The CEO of the organisation is responsible for –

- Ensuring the organisation's risks are covered as outlined above
- advising the Board of changes in insurance requirements
- making a monthly compliance statement in relation to insurances
- reporting to the Board annually – or more often on request - on what insurances are in place.
- ensuring that a complete and up-to-date insurance register is kept.

Students
The CEO will ensure that any students on placements are covered by their Educational Institution. If not, appropriate cover will be arranged.

Staff's Personal Vehicles if used for work with the Organisation
The CEO will ensure that the vehicles of any staff are covered through their own insurance policy if used for work with the organisation. This must be a minimum of full comprehensive insurance as a condition of employment.

Insurance Register
The CEO is responsible for the maintenance of a Register of Insurance Policies. The Register must show the policy number, the insurance company and what it covers, the premium, the date paid and the expiry of the cover.

Schedule for Revision of Policy: INSURANCE POLICIES				
Adopted by Board	**Outcome**	**Author**	**Next Review**	**Comments**
01/05/2006	New	A. Vaughan	1/5/08	
26/2/07	Amended	A. Vaughan	26/2/09	
September 2011	Updated	D. Ryan	2012	
2.9.2014	Reviewed	D. Ryan	2015	
Dec 2016	Updated	D. Ryan	2018	

1.16 Financial Management

Definition
Financial management refers to the effective, efficient and legal use of funding made available to the organisation by funding bodies.

Position Statement
Community Care Options is committed to equity across the financial management of the organisation and provides high standards in maintaining the financial viability of the organisation.

As a not for profit organisation, CCO has a responsibility to comply with the financial reporting required by the federal and state governments and the Associations Incorporations Act, 1984 (NSW). CCO will also abide by the financial requirements of all applicable funding agreements, including the Department of Family and Community Services Aging, Disability and Home Care, the Commonwealth Department of Health , the Commonwealth Dept of Social Services and NSW Health.

The financial statements are a special purpose financial report prepared in accordance with CCO financial management will –

- maintain a double-entry book keeping system with accrual basis accounting;
- operate a general ledger to consolidate all financial business and provide accurate financial statements for assets, liabilities, income and expenses;
- comply with all financial reporting requirements;
- prepare financial statements in accordance with the historical cost convention;
- prepare financial statements in accordance with Australian Accounting Standards;
- implement an annual program budget process for income and expenditure planning;
- maximise the effectiveness of all assets and revenue in relation to expense.

Legislation and Standards
Associations Incorporations Act, 1984 (NSW)
Australian Accounting Standards
AASB Standards
Auditing & Assurance Standards
Financial and Performance Management Standards
Australian Taxation Office
Department of Fair Trading in New South Wales
Statements of Accounting Concepts
Statements of Accounting Standards
Urgent Issue Group Consensus Views
Historical cost convention

Responsibilities
The Board of Management is responsible for financial viability and legal compliance of the organisation. The Treasurer is responsible for ensuring that the financial policy and practices set down by the Board are followed. The Board will –

- annually ratify the budget for the organisation and for each program area;
- monitor CCO's financial situation, including assets and liabilities, cash flow, income and expenditure through monthly financial statements;
- cause remedial action to be taken where the Board deems this necessary;
- authorise and sign off on annual acquittals to statutory bodies and Government funding bodies;
- authorise asset allocations;
- receive advice from the finance sub-committee in relation to financial management.

Finance Sub Committee
The finance sub committee shall be elected by the Board and shall be empowered to act on behalf of the Board in reporting to the full Board on matters of a financial matter.

Membership
- The organisation's Treasurer
- The CEO
- The Operations Manager
- The Client Services Manager
- Any other person invited by the sub-committee to join it from time to time.

The Finance Sub-committee will meet monthly, but no less than quarterly and will report and make recommendations to the Board in relation to the organisations financial position by –

- reviewing financial reports including the balance sheet, profit and loss; statements and budget comparison reports;
- advising the Board on the financial situation including variances;
- recommending to the Board actions in regard to financial management issues;
- examining accountancy practices and recommending improvements;
- ensuring financial compliance with legislation and funding contracts.

The Finance Sub-Committee has Board of Management delegation to –

- appoint any appropriate person to the sub-committee on an ad hoc basis
- access all of CCO's financial records
- implement and or change financial procedures
- meet with and negotiate changes to the presentation of accounts with the auditor on behalf of the Board.

CEO

The CEO shall be appointed by the Board and shall be responsible for the day to day operations of the organisation.

The CEO is responsible to the Board of Management for –

- the financial management of the organisation;
- ensuring the Board has all necessary information to make sound financial decisions;
- drafting, monitoring and revising the annual budget;
- managing the annual budget;
- convening the Finance Sub-committee
- monthly progressive and accurate reporting of the balance sheet, profit and loss statement for CCO and the program budgets, and budget comparison reports;
- annual presentation of audited accounts, financial acquittals to funding bodies, financial statements to the Department of Fair Trading, an Actual Projected Income and Expenditure Statement (June) and a Projected Income and Expenditure Statement (July), any budget revisions and financial feasibility studies.

The CEO will ensure that the Board of Management receive the following timely reports on a monthly basis or at other times when required –

- Balance sheet
- Profit and Loss statement for the organisation
- Profit and loss for individual programs
- Budget comparison reports

Annually
- Annual audited accounts
- Financial acquittals to funding bodies
- Financial statements to the Department of Fair Trading
- Draft budget.

Approach

The Board of Management will develop a Business Plan, including annual budgets for Income and Expenditure, which supports the current Strategic Plan. A program budget process will be undertaken in May of each year, presented to the Board as a Projected Income and Expenditure Statement including individual program budgets. Adjustment will occur as necessary through a mid financial year and the end of year Actual Income and Expenditure Statements will be presented to the Board in June, for review prior to consideration of the new year's projected statements. No program budget will be authorised to exceed income by expenditure and therefore create a negative balance. Program budgets may carry balances forward only if an active specific grant program. All other balances may be allocated to general revenue in the following financial year.

