6 | Governance & Operations

PROVIDER GOVERNANCE AND OPERATIONS

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6: Governance and Operations

6.1: Governance and Leadership

Policy Owner: Compliance Team Leader **– Portfolio Area:** Compliance

Introduction and Purpose:

Hills District Speech Therapy is committed to strong leadership and management processes to ensure that we operate within all legal and regulatory requirements and recognised best practice in allied health service delivery.

We ensure that our systems and processes are well developed and constantly improving so that the overall direction, effectiveness, supervision and accountability of our service is maintained. Management is responsible for setting the directions for the service and ensuring that its goals and objectives are met in line with the strategic plan, and all legal and regulatory requirements governing the operation of the business are met.
We recognise our responsibility to protect the privacy, dignity and confidentiality of all people who access the service. We commit to doing this by ensuring that all records and information about individual children, families, team members and their families, contractors and management is treated with discretion.

Who does this Policy Apply to:

All Team Members, families and children in our service.

What is our Policy:

Organisational Structure

Our organisational structure is comprised of the two Directors/Founders/Owners, two Clinic Managers, the Leadership Team who manage portfolio areas (TLs). The Directors and Clinic Managers also form part of the leadership team and also hold their own portfolio areas.

The Directors together with the Leadership Team drives the focuses and strategic plan and ensures that we meet all legislative requirements. Our Leadership Team sets the strategic direction of the business and drives improvements. Our Centre is led and managed by the Clinic Managers.

Our Team is then comprised of Senior Clinical Supervisors, Senior Clinicians, Clinicians, Allied Health Assistants and Administrative Support Team.

Mindset and Guiding Principles

Our guiding principles outline what our purpose and mindsets look like in practice.
Our Team is focused on achieving outstanding performance in:

- A safety-first culture
- Quality and continuous improvement focus
- Developing strong Community and Connection
- A supportive, kind and caring environment for all families and team members

A Safety-First Culture

Our leadership model and approach prioritise creating and maintaining safe environments. Our leadership and management team are committed to safety and managing risk.

It is our first priority to ensure children and families come to our centre and feel safe and supported and feel comfortable to bring up any concerns or worries they may have, knowing they will be listened to and their concerns be acted upon.

Quality and continuous improvement focus

Our goal from the very beginning of service has been to ensure that we provide and maintain a high-quality service to our community. To ensure that our high-quality standards are maintained we need to ensure that:

- We are working to continually improve in all areas of service and pinpointing areas that could be updated or improved.
- Team training, upskilling and communication is of high importance. We are all lifelong learners, and we apply this thought process in all areas of our service.
- Policies and procedures are detailed, robust and clear to the team.

Continuous improvement applies to all areas and at all times. We are always applying critical thinking and problem-solving skills to ensure we are improving our processes and learning from past experiences.

We have formal processes in place so that information is recorded, reviewed and actioned throughout the year.

Developing strong Community and Connection

As a team of allied health professionals, we believe that community and connection are crucial elements to an individual's health and wellbeing.

We foster community and connection through our child and family centred approach to therapy, our engagement with the wider community, valuing small and local businesses, valuing and prioritising team building events and prioritising our team's mental health and wellbeing

A supportive, kind and caring environment for all families and team members

We are kindness first. In a world where you can be anything, be Kind.
We value and treasure diversity. We love to learn from one another and believe that coming to all situations with and open and curious mind leads to growth, learning and a deeper, more meaningful connection with ourselves and one another.

Governance Process and Practices

The Leadership Team provides leadership and direction to our team as well as confidence for our families and communities.
We ensure there are effective systems, procedures, and processes in place to support our team members operating effectively and ethically.

An effective governance framework includes:

- A statement of philosophy based on our beliefs and values as a team
- An effective and efficient management system to:
    - Enable the operation of a quality centre and ensure intervention is safe, ethical, evidence based and effective.
    - Ensure that all aspects of its operations, including policies and procedures, are consistent with the principles underlying the national law and regulatory bodies
    - Manage foreseeable and long-term risks to the clinic's operations
    - Embed ethical codes and practices that guide decision-making.
    - Ensure there are clearly defined roles and responsibilities that support effective decision-making and operations in the clinic.
    - Ensure an effective complaints management process.
    - Ensure a continuous improvement approach to all aspects of the operations within the clinic and clinical interventions.

