

30 September 2015

Senator Rachel Siewert
Committee Chair
Community Affairs References Committee
PARLIAMENT HOUSE
CANBERRA ACT 2600

Via email: community.affairs.sen@aph.gov.au

Dear Senator Siewert,

Re: Supplementary submission to the Inquiry into violence, abuse and neglect against people with disability in institutional and residential settings

I am writing to share the outcome of the KPMG review into Yooralla's that shows that it is delivering better and safer outcomes for customers. We hope that it can assist in the deliberations of the Senate Inquiry.

The review and report, by international audit and advisory firm KPMG, commissioned by the Department of Health and Human Services, found that there had been real and significant change to work practices within Yooralla.

It noted that staff recruitment and training had been enhanced to facilitate better care and reduce risk, that there were more stringent checks and balances in place and that staff and customers were supported to participate in the implementation of the changed practices.

In particular, the report found that Yooralla presents as:

- having systems and processes that are focused on the delivery of safe and quality services for customers;
- having a progressively emerging service culture that is increasingly placing the customer at the centre of service provision; and
- being appropriately managed by its Board and management.

The KPMG report's findings highlight Yooralla's significant investment and commitment to improving and enhancing service quality and safety for our customers.

The report also makes suggestions for further strengthening some of Yooralla's practices that included:

- continuing to work on communication with customers and families to ensure their voice is brought into the organisation for strategy formation and service improvement;
- setting clear and consistent expectation regarding access to information, services and feedback; and
- enhancing customer planning and goal setting and communication in response to complaints.


Yooralla will review and act on these areas for improvement.

A copy of the KPMG report is attached.

Kind regards

Dr Sherene Devanesen
Chief Executive Officer
Yooralla

cc: Ms Jeannette Radcliffe, Committee Secretary

A complex network diagram with white and light blue nodes and connecting lines, set against a blue background with a large, light blue curved shape on the right side.

Department of Health and Human Services

Funded Organisation Service Review

Yooralla

September 2015

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Executive summary

Introduction

In the period February to July 2015, a Funded Organisation Service Review of Yooralla was conducted in relation to the disability services that Victorian Department of Health and Human Services (DHHS or the department) funds within Yooralla.

The review's focus was on safety and quality in Yooralla's service provision and the management and governance systems that ensure that provision. The review focussed on whether: Yooralla's policies, procedures and practices were appropriate and were being consistently applied and how senior leadership and management provide direct oversight and drive corrective intervention as required to ensure the safety and wellbeing of customers¹.

The review adopted a safeguarding lens in considering safety and wellbeing. This lens recognises that safeguards:

- Aim to minimise the risk of harm to a person with a disability, protect their right to be safe and empower them to achieve choice and control over their lives.
- Can include both corrective actions once harm has occurred, as well as preventative actions to build capacity and regulate practice.
- Can operate across all levels of an organisation, and outside the organisation through the actions of its customers, families, government and broader community.

The review was conducted as a collaborative project between Yooralla and the department where both held a role in steering the direction of the project. An external Reference Group was established that also included representatives from customers, families and external disability services oversight bodies. The Reference Group provided advice to the project participants on the project design and conduct.

The review of Yooralla included: an extensive document review of Yooralla policy and management documentation; interviews with all relevant members of Yooralla's Board, Executive Management, and central support units; a sample of site visits; and customer and family interviews. The review team acknowledges the openness that Yooralla demonstrated in the review, where no request for information or an interview was refused. The review team also thanks Yooralla staff for their time and contribution to the project, and the welcome we received from, and contributions by, customers and their families at services.

This Executive Summary describes the general findings of the review and key themes encountered. This Executive Summary comprises part of the final review report.

General findings

The review of Yooralla observed an organisation that presents as:

- Being appropriately managed by its Board and Management. This includes both the qualifications of its Board and Management and the design and range of governance and management structures and central support units that the organisation has established to support or ensure the delivery of safe and quality services at service locations.

¹ Yooralla uses the term 'customers' to describe the persons to which it delivers services. The term customers, instead of clients, is used throughout this report

- Having systems and processes that are focused on the delivery of safe and quality services for its customers. These include both systems and processes that support staff to deliver safe and quality services, and the systems and processes that the organisation uses to ensure that its staff and management are well prepared for their roles and the values, experiences, and expertise that they must hold. In particular, the introduction of the safeguarding framework and the RiskMan system are two examples of major positive and constructive change.
- Having a progressively emerging service culture that is increasingly placing the customer at the centre of service provision, whether in empowering customers and their families to take an active voice in relation to service delivery or wider strategic issues, or in staff increasingly using reflective practice and continuous improvement to enhance the safety and quality of the services that they deliver.

The review of Yooralla observed an organisation that has made significant recent investment in its practices, policies, systems, staff, and customers. Whilst the review was not intended to act as a retrospective review of practices, it is apparent that Yooralla, in both its services and organisationally, has made significant progress. It is also apparent that this trajectory is occurring now in those areas where address was considered most needed.