Income will be sourced by application to federal, state and local governments, and private organisations. In addition, client contribution will be levied and in the case of private clients will be fully compensating of all service and administrative expenditure. Use of funds, record keeping and reporting will be carried out according to the requirements of the funding body and CCO's financial policy.

Expense will be either directly attributed to a program budget if a specific client expense or apportioned to appropriate program budgets in the case of indirect expenses.

Assets will be managed through an asset management plan which will include procedures for acquisition and disposal. Buildings and capital equipment owned by CCO are fixed assets and will be depreciated. While some client equipment may be considered a CCO asset, client home modifications are not.

Financial Management Principles

The CCO financial year will end 30 June each year.
An annual audit will be undertaken immediately following the financial year, by a qualified independent auditor appointed at the previous Annual General Meeting, to verify the value of CCO assets, liabilities, income and expenses. The Treasurer will present the audited report on the financial position of the organisation at the Annual General Meeting held within two months of the close of each financial year.

The Board of Management will maintain registration of CCO with the Australian Taxation Office as a not for profit organisation will comply with all Australian requirements for a business within the not for profit sector.

Taxation
Community Care Options Inc is a public benevolent institution and accordingly is currently exempt from income tax, fringe benefits tax and state duties. Its accounts are compliant with Goods and Services Tax regulations and registered for GST.

Accrual Accounting
All income will be accounted for as it is incurred and recorded in an appropriate income account to identify the funding source. Income will be allocated to program budgets for expenditure facilitating CCO client services and administrative operations. A specific income grant will be accounted for as a singular program budget and will exist for the tenure of the grant.

All expenditure will be accounted for as it is incurred. Direct expenses will be recorded against the appropriate program budget whereas indirect expenses may be recorded as operational costs or in some cases attributed in proportion to appropriate program budgets. Every expenditure will be authorised in advance via a Purchase Order and will not exceed the positive balance of the program budget at that time.

Program Budgets
Income will be estimated by the CEO and the Finance Sub-Committee, and allocated to program budget areas in May of each year. Expenditure of the annual program

budgets will then be planned through a consultative process with those employees in charge of specific program budgets. Program budgets will be included in the Projected Income and Expenditure Statement of CCO for that financial year. A mid year review may prompt the Finance Sub-Committee to recommend adjustments to relevant program budget expenditures for the second half of a year.

Each program budget will be allocated a Chart of Accounts code which will be utilised for allocating all income and expense related to that program.

Community Care Options records will be kept in such a way as to allow separate identification of income and expenses relating to each grant. These records will be kept for a minimum of 5 years.

Income
Funding - Government sources
CCO receives funding from a number of government sources including -

The Department Family & Community Services Ageing, Disability and Home Care (ADHC) funds a number of programs - the Community Care Support Program, the Disability Services Program, Supported Living Fund, and YPIRAC.

The Australian Government's Department of Health funds Home Care Packages. CCO also receives an allocation of funding under the Commonwealth Home Support Program (CHSP).

The NSW Department of Health provides funding for our Compacks program. This is sub contracted from Community Options Australia Inc.

Funding Grants
CCO will widely seek funding as a service provider, in the areas of health and welfare support, to maintain independent living standards for vulnerable residents within the local community.

CCO's program budgets will allow separate identification of each grant as income and expenditure for the purpose of verification and reporting. These program budgets will have a defined tenure however financial records are to be kept for a minimum of five years.

Application for Funding Grants is the role of the CEO. Acquittal requirements will be managed by the CEO in conjunction with the Client Services Manager and the Finance Manager.

Client Contribution when serviced by a Funded Program
A client may be requested to make contribution for services provided however persons who are assessed as being in need of a funded program service will receive the service, regardless of capacity to pay.

Prior to commencing service the client and/or representative will negotiate a monthly contribution amount with their Support Planner, taking into account the person's individual capacity to pay, equity with other clients, the total effect of the range of liabilities being paid by each client, including housing and disability commitments. All

client information will be treated in strictest confidentiality. The agreed contribution will become the basis for monthly billing and may be renegotiated if necessary.

A contribution will not be considered for services of information, advocacy, assessment and review of services unless the client is seeking private services. Clients may choose to pay for additional support over and above the level offered by the government subsidised program and these services will be considered as private. Where a government funded program provides the supplementary services the full cost as per a private service must be paid, not the usual contribution for a funded service.

Client contributions for funded program services will be levied according to financial capability. Contributions will be accounted for through program budgets, with any outstanding levied contributions considered uncollectible being written off on an annual basis. The finance sub committee is authorised to approve the writing off of debts deemed uncollectable.

Private sources
CCO's strategic direction includes the provision of case management and direct services on a fee-for-service basis. The CEO will actively promote this area of activity, including the production and updating of a relevant prospectus, in order to diversify CCO sources of income. The decision to provide such services are based on the following considerations –

- capacity to supply relevant staff
- the requirements of the contract are within the skills and competencies of CCO staff
- the requirements of the contract are within CCO policies and procedures, eg. staff would not be contracted out where the work environment exposes staff to significant work health and safety risks.

Private Clients
Client contributions for private case management and service provision will be levied according to actual CCO expense, plus an additional margin. Private services income will be accounted for through a program budget but considered general income and therefore may be reallocated by the Finance Sub-Committee. No private services will be available without full client payment.

Private clients will make regular monthly contribution for services provided. A Private Services Contract will be agreed and signed between CCO and each private client prior to commencement of services, to ensure that CCO will not incur any unpaid liability as a result of supplying privately provided services.

Operational Income
Income from administrative operations will be accounted for through a program budget but considered general income and therefore may be reallocated by the Finance Sub-Committee.