Responsibilities:

Governance:

- Ensure That Hills District Therapy's mission and philosophy guides all aspects of the business operations.
- Ensure that a comprehensive set of policies and procedures are in place to guide the operation of our clinics, and that all employees understand and follow these.
- Ensure that all policies and procedures comply with relevant legislation and are reviewed and audited on a regular basis.

- Ensure that mechanisms are in place, such as compliance and performance measurements to ensure the organisation's policies are implemented and adhered to
- Ensure that all incidents and/or complaints are monitored, and policies and procedures are reviewed to reflect this.
- Delegate responsibilities appropriately
- Ensure there is an Organisation Governance Structure accessible and available to all key stakeholders.
- That we meet and provide systems to embed strong safety practices across all centres and support office.
- That there are systems to appoint Supervisors, Team Leaders and Clinic Managers who support and manage the team.

Clinic Managers:

- Ensure that there is someone available for the team or families as 'in charge' and the team is alerted to this team member if both clinic managers are unavailable.
- Ensure they alert and appoint a team leader as 'in charge' if both clinic managers are unavailable.
- Ensure all team members have required checks and certifications for service and evidence of this is kept on the team member file.

Team Members:

- Ensure that they maintain all current certifications and checks and ensure that this is provided to the office manager
-

Families:

- Know how to provide feedback and feel comfortable to do so at any time.
- Be involved in policy review that affects families.
- Be involved in reflecting on continuous improvement.

Tools and Resources:

Important documents	**Other supporting documents**
6.2: Continuous Improvement Policy	8.3: Managing Worker Performance

References:

Policy owner	Compliance		Content author	Compliance Team Leader	
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6: Governance and Operations

6.2: Continuous Improvement

Policy Owner: Compliance Team Leader **– Portfolio Area:** Compliance

Introduction and Purpose:

Continuous improvement is ensuring that we are regularly collecting information, learning from that information and making appropriate changes and improvements to the business and services based on that information.

Continuous improvement applies in all areas and at all times. We are always applying critical thinking and problem-solving skills to ensure we are improving our processes and learning from past experiences. We have formal processes in place so that information is recorded, reviewed and actioned throughout the year.

Who does this Policy Apply to:

All Team Members

What is our Policy:

Continuous Improvement

Continuous improvement is ensuring that we are regularly collecting information, learning from that information and making appropriate changes and improvements to the business and services based on that information

Internal Audit and Policy Reviews

We maintain a system of internal audits to ensure we

- Stay aware and up to date with legislative and compliance changes
- Keep records of documentation and when updates are required
- Identify opportunities for improvement and have a clear pathway for those improvements to be actioned
- Identify potential high-risk areas within our organisation and prioritise actions

AUDIT REQUIREMENTS- POLICY AND PROCEDURES -TEAM LEADERS

Incident Review and Investigations

We review and investigate all incidents and complaints and have a clear pathway for the identification and review of these incidents.
When investigating and reviewing incidents our organisation considers:

- The existing policies and processes in place
- The cause of the incident
- Appropriate timeframes and actions required
- The outcome of the incident and a review of actions
- Further actions that may be required at a systemic level to ensure we minimise the risk of the incident occurring again

For more information refer to: 5.2 Incident Management and Reportable Incident System

Continuous Improvement Plan and Register

HDST has a continuous improvement plan and register in place. This is reviewed at Team Leader meetings and forms part of our agenda.

In addition to regular checks and actions of registers, we also complete annual reviews of all registers ensuring:

- Actions and outcomes have been completed
- Further systemic changes occur to address any patterns or reoccurring feedback or concerns
- Development of action plans to address key changes and improvements

Clear action plans are developed and completed throughout the year and are guided by feedback and identification of need.

External Audit

We will undertake all required external audits and manage our required legal and regulatory obligations in relation to this.

Clinical and Case Reviews

Clinical and case reviews are completed as method for training and outcome improvement. Clinical and case reviews are completed in individual supervision sessions and group supervision sessions. The aim is to improve our intervention, participant engagement in services and participant outcomes.