Across the review, it was noted that Yooralla has implemented a significant range of systems and processes, and management and staff practices that are contributing towards Yooralla creating a safe and quality environment for its customers, a professionalised work environment, and an organisation that is responsive to risk and the ongoing need for change and development. Some of the principle actions noted were:

- A cross organisation acceptance for change and improvement.
- The placement of customer safeguarding at the centre of organisational strategy and day-to-day operational practices.
- Investment in its staff to build staff capabilities and the safety and quality of the services that they deliver.
- New governance and management structures and processes that promote organisational and clinical leadership and oversight.
- Extensive policy and procedure development and associated training for staff that focusses on the customer and safe and quality service delivery.
- Investment in technology that is enhancing the organisation's ability to deliver efficient customer risk management.
- Risk management and clinical review processes that focus on the achievement of continuous service improvement.
- Recruitment and training processes that are enhancing the quality of staff working with customers and families.

Yooralla has invested in enhancing the role of the customer and family voice within the organisation and in day-to-day services, including:

- Customer and family engagement at service points
- Resources and programs for customers that ensure they are aware of their rights and that promotes their voice in the organisation and their input to their services
- The creation of governance mechanisms that bring the voice of the customer and their families to the Board and to Executive Management
- The implementation of new feedback and complaint mechanisms.

Areas for strengthening

The review identified a range of opportunities for Yooralla to continue to improve its practices both from a customer and workforce perspective. Yooralla has made substantive investment in the ways the customer and family voice is brought to the organisation. This area remains one where Yooralla has continued opportunity for

ongoing development as it is a central tenet to customer safeguarding and the disability system reform agenda sought through the implementation of the National Disability Insurance Scheme (NDIS). As such a greater degree of focus has been placed on this within the context of continued service improvement.

Customer safeguarding assumes that customers and their families are the centre of discussions regarding customer needs and preferences for services, how services are designed and delivered, and how service staff work and interact with customers. The customer voice is fundamental to vulnerable people maximising their control over their own lives.

Further, the way that disability services are being structured is increasingly placing the customer at the centre of service provision; as all disability services are aware, service reforms such as the implementation of the NDIS will impact service providers who do not engage and interact with their customers and families about service provision.

Yooralla invited 2200 stakeholders to participate in the review by contacting the review team. Only a small subset of families responded and contributed to the review, hence the views obtained through the review may not be representative for all families.

Some of Yooralla's challenges in relation to customer and family engagement are historical and will take time to change perceptions and others relate to not yet having fully embedded consistent practice across the organisation. Most of these challenges are common to organisations that engage directly with people with a disability and their families and carers. Particular areas where there is a need to ensure consistency in practice included:

- Setting clear and consistent expectations across the organisation to reduce variability regarding the provision of information to family members / guardians, including access to policies, information on service changes, and adequate responses to feedback and concerns to reduce variability across service sites.
- Customer planning and the setting of meaningful personal goals in plans.
- The use of customer and family feedback to inform service improvement.
- The presence of the customer and family voice at the point of strategy formation.
- Communication in response to complaints.

Yooralla is currently undertaking a range of investments that will address some of these areas:

- A new complaints and feedback system was in the process of being implemented during the review. Whilst the system was not operational at the review sites during the site visits and hence not sighted in use, The review notes that, given that the new system is based on the same platform and configuration as the customer incident system (RiskMan), the new complaints and feedback system has the potential to offer a significant positive avenue for feedback and complaints².
- The establishment of the Board's new Community Partnership Advisory sub-committee that will provide a direct avenue for customers and families to advocate for systemic service development and customer and family engagement³.
- The continued roll out of training programs that focus on customer rights and empowerment and the resultant creation of localised advocacy bodies.
- Training sessions that focus on communication styles in customer and family engagement.

² The review understands that the system has at the date of this report been fully implemented.

³ The new sub-committee became operational following the completion of review activities but prior to the date of this report. Yooralla has advised that the participation rates by customers and families has been high.

The review notes that the investment made by Yooralla should have a significant impact on its customer and family engagement. The review also notes that Yooralla is establishing mechanisms to share examples of good practice to help guide those services that are less effective in areas such as family communication or customer planning.

Maturity assessment

The table below summarises the review's findings regarding the maturity of Yooralla in the three review areas.

Area Of Focus	Non-Existent	Initial- Reactive	Emerging	Established	Embedded	Optimised
Governance						
Safety and service quality						
Financial probity						

The following points should be noted about maturity ratings:

- Generally, an organisation that is operating in a dynamic service environment, where it is practicing continuous service improvement and redesign to its systems in response to change and learning, will not expect all of its systems to be optimised.
- Many organisations would have a number of systems and practices sitting at established or embedded, dependent on years of operation, skills of staff etc. However when organisations go through change, or new requirements are placed on them, they can be operating in the initial / reactive phase as change is designed and operationalised.