Donations, Gifts and Bequests
CCO employees are not allowed to receive any gifts or bequests from CCO clients. As a not for profit organisation with charitable status CCO may receive a donation, gift or bequest from a client, benefactor or organisation however will not elicit such funding.

Investment Income
CCO will not seek income from investment other than to maximise the interest income earned by deposited funds or profit from asset management.

Financial Risk Management
Financial risk of loss and unplanned liability due to business and operational risk will be minimised by systematic and documented risk management strategies and procedures. The practice of risk management is an ongoing process and should be continuously incorporated into all levels of financial operations for protection against an adverse impact on CCO business from –

- liquidity
- credit
- corporate and bank guarantees
- delegation of authority
- capital investment
- employee conduct
- health and safety
- asset protection
- operational security
- insurance.

The CCO Risk Management policy addresses financial risk. The Finance Sub-Committee has responsibility for internal compliance and control with further responsibility to the CEO and Operations Manager for monitoring and reporting of all CCO financial practices to the Board of Management.

A number of financial control processes will be undertaken to ensure that information to the CEO and the Board of Management is both accurate and timely.

These control processes include –

- annual audit by the external auditor
- half year review by the Finance Sub-Committee;
- internal audit program undertaken by the Operations Manager to review the quality and effectiveness of internal processes, procedures and controls;
- CEO review of the balance sheet and internal control environment;
- quarterly review of financial performance compared to projected budget and actual income and expenditure by program budget;
- analysis of financial performance and significant balance sheet items to comparative periods.

Delegations
The Community Care Options Board determines the delegated authorities of signatories. All changes to delegated signatories are made via Board resolution.

Delegated Authority to Authorise Expenditure
The Board delegates the following authorities in relation to approvals of expenditure

Amounts up to $	Expenditure relating to	Position
$10,000.00	All expenditure	Client Services Manager Operations Manager Finance Manager
$50,000.00	All expenditure	CEO
Wages up to $200,000	Wages	Any two Managers – CEO Operations Manager Client Services Manager Finance Manager
$100,000. 00	All Expenditure	A member of the Board Executive
Expenditure above $100,000.00		Any two members of the Board Executive.

All cheques require two signatures. However, the only positions who may sign cheques on behalf of the organisation are the following –

- All Office Holders of the Board of Management
- CEO
- Operations Manager
- Client Services Manager
- Finance Manager
- Any delegated person authorised to act in the above positions.

All cheques must be authorised as outlined in the above table for purchases.

Cheque Handling and Signatures
- The organisation uses pre-printed cheques that incorporate a cheque requisition and cheque authorisation form
- Cheques presented for signature must be accompanied a duly authorised order, invoice, or other supporting documentation
- Cheques must be signed by two duly authorised people.

In order to strengthen the organisation's financial controls, the person authorising a payment must not sign the corresponding cheque, unless this person is the CEO. The CEO may authorise expenditure as well as signing the corresponding cheque. This is because of the Finance Sub-committee' s scrutiny and the CEO's reporting requirements to the Board are deemed to constitute reasonable financial controls.

Financial Procedures

General Ledger Account Management
Accounts payable and receivable records will be kept current by month.
The Chart of Accounts will be accurately coded to program budgets for both Income and Expense entries.

General Ledger accounts will be regularly reported to the CEO and the Board of Management.

General Ledger records will be audited by an external auditor each year.
Closure of program budget accounts will occur as necessary at the end of each financial year as a part of the rollover process.

A Program Budget balance may be allocated to CCO general revenue if not a specifically audited grant. A deficit balance may be carried forward into the next financial year for an ongoing program budget.

Banking and Investment
CCO will utilise a range of banking and investment products and procedures intended to maximise the value and effectiveness of CCO assets and to minimise the associated costs of client services delivery and administrative operations.

Banking and investment arrangements will only be undertaken with authorised deposit taking institutions incorporated within Australia, and will reflect a variety of strategies appropriate to CCO current and long term liabilities and funding body requirements. CCO may invest funds not required within a thirty day period into investment strategies which provide a greater return than at call accounts, and which can become available according to cash flow requirements.

Cheques and/or electronic banking (transfers) may be used to process liabilities or wages, both forms of payment require the signature of two authorised persons. Reconciliation of CCO accounts with banking institution statements will be completed monthly.

Bank Accounts
Community Care Option's Bank Accounts are held at nominated financial institutions within the Coffs Harbour region. The accounts shall consist of –

- 1 cheque account for daily use
- Investment accounts as required
- Other accounts deemed necessary from time to time.

Cheque Account –

Westpac located at –
Credit Union House
16 Cooper Street
Macksville 2447
Member no. 48291

Electronic Banking

The organisation processes a number of payments including wages by electronic transfer. Electronic transfers require the signature of two duly authorised persons. For additional security senior electronic signatories (CEO and Operations Manager) to the account are required to use additional password protection by use of a banking token.

Debit Card

Community Care Options operates a Debit Care for the purpose of purchasing those items that can be purchased via debit card facilities. The Debit Card account is held at a nominated financial institution within the Coffs Harbour region. The account shall be linked to the organisational cheque account. The card is in the name of the CEO, and she will be accountable for all expenditure through this card.

Loyalty scheme benefits associated with a credit card are to be used for CCO business purposes and not individual employee gain.

Petty Cash

A petty cash system, will be operated by Community Care Options for staff, and may be used for direct payment of small services. The amount of petty cash held in the various locations is a maximum as follows –

* Coffs Harbour $2,000.00
* Urunga $1,000.00
* Woolgoolga $1,000.00

From time to time the CEO may increase the levels of petty cash for operational purposes.

Payroll
* All termination payments will be checked by the supervisor of the person who processes payroll in relation to the termination payment.
* Leave applications cannot be checked or approved by the person applying for leave
* An external payroll audit will be conducted annually
* An internal payroll audit will be conducted quarterly or as deemed required by senior management.