Collecting Feedback

We have robust feedback collection mechanisms to consistently collect, collate and evaluate feedback from:

- Participants and support networks

- Team members
- External stakeholders

Governance Review

We undertake annual periodic reviews of our governance practices unless triggered earlier through identification of need. This includes:

- Monitoring and appraising the performance of management
- Revision of business plans, goals, strategic plans, finance and personnel requirements and forecasting
- Assessment of existing leadership structures

Responsibilities:

Governance:

- Drives quality improvement and encourages and provides opportunities for all team members to contribute and be involved.
- Foster a positive attitude to quality improvement among our team
- Implement policies and procedures for quality management to guide our team
- Ensure services are well planned, effective and provide high quality with the use of:
    - Quality management systems
    - Completing reviews of systems and making clear changes as required
    - Ensuring the team is updated with changes through effective communication and training methods
    - Ensuring compliance with reporting requirements
    - Implementing risk management strategies
- Drive the review of internal practices, either through systematic annual audits unless triggered earlier through identification of need
- Organise and participate in external reviews as required
- Ensure feedback is collected and reviewed effectively
- Ensure all governance documentation and structures are up to date.
- Have established documentation and reporting processes to enable ongoing tracking of quality improvement.

Clinic Managers:

- Drives quality improvement and encourages and provides opportunities for all team members to contribute and be involved.
- Foster a positive attitude to quality improvement among our team
- Implement policies and procedures for quality management to guide our team
- Ensure services are well planned, effective and provide high quality with the use of:
    - Quality management systems
    - Completing reviews of systems and making clear changes as required

    - Ensuring the team is updated with changes through effective communication and training methods
    - Ensuring compliance with reporting requirements
    - Implementing risk management strategies
- Drive the review of internal practices, either through systematic annual audits unless triggered earlier through identification of need
- Organise and participate in external reviews as required
- Ensure feedback is collected and reviewed effectively
- Ensure all governance documentation and structures are up to date.
- Have established documentation and reporting processes to enable ongoing tracking of quality improvement.

Team Members:

- Consistently monitor for continuous improvement opportunities in their services and the organisation's services and structures
- Discuss or provide feedback if they identify any areas for improvement with their supervisor or relevant team leaders
- Participate in feedback opportunities
- Participate in investigations of incidents
- Participate in individual performance reviews (annual check-ins) and follow through on actions identified from the review
- Undertake clinical and case reviews as required
- Participate in team meetings
- Participate in individual and group supervision meetings

Families:

- Discuss or provide feedback on areas for improvement at HDST.

Tools and Resources:

Important documents	**Other supporting documents**
5.2: Incident Management and Reportable Incident System 6.1: Governance and Leadership 8.3: Managing Worker Performance	Audit schedule Policies and Procedures (Web view)

References:

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6: Governance and Operations

6.3: Information Security

Policy Owner: Compliance Team Leader **– Portfolio Area:** Compliance

Introduction and Purpose:

Up to date and complete records ensure that we can:

- Continuously improve our service
- Ensure participants achieve better outcomes
- Make good, informed decisions
- Protect the business from risk Meet legislative requirements
- Support accountability for all individuals

Who does this Policy Apply to:

All Team Members

What is our Policy:

Types of Records

HDST will keep full and accurate accounts of:

- Participant service agreements containing the schedule, cost, type and quality of supports to be delivered, as well as the expected outcomes for the participant.
- Progress notes of all services provided and communication between the participant and other health professionals and carers with date, time, duration, who was present and what was completed.
- Any assessment or progress reports

HDST will keep accurate financial records of:

- Participants financial records for all services provided to them by HDST (Records must be kept for at least 7 years from the date of the document)

Records to Maintain

We retain all financial records and accounts for 7 years from the date of issue in line with relevant statues, regulations, by-laws and requirements of any Commonwealth, State, Territory or local authority.

Terms of Business

We are recommitted to the NDIS Terms of Business and will renew this commitment annually on the Provider Portal (myplace). We understand that failing to renew the Terms of Business will result in delayed or missed payments until renewal.

If requested by the NDIA, in 30 days we will provide from the date of the request or within the time specific in the request, any of the following documents:

- A copy of the organisation's most recent financial statements
- A copy of the organisation's most recent insurance certificate, and
- Any document that would reasonably be connected with the organisation's provision of supports.

We will maintain accurate contact details with the NDIA and advise the NDIA of any changes to the information contained within the application for registration as soon as is practicable.