Yooralla's maturity ratings indicate an organisation with some areas that are working towards being optimised and some that are well established with a focus on embedding practice across the organisation. For Yooralla, the maturity rating for *Safety and service quality* reflects the ongoing activities that are occurring at service sites to improve established processes in service planning and staff coaching and development as well as embedding the safeguarding framework within the organisation.

None of the 11 sub-areas examined by the review within *Governance* and *Safety and service quality* areas were assessed as below emerging. The embedded rating for *Financial probity* reflects a single rating for the entire internal financial control and management reporting systems.

1 Introduction

1.1 Project scope

A statewide Funded Organisation Service Review of Yooralla (the review) was undertaken in the first half of 2015.

The review was initiated due to:

- The outcome of the agency monitoring framework desktop review

All disability service providers that are funded by the department to provide services to customers are required to adhere to the requirements of the Disability Act 2006, and to meet the Department of Human Services Standards. Funded organisations are required to participate in an independent review against the standards once in every three year service agreement period, and achieve and maintain accreditation against the standards.

In addition, the performance of funded organisations is monitored by the department's local Areas. As part of the department's Funded Organisation Monitoring Framework, an annual Desktop Review is undertaken on all funded organisations to:

- Monitor service quality and the sustainability of organisations
- Assist early identification of risks or issues and mechanisms to resolve these
- Enable the department to ensure the ongoing provision of services to the community, and
- Avoid the costs and consequences of service failure.

Where a Desktop Review indicates areas of concern, a Service Review can be undertaken of the organisation.

- A range of specific matters regarding the safety and wellbeing of customers which had come to the department's attention in late 2014.

In light of the above, the department commissioned this review to examine evidence that the organisation's policies, procedures and practices are being consistently applied and that senior leadership and management are providing direct oversight and driving corrective intervention as required to ensure the safety and wellbeing of customers.

The department identified three intersecting areas on which the review was to focus:

Governance

- The implementation of effective governance arrangements by the Board to promote transparency and accountability at all levels within the organisation
- The extent of early and direct involvement and oversight by management to create a positive culture of confidence and respect between management.

Safety and service quality

- The delivery of quality services where allegations of abuse, neglect or poor quality of care are acted upon immediately in order to promote customer safety and wellbeing

- The existence of a culture where customers, families and staff are confident to raise issues of concern and that these are listened to and acted upon as a priority
- The existence of customer support practices that include evidence of the customer voice and experience, preventative strategies, the management of risk to customer safety and wellbeing and the priority of support to customers and families who raise issues of concern
- The capability of staffing resources, training regimes and effectiveness of staff supervision, including staff understanding of their obligations to customers and families.

Financial probity

- The implementation of accurate, effective and complete financial accountability, including fraud prevention mechanisms, in line with the requirements of the Service Agreement with the department
- A review of the organisation's financial management practices.

The review's work on financial probity was focussed specifically at the control systems used to manage and account for departmental monies, specifically for Individual Support Packages, rather than in relation to customer or general service financial management.

The review's focus was to cover the extent to which the organisation was consistently applying policies and practices across all levels of the organisation, and the strength or relevance of those practices. As an outcome, the review was expected to identify opportunities for Yooralla to strengthen its practices with respect to the areas of exploration.

Yooralla has in recent years been subject to a range of reviews and compliance audits. The review design took these into account and considered how change arising from these and other activities had become, or is becoming embedded in the organisation.

Yooralla undertakes a range of activities for different funders or for individuals. The scope of the review was to focus solely on those funded by the department, namely:

- Supported Accommodation
- Community Based Respite
- Facility Based Respite
- Individual Support Packages
- Futures for Young Adults.

1.2 Review approach

The review approach is underpinned by contemporary safeguarding practice.

Many people with a disability will require no or minimal additional supports to ensure they can access general safeguards to an extent equal to other members of the community. However, vulnerable people who face increased risk of harm, abuse or neglect may require a more proactive approach for both protective reasons as well as to maximise their control over their own lives. This is particularly the case for some people with a disability accessing specialist disability supports and services. These specific safeguards aim to minimise the risk of harm to a person with a disability, protect their right to be safe and empower them to achieve choice and control over their lives. They can include both corrective actions once harm has occurred, as well as preventative actions to build capacity and regulate practice.

This review was undertaken with an understanding that people with a disability have the right to 'freedom from exploitation, violence and abuse'.⁴ The responsibility to ensure that these rights are safeguarded rests with service providers, governments, communities, and all citizens.

Safeguards operate to avoid and mitigate the risks to which an individual is exposed or to respond to events occurring. These are commonly described as:

- *Primary safeguards*: which aim to produce desirable social conditions for 'inclusion and protection' of people with a disability, supporting their valued status in the community and developing supports through family and intentional relationship building.
- *Secondary safeguards*: which focus on service design and cultures to prevent abuse and neglect and actively address risks for individuals.
- *Tertiary safeguards*: which offer redress and trauma support after incidents occur⁵.

