

## POLICIES, PROCEDURES AND KEY DOCUMENTS: RESIDENTIAL CARE

### Background

The Governing Body has key responsibilities in relation to policy development, review and implementation and should also be aware of how these fit into a broader framework of policy, procedures, processes and other key documents which are essential for effective governance of the organisation. Governing bodies are accountable for the delivery of safe and quality care and services and need to know about, and be confident that they have effective policies, procedures and processes in place to support this.

### Definitions and Rationale

#### Policy

- A Policy is a statement of position – it's **what** the organisation believes about a subject – the stance they take and why.
- Policy focuses on the '**mindset**' / **intent** that the organisation wishes to pursue.
- Should be reviewed and approved by the Governing Body/Board.

#### Procedures

- Are focussed on operational aspects and processes - and is '**how**' the organisation plans to achieve the stated Policy.
- Usually approved at Management/ Executive Management level. If there is a sub-Board committee, they may also review, especially in relation to risk related areas, e.g. Financial procedures, and where the Board has expertise and/or special interest.

#### Work

#### instructions

- Sometimes also referred to as 'standard operating procedures', they are a step by step instruction on how to do a specific task, e.g. Resident new admission. These are developed and approved at an operational level.

#### Key Documents

Key documents that the Governing body should have in place and access to include, but not limited to:

- Aged Care Act
- Board Induction (checklist and supporting documents)
- Compliance Register
- Constitution
- Financial Statements and Budget
- Management Report (from the Leadership team to the Board)
- Risk Management Plan
- Strategic Plan
- Workforce Management / Succession Plan



**Board Book** (or a list of related documents) which may include information covering the following areas in the context of what the governing body needs to know in relation to their role/ responsibility:

- Background and Purpose (Vision statement would also be part of this)
- Board Composition
- Charter
- Code of Conduct
- Complaints, Feedback and Open Disclosure
- Clinical Governance
- Delegations of Authority
- Financial Management
- Meetings
- Quality Care and Compliance
- Role of the Board
- Role of the CEO / Business/ Facility Manager/ Clinical Manager (as relevant for the organisation)
- Roles, Duties and Responsibilities (key Board positions)
- Relevant Standards and Legislation
- Strategy Management
- Terms of Reference (of the Board structure and any sub committees)
- List of official / related documents

## Policy Architecture

There are a number of levels of policy that a Governing Body needs to have, review, and apply. Generally the framework (or architecture) can be described in four key categories.

### **Governance Policies that relate to legislation and compliance E.g.**

- Abuse, Neglect and Serious Incidents
- Aged Care Approved Provider & Regulatory Compliance
- Clinical Governance
- Conflict of interest
- Equal Employment Opportunity
- Grievance policy
- Harassment / Bullying
- Human resources/ Workforce (Note: Diversity, Equity and Inclusion may be part of this policy or stand-alone)
- Liquidity Management Policy



- Privacy and Confidentiality
- Whistle-blower Policy
- Workplace Health & Safety
- Infection Prevention and Control

### **Board Operations policies - essentially this grouping help the Board to do its job**

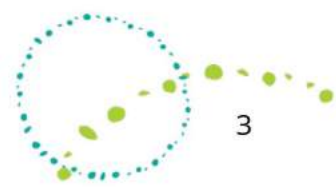
- Board Performance and Review
- Board/ Staff Communication
- Code of Conduct
- Cyber Security Risk, Security and Data Breach
- Delegations of Authority
- Developing Board policies
- Information Management
- Management Performance and Review
- Risk Management
- Sponsorship, Donations, Bequests and Gifts
- Strategic planning

### **Operational policies that affect Directors and Board members**

- Business Continuity
- Police Check / Key Personnel requirements (note - this is also referenced in the Approved Provider policy)
- Professional Development
- Reimbursement of expenses

### **Other operational policies not directly affecting the Board, but may need to be referred to:**

- Appropriate email usage and Social Media
- Member recruitment
- Public Events
- Vehicle use



## Key Document Usage & Currency

Key documents should be reviewed regularly by the Board to ensure they are current and support the operation of a quality and compliant aged care service.

- The **Constitution and objects (objectives)** should be reviewed every two to three years , or more often if a major change occurs, to ensure it is compliant against legislation and to ensure that it reflects your current objects, activities and operations.
- **Board Induction** should be used whenever a new member joins the Board. The induction process and documents should be reviewed annually to ensure any new processes or information are included in the induction.
- The **Management Report** supports transparency and helps the Board understand and support the management team. The Management report should be reviewed annually to ensure that relevant information is reaching the Board to be able to make informed decisions at a strategic level.
- The **Compliance Register** helps the Board and Management to be aware of relevant legislation. It should be reviewed annually and updated whenever the Board or Management are made aware of new legislative requirements that impact on operations and service delivery.
- The **Board Book** assists Board Members understand their role and responsibilities in supporting the operation and management of a quality and compliant aged care service. The Board Book or relevant documents should be reviewed annually to ensure information is relevant and up to date.
- **Strategic Plan** helps the Board to ensure the organisation is moving towards its goals. Quarterly progress reviews should be performed against the Strategic Plan.