Inspection of Records

The organisation may be reviewed by the NDIA in relation to supports funded for a NDIS participant. The organisation will cooperate fully with NDIA officers undertaking review activities.

As part of any review, or as otherwise reasonable request by the NDIA to carry out its rights and obligations under law, we must give the NDIA or persons authorised by the NDIA ("those permitted") access to premises where accounts and records associated with the provision of services to participants of services to participants are stored and allow these permitted to inspect and copy all records associated with the provision of services to participants.

The requirement for access as specified above does not in any way reduce the organisation's responsibility to perform its obligations in accordance with any agreement related to the provision of services to participants. We will ensure that any subcontract entered into for the purposes of providing services to participants allows those permitted to have access to accounts and records associated with the provision of services to participants.

Where a decision by the NDIA is the subject of a merits review or complaint, we will cooperate in providing any documents or other information requested. Pursuant to section 6C of the Freedom of Information Act 1982 (FOI Act), we will provide all documents to the NDIS that are relevant to a request made under the FOI Act within 7 days receipt of a request from the NDIA.

Information Storage, Protection and Disposal

Specific information on how HDST stores, protects and disposes client identifying and financial information across a range of platforms is detailed below:

Hard Copies of Client Information

Storage: Allied health professionals working at Hills District Speech Therapy are instructed to only keep hard copies of client support materials. All hard copy forms are scanned and saved into the clients file on Cliniko on the same day services are provided. Frequent audits completed by our client's liaison officer ensures that our allied health professional are continuously storing client identifying materials on Cliniko and alerting them as soon as possible when information as absent in a client's file.

Protect: Client identifying materials are always kept onsite at our Norwest clinic. Allied health professionals are advised to secure these files in manila folders in their filing cabinets. Each cabinet can be locked with a key that is kept in a secure place onsite.

Disposal: Hardcopies of client identifying documents are disposed of immediately after scanning. These documents are placed in a locked office shredding bin managed by Shred X. They are a NAID AAA certified business that provides secure document destruction services. More information on their policies and procedures can be viewed here: https://www.shred-x.com.au/document-destruction/document-shredding-destruction/

Cloud Storage: Microsoft SharePoint (Microsoft 365) / Microsoft Teams / Microsoft OneNote

Storage: Hills District Speech Therapy uses the Microsoft SharePoint platform for clinicians to communicate all client and non-client related information online with other HDST clinicians, directors, support staff and therapy assistants. SharePoint is also used by HDST to save and easily retrieve resources, training materials, policies and procedures, and administrative documents. More information on how Microsoft stores our information can be viewed here: https://www.microsoft.com/en-au/trust-center/privacy/data-location

Protect: Data stored in SharePoint is governed by Microsoft's privacy policy: https://privacy.microsoft.com/en-ca/privacystatement. All information stored in SharePoint can only be retrieved by staff at HDST using their clinic emails and passwords and further protected by multi-factor authentication. HDST's directors and administrative staff are able to monitor the access and use of all files in SharePoint, and are responsible for terminating access to all files when staff members are no longer employed by HDST.

Disposal: Items no longer needed on SharePoint are deleted. Deleted items are retained in SharePoint's recycle bins for 93 days. It begins when staff delete the item from its original location. When staff delete the item from the site recycle bin, it goes into the site

collection recycle bin. It stays there for the remainder of the 93 days, and then is permanently deleted. For more information, please visit: https://support.microsoft.com/en-us/office/restore-items-in-the-recycle-bin-that-were-deleted-from-sharepoint-or-teams-6df466b6-55f2-4898-8d6e-c0dff851a0be

Cloud Storage/Client Management Software: Cliniko

Storage: Our intake system has been largely digitised to ensure all information is obtained and stored securely through our clinical management software, Cliniko. This online platform is also used to obtain and store information from parents/guardians, educators and support staff working with each client, and store client records including session data, supporting documentation, NDIS details (plan numbers, plan dates, plan goals), raw assessment data, assessment and progress reports. Cliniko is also used by staff to schedule and monitor appointments (and associated billable items), store referral information (such as details for client chronic disease management plans) and communicate with clients (via SMS). The storage of client information in Cliniko is governed by their privacy policy. Cliniko's privacy policy can be viewed here: https://www.cliniko.com/policies/privacy/