Safeguarding can operate across distinct levels that impact an individual's environment. These include:

- *System level* – covering legislation, regulation, standards, policies and contracts that mandate the rights of people with a disability and that establish the parameters for the provision of disability support.
- *Service level* – covering the governance and management systems that the organisation puts in place, and the systems, policies and procedures it establishes, including oversight and control, that ensure the safety and quality of disability support service provided.
- *Support Worker Level* – covering processes to guide the provision of support by disability support workers and their management including mandated reporting.
- *Individual Level* – covering practices and mechanisms focused on supporting, empowering and protecting individuals and families as part of providing support.
- *Community level* – covering external mechanisms to enable independent review and monitoring, including families and a person's community.

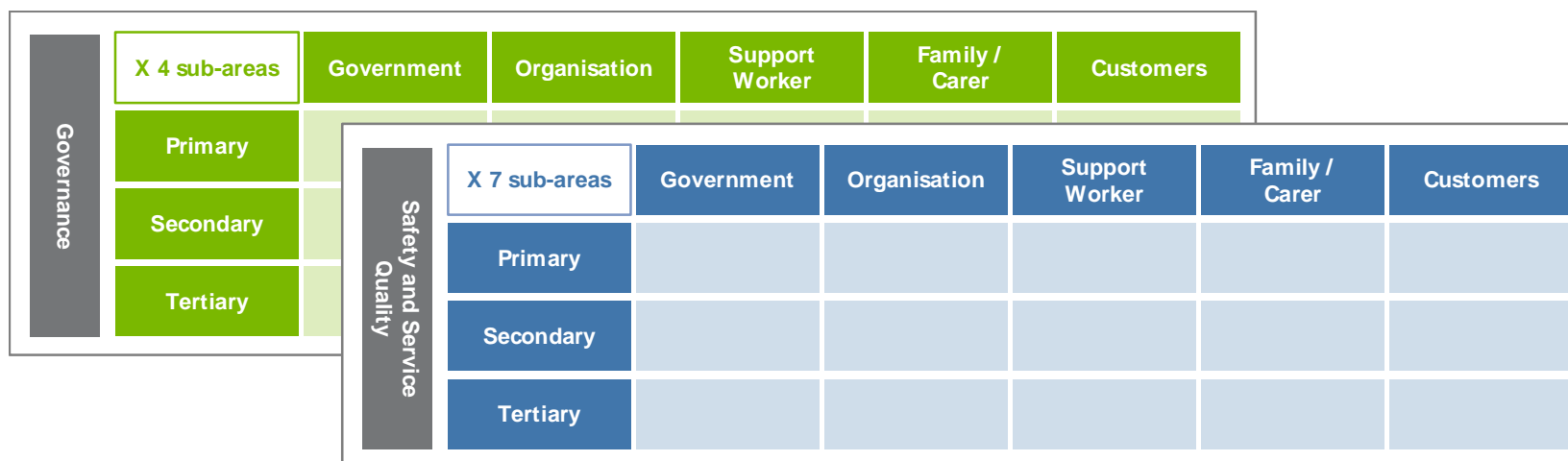
In the context of the above, a series of indicators and sub indicators were developed that reflected what practices might be expected to be in place for a person with a disability, their family and carers, support workers, organisational management and government in the context of governance and customer safety and service quality.

A matrix that considered the intersection of the three safeguarding categories and five service levels was used. As illustrated below, the matrix approach was applied to both the governance and service quality areas⁶.

⁴ United Nations, *Convention on the rights of persons with disabilities and protocol*, <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>, accessed November 2012.

⁵ Faulkner, A., Sweeney, F. (2011) *Prevention in adult safeguarding*, Social Care Institute for Excellence, accessed October 2012 at <http://www.scie.org.uk/publications/reports/report41/>

⁶ This approach was not adopted for the financial review given the financial review assessment.



When developing the areas of investigation, and considering the indicators and information collection approaches to be used in the review, the areas of Governance and Service Quality were expanded into 11 distinct focus areas:

Governance	Safety and service quality
Organisational structure Monitoring and oversight Risk management Transparency and accountability	Recruitment Induction Safeguarding Information, education and training Supervision and support Customer planning and support Leadership

1.3 Maturity

The review a maturity based assessment to describe its findings in recognition that Yooralla has established a range of processes and practices that may be fully formed or that may be under development as the organisation's systems / processes / culture is developed and embedded in day to day practice.

The maturity model uses a six point spectrum that ranges from:

- *Non-existent*: where no response is in place.
- *Initial / Reactive*: where some basic response is in place which is either ad-hoc or not tailored to the needs of the organisation, or is not widely implemented or consistently followed.
- *Developing / Emerging*: where a designed system response has been developed, but has not been fully implemented or is not yet consistently followed across the organization.
- *Established*: where the organisation's designed response is in place and is understood and followed across the organisation (with a degree of non-compliance or variability in practice).
- *Embedded*: where a designed response is in place and is understood and followed consistently across the organisation (with high levels of compliance and minimal variability in practice).
- *Optimised*: where the organisation's response is well designed (i.e. meets its purpose), is applied consistently, is considered mature (and at this point, does not need to be updated). An optimised system, uses its outputs proactively to gain insight and practice high quality management (e.g. preventative risk management or service innovation).