Not for Profit Organisation financial benefits

CCO will apply for remission of general rates and utility charges, insurance and other discounts, tax benefits and/or any other products for which it is eligible as a not for profit community based organisation.

CCO will also extend to its employees any benefit for which employees of a not for profit organisation are eligible.

Financial Reporting

Required of a not for profit organisation –

- Grant Acquittals
- Australian Taxation Office, including BAS
- CCO Board of Management.

Payroll and Salary
Award Contracts and employment conditions

CCO will negotiate employment conditions according to -
- the National Employment Standards
- the Social, Community, Home Care and Disability Services Industry Award 2010 (State) Award,
- non award and agreed upon salary and entitlements.

Payment of Employees

Wages shall be paid –

- at least fortnightly by electronic funds transfer.
- as a result of an employee completing and signing a timesheet, approved by the relevant Manager.
- during working hours on a weekday being not more than five days following the end of the pay period. In the case of electronic funds transfer payments, wages shall be transferred to the nominated account within 12 hours of the close of business on the nominated pay day.
- from eligible leave when an approved Leave Application form has been submitted with a timesheet.

A Pay Advice Slip will be emailed to the employee or available from one of CCO offices.

Payroll Calculation

Payroll calculation and banking processes shall be carried out according to the payroll processing manual. Two authorised signatories are required, as per the cheque and electronic banking authorisation procedures.

Salary Sacrifice Calculation and Management

Where an employee has chosen to salary sacrifice, the calculation, processing and payment of the salary sacrifice amount will occur as per the guidelines for payment of wages to employees.

Leave Application Process

Processing of leave payment will only occur when a completed and authorised Leave Application Form is submitted with, or in place of, an employee's timesheet.

Salary Increment

Increment to a wage rate will only be calculated for payroll purposes when a completed wage increment authority form has been received by the payroll officer.

Payroll Inquiry Process
All termination payments will be verified and authorised by the CEO.
The Leave Application process must be complete prior to inclusion in payroll calculation.

Salary Sacrifice
Community Care Options is a not-for-profit organisation with benevolent institution status and can offer permanent employees the opportunity to salary package part of their salary.

Legislation & Standards
Australian Taxation legislation
Fringe benefits Tax
Awards

Permanent employees may participate in salary sacrificing packaging.
The salary packaging benefit is applicable up to $16,050 per year of the employees annual salary. Private use of company motor vehicles will reduce this amount.

Salary packaging will be administered through an external agency – Westpac Salary Packaging. Employees wishing to salary package should obtain an information pack from the finance department and read the information booklet provided by Westpac carefully for full terms and conditions. Employees are encouraged to seek independent financial advice before requesting to salary package part of their salary.

The organisation reserves the right to terminate this benefit in the future. Staff will be given one months notice of any changes to these arrangements or of termination of the benefit.

In order to assure that the fringe benefits paid to staff comply with relevant legislation and do not incur additional costs to the organisation, CCO will conduct an internal audit on FBT each January, to allow adjustments to be made in good time for the end of the FBT year at the end March.

Salary sacrifice wages are currently paid to the nominated employee bank account by electronic transfer overnight on payday.

Personal Expenses
Will be reimbursed to employees under certain conditions. Payment of expenses will be processed on receipt of an Expense Claim Form which includes the Chart of Accounts code for the correct Program Budget.

Schedule for Revision of Policy: FINANCIAL MANAGEMENT				
Date Adopted	Outcome	Author	Next Review	Comments
1/05/06	revised	A. Vaughan	1/05/08	
1.12.2011	Reviewed	L. Chowdhury	2012	
December 2012	Reviewed	L. Chowdhury	2014	
15.8.2014	Reviewed	D. Ryan	2016	

1.17 Fraud Risk Management Policy

Definition
Fraud is a deception deliberately practiced in order to secure unfair or unlawful gain. Fraud is both a civil wrong (ie a fraud victim may sue the fraud perpetrator to avoid the fraud and/or recover monetary compensation) and a criminal wrong (ie a fraud perpetrator may be prosecuted and imprisoned by governmental authorities).

Position Statement
Community Care Options will not tolerate fraud in any aspect of its operations. Community Care Options will investigate any suspected acts of fraud, misappropriation or other similar irregularity. An objective and impartial investigation, as deemed necessary, will be conducted regardless of the position, title, length of service or relationship with the organisation of any party who might be the subject of such investigation. Any fraud shall constitute grounds for dismissal. Any serious case of fraud, whether suspected or proven, shall be reported to the police. Any person reporting a fraud, or a suspected fraud, shall suffer no penalty in their employment.

Legislation and Standards
Effective Management

The purpose of this policy is –

- To ensure that all parties are aware of their responsibilities for identifying exposures to fraudulent activities and for establishing controls and procedures for preventing such fraudulent activity and/or detecting such fraudulent activity when it occurs.
- To provide guidance to staff/volunteers/contractors as to action which should be taken where they suspect any fraudulent activity.
- To provide a clear statement to staff/volunteers/contractors forbidding any illegal activity, including fraud for the benefit of the organisation.
- To provide assurance that any and all suspected fraudulent activity will be fully investigated.

Responsibilities
The Board of Community Care Options has ultimate responsibility for the prevention and detection of fraud and is responsible for ensuring that appropriate and effective internal control systems are in place.

The CEO is responsible for investigating instances of fraud reported to them.
All managers must ensure that there are mechanisms in place within their area of control to –

- Assess the risk of fraud;
- Educate employees about fraud prevention and detection; and
- Facilitate the reporting of suspected fraudulent activities.

Management should be familiar with the types of improprieties that might occur within their area of responsibility and be alert for any indications of such conduct.

All staff/volunteers/contractors share in the responsibility for the prevention and detection of fraud in their areas of responsibility.