Protect: Staff at Hills District Speech Therapy are provided with secure access to Cliniko. Each staff member has their own username and password that is monitored and managed by our directors and administration team. All users have multi-factor authentication activated, and the team are instructed to update passwords frequently. Staff are trained to use the added privacy features in Cliniko to protect their clients and their information. This includes ensuring all identifying information (where possible) is saved in the clients Cliniko file, all information in Cliniko is accessed safely and securely only via their clinician laptops, and if availabilities/timetabling needs to be discussed with clients, that the 'hide names' function is applied. More information on how Cliniko specifically ensures adequate protection of client information can be found in their privacy policy: https://www.cliniko.com/policies/privacy/

Disposal: Speech Pathologists at HDST are able to 'archive' client information that is created in error, duplicated or no longer needed (i.e. the client is no longer receiving services at HDST). This however does not mean that the items are permanently deleted - this can only be carried out by our clinic directors and administrative staff. More information on the disposal of information in Cliniko can be found here: https://help.cliniko.com/en/articles/1953220-archiving-vs-deleting-information .

Part of Cliniko's security advice, they 'ensure that records are destroyed when you [HDST] no longer require personal information'. They also provide an option for Cliniko data to be exported in the case that HDST agrees to employ the services of an alternate client data management platform.

Emails: Microsoft Outlook

Storage: Hills District Speech Therapy uses Microsoft outlook to receive and send emails. Each staff member is provided with a @hdspeechtherapy.com.au email and password. All staff are trained to only correspond with their clients, their families and support staff using only their HDST emails. All emails are securely accessible via passcode locked staff laptops, iPads and the clinician's personal mobile phones when working offsite.

Protect: Data stored in Microsoft outlook is governed by Microsoft's privacy policy: https://privacy.microsoft.com/en-ca/privacystatement . All information stored in SharePoint can only be retrieved by staff at HDST using their clinic emails and passwords. All users have multi-factor authentication activated and the team are instructed to update passwords frequently. HDST's directors and administrative staff are able to monitor the access and use of all files in SharePoint and are responsible for terminating access to all files when staff members are no longer employed by HDST.

Disposal: Items no longer needed on SharePoint are deleted. Deleted items are retained in Share point's recycle bins for 93 days. It begins when staff delete the item from its original location. When staff delete the item from the site recycle bin, it goes into the site collection recycle bin. It stays there for the remainder of the 93 days, and then is permanently deleted.

For more information, please visit: https://support.microsoft.com/en-us/office/restore-items-in-the-recycle-bin-that-were-deleted-from-sharepoint-or-teams-6df466b6-55f2-4898-8d6e-c0dff851a0be

Mobile Phone Data

Storage: Majority of communications with clients is conducted via SMS through Cliniko and phone calls via our landline clinic phone number 9899 7853. Cliniko provides a record of all SMS communications sent and received for each client. Cliniko stored this information securely, as documented in their privacy policy. More recently, as a result of the COVID-19 pandemic and the increased demand for telehealth services, some of our speech pathologists have decided to communicate via phone and SMS for troubleshooting purposes using their personal mobile devices. Our clinicians have been made aware of the importance of removing an identifying client information on their mobiles. Mobile devices are also used by clinicians for assessment and data keeping purposes with the written and signed consent of the parents/legal guardians of our clients. Data including voice recordings and video samples may be collected. Clinicians are aware of their responsibilities to transfer these recordings to their clinic laptops for immediate saving on to our onsite hard drive. These files are then required to be removed from mobile devices and clinic laptops following successful transfer of the recordings to the hard drive. These recordings are stored according Speech Pathology Australia's guidelines on storing health records (https://www.speechpathologyaustralia.org.au/SPAweb/Resources_for_Speech_Patholo

gists/Professional_Resources/HTML/Health_Records.aspx?hkey=9fb324b7-e92c-43b7-a203-638f6bd60dba).

Protect: SMS communications through Cliniko can only be delivered and viewed by staff at HDST using their emails and passwords.

Financial Software: Stripe

Storage: HDST utilises a secure payment online gateway, Stripe Payments Australia Pty Ltd A.C.N 160 180 343 to process payments. Payment information is provided by client representatives using our credit card authorisation payment form. This form is a signed agreement between the client/parent/guardian and HDST. The accounts team are the only team to have access to the credit card details provided above and once entered into the Stripe System, only the last 4 digits are visible. Stripe has been audited by an independent PCI Qualified Security Assessor (QSA) and is certified as a PCI level 1 service provider.