Generally, an organisation that is operating in a dynamic service environment, where it is practicing continuous service improvement and redesign to its systems in response to change and learning, will not expect all of its systems to be optimised.

Many organisations would have a number of systems and practises sitting at the level of established or embedded dependent on years of operation, skills of staff etc. However when organisations go through change, or new requirements are placed on them, they can be operating in the initial / reactive phase as change is designed and operationalised.

Application of a maturity model reflects a point in time assessment, and can be reapplied to show progress and shifts in organisational maturity over time.

In the sections below, this review report provides a maturity assessment for each area investigated.

1.4 Review methodology

The review methodology adopted in response to the project scope, safeguarding based approach, and the systems maturity perspective is attached to this report at Appendix A.

1.5 Report structure

This report is structured as follows:

- An executive summary
- Chapter 1 describes the review scope and general review approach and methodology
- Chapters 2 to 4 describe the project's findings in relation to governance, safety and service quality, and financial management, and include discussion of potential areas for strengthening by Yooralla and the department
- Chapter 5 provides a general summary of findings that collate all review findings and describes any emergent observations.

2 Governance

This section of the report provides evidence of the extent to which Yooralla has:

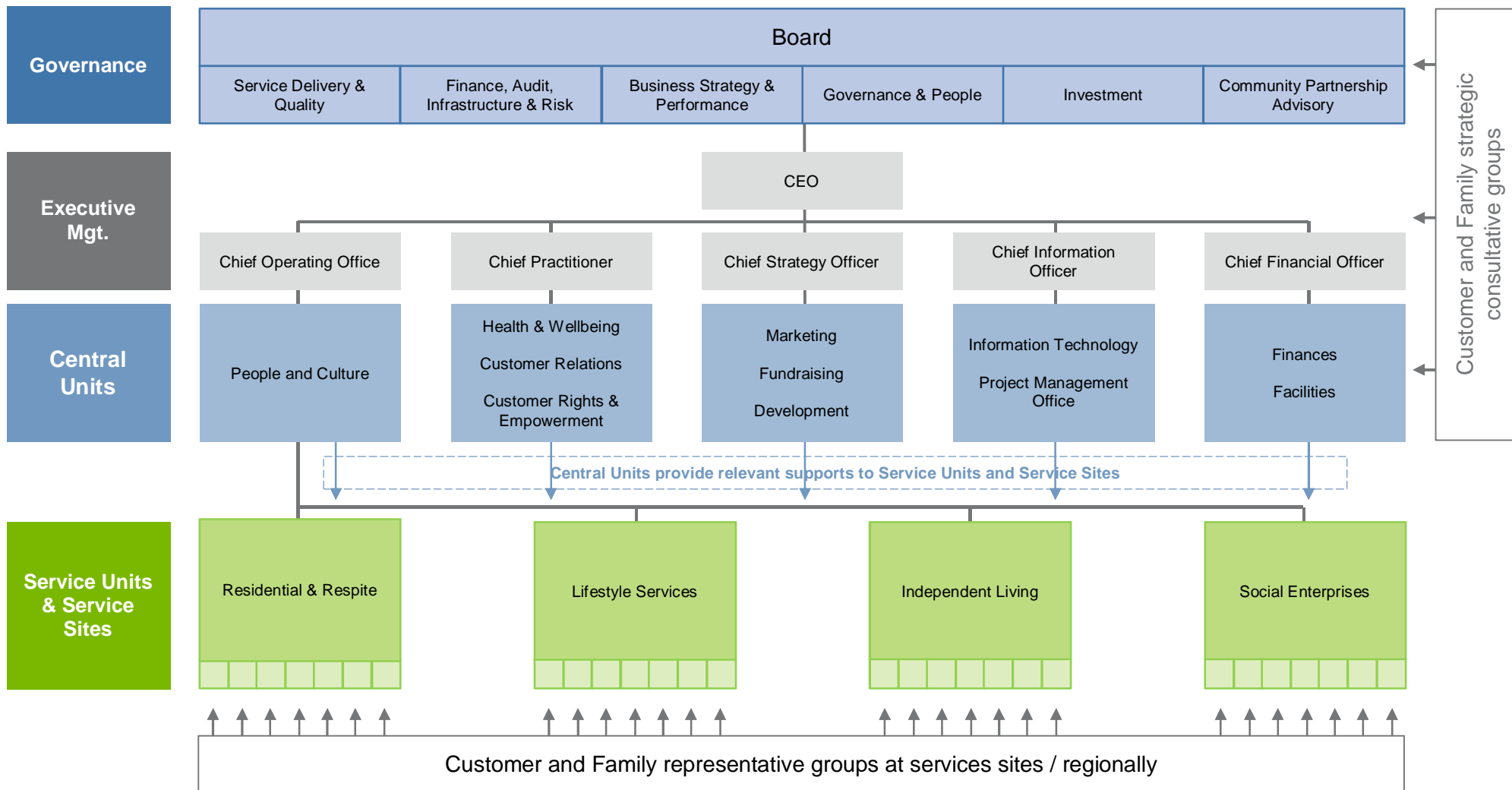
- Implemented effective governance arrangements by the Board to promote transparency and accountability at all levels within the organisation.
- Early and direct involvement and oversight by management to ensure effective leadership of the organisation and to create a positive culture in the organisation that is based on customer safety, customer centred practices, reflective planning, and engagement with customers and families.