All staff/volunteers/contractors have the responsibility to report suspected fraud. Any staff member, volunteer or contractor who suspects fraudulent activity must immediately notify their supervisor or those responsible for investigations.
In situations where the supervisor is suspected of involvement in the fraudulent activity, the matter should be notified to the next highest level of supervision or to the CEO.

Operational Procedures
Fraud prevention accounting procedures shall be incorporated in the organisation's policies relating to Authority to Sign Cheques, Reimbursement of Expenses, Financial Transaction (credit and debit) Cards, Acceptable Use of Computers, Acceptable Use of Vehicles and Equipment, Cash Management & Income Handling, and any other relevant policies.

Fraud prevention procedures shall be incorporated in the organisation's policies relating to Staff Recruitment and Staff Induction.

All complaints of suspected fraudulent behaviour must be reported to the CEO. Upon notification or discovery of a suspected fraud, the CEO will promptly arrange to investigate the fraud. The CEO will make every effort to keep the investigation confidential; however, from time to time other members of the management team will need to be consulted in conjunction with the investigation.

After an initial review and a determination that the suspected fraud warrants additional investigation, the CEO shall coordinate the investigation with the appropriate law enforcement officials. Internal or external legal representatives will be involved in the process, as deemed appropriate.

Once a suspected fraud is reported, immediate action will be taken to prevent the theft, alteration, or destruction of relevant records needs to occur. Such actions include, but are not necessarily limited to, removing the records and placing them in a secure location, limiting access to the location where the records currently exist, and preventing the individual suspected of committing the fraud from having access to the records.

Where a prima facie case of fraud has been established the matter shall be referred to police. Any action taken by police shall be pursued independent of any employment-related investigation by the organisation.

If a suspicion of fraud is substantiated by the investigation, disciplinary action, up to and including dismissal, shall be taken by the appropriate level of management. The organisation will also pursue every reasonable effort, including court ordered restitution, to obtain recovery of the losses from the offender.

Vendors and contractors shall be asked to agree in writing to abide by these policies and procedures.

No employee of the organisation, or person acting on behalf of the organisation in attempting to comply with this policy shall –

- be dismissed or threatened to be dismissed;
- be disciplined or suspended or threatened to be disciplined or suspended;
- be penalised or any other retribution imposed, or
- be intimidated or coerced,
  - based to any extent upon the fact that the employee has reported an

incident or participated in an investigation in accordance with the requirements of this Policy. Violation of this section of the Policy will result in disciplinary action, up to and including dismissal.

If an allegation is made in good faith, but it is not confirmed by the investigation, no action will be taken against the originator.

Related Documents
- Authority to Sign Cheques Policy
- Reimbursement of Expenses Policy
- Financial Transaction Cards Policy
- Acceptable Use of Computers Policy
- Acceptable Use of Vehicles and Equipment Policy
- Cash Management & Income Handling Policy
- Staff Recruitment Policy
- Staff Induction Policy

Fraud Risk management Policy			
Date	Outcome	Author	Review
13.10.2014	Adopted	L Chowdhury	
December 2016	Updated	D. Ryan	Dec 2018

1.18 Contracting

Subcontracting services from other agencies/businesses
CCO may subcontract services from businesses within the community.
Before contracting services from a contractor CCO will –

- confirm in writing any service requests to the contractor using the appropriate CCO Service Request form;
- require the contractor to sign the Service Agreement for small contractors;
- view and retain copies of the contractor's current public liability insurance policy and workers' compensation insurance policy (if applicable);
- sight and record the ABN number;
- Contractors will also be required to undertake a Federal Police Check
- Contractors will be required to comply with CCO Privacy and Confidentiality policies and procedures
- Contractors will also be requested to comply with and participate in work health and safety policies and procedures.

Performance Monitoring
Community Care Options in conjunction with clients will -

- assess that a contract is being fulfilled on the basis of the outcomes achieved by the contractor and the contractor's fulfilment of all contract requirements; &
- encourage the client to report any failure of subcontracted staff members to meet their contractual obligations.

Client Services
All purchases of client services must be in accordance with the relevant program's funding contracts.

- Only high quality and cost effective services will be purchased.
- The organisation may enter into contracts to purchase services from government funded agencies and/or from private contractors.

The organisation will only purchase services from agencies who have entered into a service agreement with the organisation.

Contracting staff from other agencies
Community Care Options will contract staff only from agencies with whom they have entered into a Service Agreement. Prior to contracting staff, CCO management will –

- Check out references as to the suitability of the contractor as an employer;
- For non-government funded contractors, sight relevant policies;
- Sight and record any relevant insurances, eg. workers compensation, public liability, professional indemnity; and
- Sight and record ABN number.

The CEO and management team has delegation to enter into service agreements with Contractors. Service agreements are signed by the CEO but not under the

organisations official seal.

Contracting staff to other agencies
CCO will enter into a service agreement, which is originated by the contractor. It is the responsibility of the CEO to ensure the organisation is willing and able to comply with the clauses in the Service Agreement. The CEO has delegation to enter into service agreements with Contractors. Service agreements are signed by the CEO but not under the organisations official seal.

Promotion of Fee for Service Work
The CEO is responsible for the promotion of this activity, including the production and updating of a relevant prospectus.

Contract Rates
Contract rates are set for a period of 12 months and will be reviewed at the end of that period. To calculate rates the following is taken into consideration –

- contract rates must not be lower than the unit cost - the full cost of employment, including on-costs and training cost as well as costs for support staff and overheads
- a margin of between 15 and 25% is added to the full cost
- an alignment with rates charged by competitors for equivalent services.

Schedule for Revision of Policy: Contracting				
Date Adopted	**Outcome**	**Author**	**Next Review**	**Comments**
1/05/06	revised	A. Vaughan	1/05/08	
1.12.2011	Reviewed	L. Chowdhury	2012	
December 2012	Reviewed	L. Chowdhury	2014	
15.8.2014	Reviewed & updated	D. Ryan	2016	
Dec 2016	Updated	D. Ryan	2018	

1.19 Asset Management

All CCO fixed and current assets will be managed according to the asset management plan. The following are general financial procedures relating to the acquisition, disposal and accounting of assets.