Protect: The protection of payment data stored by Stripe Payments Australia is governed by their Global Privacy Policy. This can be viewed here: https://stripe.com/en-au/privacy

Disposal: Hardcopies of completed credit card authorisation forms are disposed of immediately after being added to Stripe. These forms are placed in a locked office shredding bin managed by Shred X. They are a NAID AAA certified business that provides secure document destruction services. More information on their policies and procedures can be viewed here: https://www.shred-x.com.au/document-destruction/document-shredding-destruction/

Digital copies of completed credit card authorisation forms are retained and deleted by the HDST accounts teams following the cessation of services.

Financial Software: Xero

Storage: Carbon Group

Protect: Financial information can only be viewed and actioned by HDST's accounts team and an employed third party, Carbon Group The protection of financial information stored in Xero is governed by the their privacy policy. This can be viewed here: https://au.store.xero.com/privacy_policy

Disposal: 'We'll retain your personal data for as long as we have a relationship with you and for a period of time afterwards where we have an ongoing business need to retain it, in accordance with our data retention policies and practices. Following that period, we'll make sure it's deleted or anonymised.'

Clinician Laptops and iPads

Storage: Applications used on laptops and iPads are mostly cloud based and referred to above. No identifying or confidential material is stored on laptops and immediately saved to either the NAS server, Cliniko or SharePoint / Microsoft 365. Computers are audited frequently by the admin team to ensure this process is being upheld.

Protect: All laptops, iPads and apps are password protected. Clinicians and team members sign a computer contract that requires them to store their laptop in a secure location at all times.

Disposal: N/A

Local Computers: NAS Server

Storage: The NAS server is used to store large video files that cannot be uploaded elsewhere. This can only be securely accessed by those with permissions. A back up of stored items is made on a quarterly basis.

Protect: Only those given permissions on their secure devices are able to access this server.

Disposal: Data is cleared as part of the discharges process.

Telehealth Services: Zoom (incl. transition to Zoom for phone calls)

Storage: Zoom is used purely for telehealth video consultations and no information is stored on the application.

Protect: All our Zoom applications are password protected and have multi-factor authentication and Zoom upholds the highest of security standards. Zoom does not have access to any information, video or audio that happens during a secure call. Confidential files are only sent via email and not using the Zoom chat function. https://zoom.us/docs/en-us/privacy-and-security.html?zcid=3738&creative=431305793462&keyword=zoom%20security&matchtype=p&network=g&device=c&gclid=EAIaIQobChMIsZiyvI6z7AIVmCQrCh2nBAwNEAAYASAAEgI21vD_BwE

Disposal: N/A

Social Media: Instagram and Facebook (Meta)

Storage: HDST uses Instagram and Facebook to market our services and connect with our clients and the wider community.

Protect: HDST will not post any client identifying information within these platforms including images of the client's face, their name, and other associated confidential information. All families are required to provide written consent before any photo or video material is obtained of the client for social media purposes when engaged with our services.

Disposal: Data is cleared on these platforms in the following manner:

- Instagram: https://help.instagram.com/711062676142607
- Facebook: https://www.facebook.com/help/356107851084108

Responsibilities:

Governance:

- Maintaining the storage of required hard copy documents as per the required timeframe.
- Regularly review the platforms to ensure client privacy and confidentiality is maintained.

Clinic Managers:

- Ensure staff abide by the policy and are storing all digital and hard copy client materials appropriately as per policy.

Team Members:

- Store all digital and hard copy client materials appropriately as per policy.
- Abide by the following procedural document ✅6. Information storage, protection and disposal - STAFF AND CLIENT (Web view)

Families:

- Reporting to HDST if there any known or suspected breaches in their private or confidential information.
- Ensure they have read and understood our privacy policy (provided in their welcome to therapy pack): https://hdspeechtherapy.com.au/HDSTprivacypolicy/

Tools and Resources:

Important documents	Other supporting documents
1.2.5: Privacy and Confidentiality IT - Devices, Storage, Protection and Disposal (Web view)	✅Child Safety Procedural Requirements (Web view)

References:

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