Evidence is presented against the four key governance focus areas described in the review framework:

- Organisational structure
- Monitoring and oversight
- Risk management
- Transparency and accountability.

For each area, the organisation's systems and policy environment are described briefly (a more detailed review of the organisation's systems and policies is attached at Appendix B followed by a description of practice and a rating of the area's maturity under the maturity model. This section concludes with a summary of the maturity ratings and potential areas for strengthening for consideration by Yooralla.

At a number of points in this section, the review comments on Yooralla's governance and management structures. The figure on the following page illustrates those structures and linkages to customer / family representative groups to provide clarity regarding the analysis presented in this section.



Yooralla Governance and Corporate Structures

2.1 Organisational structure

Focus area

Organisational structure

Why it is important

Organisational structure can influence good governance by providing clarity to the organisation's internal and external stakeholders regarding: the roles and responsibilities of different parts of the organisation, how leadership and accountability flow through the organisation, and where stakeholders can provide input to and expect response from the organisation, whether in relation to operational issues such as safety and service quality or strategic issues such as organisational direction.

Sub indicator	Key findings
<p>Quality organisations establish an organisational structure that: provides clear lines of accountability across the organisation, that reflects the requirements of service provision, and that allows all of the organisation's stakeholders to understand the roles and responsibilities of different parts of the organisation and where the key points of contact are for communicating with the organisation.</p>	<p>System and policy</p> <p>Yooralla has established an organisational structure (refer to the diagram on the preceding page) that provides simple and linear lines of accountability from the Board, through the Chief Executive Officer, Executive Management Team, program area management, site management to staff and ultimately customers and their families.</p> <p>The simple hierarchy of Yooralla's organisational structure facilitates good governance and general management practices and is aligned to the operational needs of the organisation. In particular:</p> <ul style="list-style-type: none"> • It is simple, with unambiguous lines of accountability and clearly differentiated roles across each area. • The organisation has appropriate levels of management within its management hierarchy to support the flow of information and management response through the organisation. Each management layer has a distinct role, from strategic leadership and direction setting, to regional coordination, to local service delivery management. • The organisation has grouped the management of its service areas to reflect the range of services that Yooralla delivers, facilitating different management responses that each area would require (for example for residential disability services versus lifestyle services (e.g. day services) versus children and family services⁷). <p>Yooralla's organisational structure includes a range of central support units which provide specialised service delivery support (e.g. the Health and Wellbeing Team) and corporate services (e.g. Resource Staff Unit, People and Culture Unit) to Group Managers, Service Leaders / Service Managers and staff. In each case, the role of the support units is to support the staff and management within service units without disrupting the management / accountability hierarchy of the service areas. Critically the central support units each have a direct report into Yooralla's Executive Management layer so that if the support areas observe or become aware of critical issues that structurally impact on organisational quality and performance, they can directly communicate those to Executive Management.</p> <p>Practice</p>

⁷ Non-disability service out of scope for Yooralla review.