Capital Purchases

All capital purchases, costing in excess of $1,000 each, will be processed through Community Care Options official purchase order process. All purchase orders must be approved and signed by a Manager of the organisation.

All capital purchases costing less than $1,000 will be an expense in the year of purchase.

Asset Register and Depreciation

Current and fixed assets will be depreciated according to the asset management plan.

An asset is depreciated over its useful life commencing at the time the asset is ready to use.

Non Current Assets

The Curacoa St premises are being depreciated over the twenty year lease period of the land.

Client Equipment

All purchases of client equipment must be in accordance with the relevant program's funding contracts.
Only high quality and cost effective items of equipment will be purchased.
The organisation will keep an asset register recording a description of the goods, the date of purchase, where purchased and cost.
All equipment purchased with a value in excess of $1,000 will be an asset.
All equipment with a value below $1,000.00 will be expensed in the year of purchase.
Where possible, items purchased for clients which are of a durable nature and which are transferable will be recovered when no longer needed by a client and used again. Such items will be treated as a loan, with the client's agreement to the loan documented and signed by the client.

The CEO may approve the writing off of client one-off purchases where -

- it is considered that the cost of retrieval outweighs the value of the item;
- it is not possible or difficult to retrieve an item; or
- other factors or needs suggest that retrieval is not desirable.

Home Modifications

The organisation may use one-off funds to purchase home modification, maintenance, equipment or one-off services (such as installation of equipment) for clients where such services cannot be provided by other agencies or programs.
In the case of Home Care Packages clients, where home modifications above $2,000 are required, the organisation will negotiate with Home Maintenance and

Modifications to obtain a HACC subsidy for the excess amount.

Acquisition

Acquisition of assets –

- will support the current CCO Strategic and Business Plans
- will follow asset management plan guidelines
- will utilise a Purchase Order
- in the case of a motor vehicle, will be made according to the Motor Vehicle Policy.

Acquisition of services must follow the guidelines above and will be via a contract from government funded agencies and/or from private contractors.

Disposal

In the case of a motor vehicle, will be made according to the Motor Vehicle Policy.

Schedule for Revision of Policy: Asset MANAGEMENT				
Date Adopted	Outcome	Author	Next Review	Comments
1/05/06	revised	A. Vaughan	1/05/08	
1.12.2011	Reviewed	L. Chowdhury	2012	
December 2013	Reviewed	L. Chowdhury	2014	
15.8.2014	Reviewed	D. Ryan	2016	
Dec 2016	Updated	D. Ryan	2018	

1.20 Phones

Position Statement
Community Care Options makes available desktop and mobile phones where applicable. All phones remain the property of Community Care Options.

Desktop Telephones
All staff are provided with a desktop phone where applicable. Desktop phones are to be manned by the person whom they have been allocated to. It is the responsibility of all staff to ensure they answer the phone with 4 rings or provide message services on their desktop phone.

Mobile Phones
Staff are issued with mobile phones where applicable. The mobile phone supplied by CCO remains the property of the organisation and is to be used by the authorised staff member only.

Staff issued with the organisation's mobile phones have the responsibility to –

- ensure only authorised staff members have access to the phone, not family and friends;
- ensure the mobile phone is kept in a safe place to minimise theft, eg. not leaving it in the car;
- treat the phone with care and keep it in a clean condition;
- report immediately if the phone has been stolen or lost; and
- report immediately any faults.

Phone Charges
The organisation pays all rental charges as well as the following call charges –

- all business calls;
- one phone call per day to family when staff members are away overnight on the organisation's business; and
- a phone call home when staff members run late on a working day.

Staff will check their monthly mobile phone account and pay for any private calls other than those specified above.

Staff are asked to –

- Use the phone in a hands-free position if possible;
- Keep the phone as far as possible from their head; and
- Keep calls short to minimise exposure to the mobile phone and contain call costs.

Mobile Phone Contact
To ensure quality service provision to clients, all direct care staff must be able to be contacted by mobile phone during usual working hours. Therefore, all direct care staff are required to have a mobile phone capable of receiving voice and text

messages. This will allow staff to be advised of changes to their roster, urgent safety issues, cancellation of shifts etc. Telephones must be switched on during the usual hours of work, which are from 7.00am – 8.00pm, or at other times when staff are rostered to work.

Use of Mobile Phones
Mobile phones will be issued to direct care staff in the following instances –

- Where a direct care staff member does not have their own mobile phone and
- Where the staff member is rostered to work:
- where any WH&S issues deem it necessary for a direct care staff member to have access to a mobile phone
- with a client who does not have a telephone or will not permit the direct care staff to use their phone.

Mobile phones will be issued for the period of service required rather than on an ongoing basis.

Mobile phones are available in each office for the use of Support Managers and other staff who are leaving the office to complete client home visits etc to allow for contact and safety issues.

Schedule for Revision of Policy: Phones				
Date Adopted	**Outcome**	**Author**	**Next Review**	**Comments**
15/08/05	**Amended**	**A. Vaughan**	**15/08/07**	
28/08/06	**Amended**	**A. Vaughan**	**28/08/08**	
1.12.2011	**Amended**	**D. Ryan**	**2013**	
6.1.2014	**Reviewed**	**D. Ryan**	**2016**	
Dec 2016	**Updated**	**D. Ryan**	**2018**	

1.21 Motor Vehicle Policy

Position Statement
Community Care Options is committed to providing a fleet of motor vehicles for operational use which is suitable for the purpose of the organisation and provides a high level of safety to its clients and employees in carrying out the business of the organisation.