Sub indicator	Key findings
	<p>During the consultations conducted for this review, all Yooralla officers, managers, and staff were able to fully describe their role in the context of the organisation's corporate structure and the relationship between their role and those above and below them on the corporate hierarchy.</p> <p>Executive Management had a detailed understanding of the corporate structure across the entire organisation, reflecting their higher levels of understanding required for strategic leadership and direction. As would be expected, at service sites, Service Leaders and staff have lower levels of understanding of the corporate structure (e.g. staff know who their direct and group managers are from direct exposure but are less familiar with higher levels of the organisation). However staff also noted that this does not impact on the work they do as:</p> <ul style="list-style-type: none"> • They know where to go to source assistance / information from the central support units, or the mechanisms they need to use to either escalate or refer a matter for consideration. • They receive communications regarding: strategic direction, culture development, and critical issues from the CEO directly through each staff member's access of corporate communication. Further, they noted that they knew who critical persons were: they knew who the CEO is, and commonly identified other key persons such as the Chief Practitioner and the Director of Health and Wellbeing. The organisation has invested significant effort to ensure that corporate communications and organisational information flows effectively across the organisation. The use of the organisation's intranet, fortnightly organisational wide communications (Marcoms) and mandated agendas for service site meetings have ensured that key messages are transmitted rapidly and consistently across the organisation and staff know where they come from (e.g. the CEO weekly column and the promotion of new/refreshed policies / procedures). <p>Staff acknowledge that their understanding that the corporate structure has been enhanced by the roll out of the RiskMan system where the system's work-flow processes have made accountability through Yooralla's chain of command more transparent.</p> <p>Customers and families consistently reported that they are aware of avenues through which they can access information or provide feedback to the organisation. Where consulted in the review, customer families noted their local Service Manager / Leader as being their primary point of contact.</p>
<p>Quality organisations establish governance arrangements that reflect corporate best practice and that align corporate structures with the principle requirements of the organisation (e.g. service requirements, risk areas).</p>	<p>System and policy</p> <p>Yooralla has established corporate governance infrastructure that is aligned to best corporate governance. This includes:</p> <ul style="list-style-type: none"> • An extensive range of corporate governance policies and documentation that are consistent with the expectations of Australian Good Governance Principles (AS8000): the primary document being the Board Policy Handbook (August 2014) that includes policies for Board members' roles and responsibilities, compliance, conflicts of interests, delegations, succession planning, and media. • A Board and sub-committees that are constituted under the organisation's Constitution⁸ and relevant terms of reference for each body that describe: the focus of each body; membership; accountability between each; and governing processes. • The form and content of the Constitution and relevant terms of reference, are consistent with the form and content of governing

⁸ Yooralla is a company limited by guarantee registered under the Australian Charities and Not-for-profits Commission since December 2012 and the Australian Securities and Investments Commission prior to that date.

Sub indicator	Key findings
	<p>documentation expected in large, not-for-profit organisations delivering human services.</p> <p>Practice</p> <p>Yooralla's Constitution requires that it have seven Directors.⁹ The Board's meets that requirement with seven Directors currently appointed. A Board of seven provides the potential for a reasonably wide range of expertise to be brought to the Board without the Board becoming excessively large and cumbersome. Also consistent with the intent in the Constitution, to maximise the Board's independence from the body it is tasked to govern, no Board member is, or has been for at least five years, an employee of Yooralla.</p> <p>The Board comprises individuals from a range of backgrounds holding a range of expertise. Yooralla has previously utilised a skills matrix¹⁰ to assess the range of expertise and skills of its Board membership and to target prospective Board member recruitment. The skills matrix was last updated in November 2014 and has not been updated to reflect the latest change to the Board membership. The matrix examines a relevant range of expertise required for NGO governance:</p> <ul style="list-style-type: none"> • Finance and Accounting; Business Management; Clinical Governance; Marketing and PR; Legal; Strategy Development; Public Policy; Policy Development; HR Management; Government Relations/Networks; Business Relations/Networks; Not-for-profit Relations/Networks; Information Technology Systems and Medical/Allied Health. <p>Yooralla has established six Board Sub-Committees that are aligned to the organisation's service requirements and major organisational risk areas:</p> <ul style="list-style-type: none"> • Service Delivery & Quality; Community Partnership Advisory; Business Strategy & Performance; Governance & People; Finance, Audit, Infrastructure & Risk; and Investment. <p>The Sub-Committees membership require between two to four Board members with the highest level of Board representation on the more business critical sub-committees: Service Delivery & Quality; Governance & People; and Finance, Audit, Infrastructure & Risk Sub-Committees.</p> <p>Broadly, the structures and participation by the Board / Board members are appropriate to an organisation of Yooralla's size and structure.</p> <p>An examination of a sample of Board and Sub-Committee meeting agendas and related papers and minutes indicate that the bodies are operating to their terms of reference, are following generally accepted governance processes, are considering matters of substance relevant to their terms of reference, and are exercising decision making and oversight for their areas.</p> <p>Community Partnership Advisory is a new sub-committee that will meet for the first time in late July 2015. The Committee comprises a Board member, the CEO, the COO, and 10 community members representing people with disabilities, parents and carers who access Yooralla services. The community representatives are intended to comprise a mix of age, gender, ethnicity and major customer groupings. The Sub-Committee terms of reference will focus on members:</p> <ul style="list-style-type: none"> • Providing advice and recommendations to the Yooralla Board aimed at promoting and advancing the rights and well-being of people with disabilities.

⁹ The Constitution also allows for a reduction to a minimum of five Directors on approval of Yooralla's membership.

¹⁰ The skills matrix was last reviewed by the Board in April 2015.

Sub indicator	Key findings
	<ul style="list-style-type: none"> Identifying opportunities to redesign services to provide better services and supports. Designing an effective stakeholder inclusion framework to ensure that people who access Yooralla services are heard and consulted and that opportunities for communication and feedback exist. Subsequently, the Sub-Committee will monitor the framework's performance.