Legislation and Standards
NSW Road Transport (Safety & Traffic Management) Act 1999
NSW Road Transport (Vehicle Registration) Act 1997
NSW Road Transport (Driving Licensing) Act 1998
NSW Road Transport (General) Regulation 1999
Australian Taxation Office
Social, Community, Home Care and Disability Industry Award (MA000100)
Workcover NSW – Work Health & Safety Act 2000

Operational Procedures

Acquisition
When purchasing motor vehicles, the organisation will consider the following in its decision –

- Written quotes for all vehicles considered for purchase
- Total cost of the vehicle to the organisation, including purchase price, future running costs and the anticipated re-sale value.
- Economically sound vehicles at government contract price.
- Relevant safety standards that meet manufacture warranty.
- Stamp duty exemptions and GST claims
- Where possible vehicles exempt from FBT.

Fleet Management
In order to minimise expenditure and to capitalise on return the organisation will –

- Replace vehicles when they are a maximum 3 years old, but may retain motor vehicles for turnover at a later point in time.
- Ensure motor vehicles belonging to the organisation's fleet remain registered, are comprehensively insured and have access to emergency breakdown services.
- Ensure that fleet vehicles are equipped with fuel card, first aid kit, list of emergency telephone numbers and a copy of the procedure on what to do in the event of an accident.

Disposing of the organisation's vehicles
The organisation aims to receive the best possible return from the disposal of its fleet vehicles.
- Resale figures will be collected from local car dealers and where appropriate from auctioneers.
- A tender process will be implemented.

- The vehicle will be sold to the highest bidder.
- People tendering will be informed of the success or otherwise of their tender price.

Fleet Maintenance

The organisation is responsible for ensuring that –

- All fleet vehicles are serviced in accordance with their service handbook.
- All fleet vehicles have regular checks and maintenance in regards to oil, tyre wear and pressure, batteries and windscreens.
- Any damage to the organisations vehicles is recorded via an incident report.

Motor Vehicles owned by the organisation –

- Motor vehicles are registered as part of the organisation's assets register;
- All vehicles are comprehensively insured;
- All vehicles have access to an emergency breakdown service;
- The administration department arranges repairs and maintenance of the organisation's vehicles.
- Prior to driving the organisation's vehicles, staff members must produce their driving license. A copy of this will be kept on their file. The organisation will monitor the currency of the licence.
- On commencement of employment with the organisation, employees have a duty to disclose any circumstances under which their license may be terminated or suspended (for example if they have incurred 8 or more demerit points) or if they are currently under probation as a result of a driving infringement. Employees must also advise the CEO immediately if their driver's licence is suspended or cancelled;
- All drivers of the organisation's vehicles are responsible for logging travel details, e.g. date and time and kilometres travelled, etc.;
- A petrol credit card is attached to each vehicle. All petrol must be purchased by this credit card;
- Each car carries a first aid kit;
- Disabled parking permits are available from the office;
- Emergency telephone numbers are kept in the glove compartment of each vehicle;
- Cars must be kept clean; and
- Smoking in the organisation's vehicles is not allowed.

The organisation's motor vehicles may be used for private travel by approved staff members. Approved staff members will sign an agreement with the organisation to this effect.

Staff Members driving the organisation's vehicles
- Prior to driving the organisation's vehicles, staff members must produce their drivers licence. A copy will be held on file.
- It is the responsibility of the organisation to monitor currency of licences annually.

- On commencement of employment with the organisation, employees have a duty to disclose any circumstances under which their licence may be terminated or suspended, or if they are currently under probation as a result of driving infringement.
- Employees must notify the organisation immediately if their drivers licence is suspended or cancelled.

All drivers of the organisations vehicles are responsible for –

- Logging travel details, eg date and time, kilometres travelled, purpose of the journey.
- Purchase petrol using the nominated fuel card.
- Ensure that there is no smoking in organisational vehicles.
- Ensure that no food or drink is consumed in organisational vehicles.
- Reporting all faults, damage or accidents and near misses involving organisational vehicles.

Private Use of Vehicles
- The organisation's motor vehicles may be used for private travel by approved staff members from time to time in accordance with organisational policy and subject to an agreement between the organisation and the employee.
- Private use of the organisation's vehicles may affects an employee's salary sacrifice abilities. Employees should seek independent advice on how such an arrangement would affect their financial position.
- Approved staff members will sign an agreement with the organisation relating to the private use conditions prior to commencement of any private use of the organisation's vehicles.
- Private use of company fleet vehicles is limited to employees with private use and their spouse and board members.
- Employees with private use provisions may not take fleet vehicles on single trips exceeding a total of 100km radius of Coffs Harbour without prior permission from the CEO.
- Employees with private use provisions may not take any fleet vehicles on annual leave and must return the vehicle within 2 days should the employee be unavailable for work due to illness or any other reason.

Use of Fleet Vehicles
- Drivers of organisational vehicles, or of own vehicles whilst carrying out organisational business are expected to drive safely, comply with the law and obey road rules.
- All vehicles form part of Community Care Options' fleet.
- All vehicles must be available for organisational use during normal working hours.
- Hitchhikers may not be picked up in organisation's motor vehicles.
- Fleet vehicles may not compete in any car rally or competition.

Maintenance & Repairs

- It is the responsibility of the organisation to maintain all standard services are carried out at correct time. This includes any necessary arrangements to get the car to and from the dealer's workshop.
- The organisation may delegate maintenance and repair responsibilities to employees who have private use agreements in place.
- Employees of the organisation have the responsibility to notify the organisation of any abnormal wear and tear with any company fleet vehicle in order that corrective action may be taken.
- Employees with private use privileges of fleet vehicles are responsible for checking tyre pressure, oil, radiator and batteries at least monthly.
- Employees with private use privileges will keep fleet vehicles clean and presentable, the necessary work being carried out in the Employee's own time.
- Company fleet vehicles must be parked of street or preferable under cover.
- All matters of mechanical repairs are to be referred to the organisation. The organisation will advise employees with private use privileges if vehicles are to be taken to a workshop for repairs.
- All employees have a responsibility to notify the organisation should a company fleet vehicle require repairs of any kind.

Vehicle running cost

- The organisation will pay for all running costs associated with company fleet vehicles, including but not limited to - registration, repairs, maintenance and insurance, fuel.
- Employees will meet the cost of private usage.
- Employees are to maintain logbooks, which are located in every company fleet vehicle, recording all business and private use of the vehicle.
- Logbook records, together with receipts for any fuel card purchased fuel or privately purchased fuel, will be submitted monthly to Finance department, who will keep the records on file.
- The finance department will be responsible for invoicing all employees who record private use at a determined rate which may vary at the discretion of management.
- Whilst employees are not, at this point in time, required to pay a lease fee for private use of the car, the Organisation may institute such a fee in the future, if it so deems necessary.

Eligible Drivers

Providing an appropriate driver's licence has been sighted by the CEO, the following persons may drive the organisation's car unaccompanied -

- a staff member of the organisation;
- a Board of Management member of the organisation; and
- the partner of the staff person, who has private use of the car.

In addition -

- In an emergency, any person, when accompanied by the authorised

Employee. The authorised Employee needs to sight the proposed driver's valid driver's licence, before allowing that person to drive the organisation's car; and

- The organisation's cars may not be used by drivers on a learner's licence.

Accidents

- Should the car be involved in an accident, the driver concerned must follow the policy of the organisation – seek, give immediate first aid assistance if required, phone CCO Manager and advise, swap details with other driver, phone the police.
- In the event of an accident during business use of the company vehicle the employee will be responsible for the excess payment not covered by the car's insurance policy if the accident was the fault of the employee.
- In the event of an accident during private use of the car the employee will be responsible for the excess payment not covered by the car's insurance policy.
- An employee convicted of drink-driving in association with an accident involving an Organisation vehicle, must pay the cost of all associated repairs or loss to the Organisation.

Sanctions

The organisation retains the right to terminate any private use agreements.

Schedule for Revision of Policy: Motor Vehicle Policy				
Date Adopted	**Outcome**	**Author**	**Next Review**	**Comments**
1996	**adopted**	**A. Vaughan**		
29/1/07	**amended**	**A. Vaughan**		
26/3/07	**amended**	**A. Vaughan**	**23/06/10**	
June 2010	Amended & adopted	D Ryan		
17.7.12	Amended	D Ryan		
9.7.2014	Reviewed	D. Ryan	2016	
Dec 2016	Updated	D. Ryan	2018	

1.22 Conflicts of Interest

Definition
'Conflict of interest' is defined as a situation where a person has a personal interest in a matter the subject of a decision or duty of the person. A conflict of interest may arise in the discharge of a member of the organisations' official functions or duties, including decision-making, handling complaints, applying policy, procedures, codes, reporting, and supervising staff.

Conflicts of interest can be financial or personal and involve the interests of the member of the organisation or members of their family. A lack of impartiality may arise as a result of a family relationship, close friendship or enmity, whether or not financial loss or gain is involved.

Position Statement
Community Care Options is committed to managing and operating in a transparent and ethical way at all times. At times, a conflict of interest may arise for Board Members or members of staff (hereafter referred to as members of the organisation).

Avoiding Conflicts of Interest
If the member of the organisation has a potential or actual conflict of interest (that is, where they could be influenced or could appear to be influenced in the performance of duties) they must inform their supervisor (in the case of a staff member) or the Chairperson (in the case of a Board Member or the CEO).

All members of the organisation must –

- perform their duties impartially;
- avoid situations in which private interests of whatever nature conflicts or might reasonably be conceived to conflict with their duty to the organisation;
- not solicit or accept any remuneration, gifts, hospitality or other benefit for the discharge of duties from people outside the organisation.
- not to gain a direct or indirect financial advantage for himself or any other person over and above the official remuneration through discharge of the official duties.

Examples of Avoiding Conflicts of Interest
Board Members will absent themselves from discussions of matters in which they have an actual or potential conflict of interest and will not vote on decisions relating to such issues.

Staff will not administer or oversee –

- tendering processes where they or a family member submit a tender
- recruitment for a position they or a family member applies for
- engagement of a contractor to perform work for the organisation against payment.

Disclosing Conflicts of Interest
Members of the organisation are responsible for reporting any actual or potential conflict of interest involving them or their families to the following –

- Employees report to their manager who is a member of the management team;
- Board Members and the CEO to the Chairperson of the organisation.

Implementation
After a conflict of interest has been reported, the supervisor or chairperson may take one of the following steps –

- The Manager or the Chairperson will give direction as to what if any future involvement there should be in the matter give written authorisation for the member to continue their involvement in the process
- require the person to cease acting in any or all aspects of the matter;
- issue any other directive required to avoid the conflict of interest.

Conflict of Interest to be added as an agenda item for each Board meeting. Board Members are to identify any conflicts of interest in relation to matters identified for discussion at the commencement of each Board meeting.

Recording
All reports of conflicts of interest and all directions given about handling each matter will be recorded in the Conflict of Interest Register.

Conflict of Interest Register

Date	Person reporting the conflict	Conflict reported to	Nature of conflict	Outcome	Signature

Schedule for Revision of Policy: CONFLICT OF INTEREST POLICY				
Date Adopted	**Outcome**	**Author**	**Next Review**	**Comments**
30/07/2007	**Adopted**	**A. Vaughan**	**30/07/2010**	
Dec 2009	**Reviewed**	**D. Ryan**		
December 2011	**Updated**	**D. Ryan**	**2013**	
22.9.2014	**Reviewed & updated**	**D. Ryan**	**Sept 2015**	
Dec 2016	**Updated**	**D. Ryan**	**Dec 2018**	