Maturity rating

Yooralla's structures meet the current operational and governance requirements. The review did not identify any areas for improvement in the current organisational structures. The new Community Partnership Advisory is likely to provide a valuable source of strategic advice from Yooralla's customers and families aimed at improving Yooralla communication and engagement with its customers and communities.

The application of the maturity model rating indicates that the organisational structures are at the mature end of the continuum: embedded.

Non-Existent	Initial-Reactive	Emerging	Established	Embedded	Optimised
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2.2 Monitoring and oversight

Focus area

Monitoring and oversight

Why it is important

Monitoring and oversight ensures that the organisation's systems are designed to deliver safe and quality services to customers. Monitoring and oversight is based on effective and transparent information flows and appropriate governance / management feedback loops to ensure continuous improvement and direct response where required.

Sub indicator

Board Members are confident that they receive sufficient information (in Board papers and information from Executive Management and other sources) to exercise effective oversight, to monitor organisational performance, and to manage risk.

Key findings

System and policy

As noted in the *Organisational structure* section, Yooralla has established terms of reference for its Board Sub-Committees that describe explicitly the oversight responsibilities of the Sub-Committees. For example:

- The Audit, Finance and Infrastructure Committee is tasked, amongst other things, to: monitor financial performance; oversight management of assets; and oversight financial management controls and budgeting.
- The Service Delivery and Quality Committee to: oversight internal and external risk systems; monitor health and well-being of customers and families; monitor the development and implementation of person / family / carer focused service delivery models; and monitor the continuous quality improvement of services.

The terms of reference are not explicit regarding what information is required to enable the Sub-Committees to discharge their roles – implicitly the role of the Sub-Committees is to define the range and form of the information required. The terms of reference do however mandate information being made available sufficiently in advance of Sub-Committee meetings in order to allow the members to discharge their roles.

Whilst the initial layer of governance oversight occurs at the Board Sub-Committees, the Board Policy that describes the role of the Board and Directors is explicit that Directors exercise their oversight responsibility through both the Sub-Committees and the Board itself. This distinction is important to note as it recognises that all Directors are responsible for all aspects of organisational monitoring, irrespective of whether they sit on a particular Sub-Committee. Implicit in this requirement is that the full Board is informed of the activity in the Sub-Committees and the basis of any actions or recommendations.

Practice

The Board and Sub-Committees meet on alternate months – which given the current size of the Board and mandated participation rates for the Sub-Committees means that most Board members participate in a minimum of three or four governance meetings every two months.

The review examined a range of Sub-Committee and Board meeting agendas, papers and minutes. The following observations were made from these records:

- The Board and Sub-Committees appear to follow generally accepted governance bodies processes: agendas comprise both

Sub indicator	Key findings
	<p>standing items and specific items, meetings are minuted and approved, actions from meetings are assigned to individuals or items are referred to the Board, and historic action items are reviewed for completion. Further, the level of information provided to the bodies is consistent with the range of oversight and decisions / actions they adopt.</p> <ul style="list-style-type: none"> The meeting records indicated that they are operating within the rules of their terms of references or the Constitution, in terms of quorum and/or composition, and areas of monitoring and oversight. <p>The Board papers provide minimal direct evidence of Board Sub-Committees reporting to the Board regarding their activities either through: copies of Sub-Committees' minutes being made available in the Board meeting information pack; or through formal reporting on the activity of a Sub-Committees by their Chairs. Despite this, during the Board Member consultations, the Board members consistently described one of their roles as taking a lead in Board discussions in areas where a Board agenda item covers those areas where their Sub-Committees have an interest or have already undertaken some work. In practice, given that up to four of the seven Board members may be involved in a sub-committee, it is likely that the exchange of information between bodies (including ensuring comprehensive oversight is in place) is reasonable despite the absence of evidencing Board documentation – however, good practice would suggest a formal report (or minutes) being presented to the Board for each Sub-Committee.</p> <p>It is noted that the Board members, who prima facie have professional backgrounds and experience indicated that good quality and comprehensive oversight occurs.</p>
<p>Risks in the support environment are regularly reviewed and monitored and management is involved in the review and monitoring of risks.</p>	<p>System and policy</p> <p>Risks in Yooralla's service environment are monitored by management at both the service site and by central management levels. At the service level, the roles of Service Managers / Service Leaders include the local operation of Yooralla's customer safety and staff (OHS) risk management systems where risks are: identified (either in the context of incidents that have occurred and have been recorded, or in proactive risk identification), and then responded to. The local managers have primary responsibility for ensuring the safety of customers and staff on site and the risk management response.</p> <p>Central communications and the range of policies and procedures that have been transmitted to the service sites focus on these, in particular:</p> <ul style="list-style-type: none"> Safeguarding policies emphasising the role of local staff and management in the primary response to risk and the importance of local managers driving improvements to practice. Local managers are to lead their teams in reflective practices (whether in group meetings or day to day coaching / observation) that focus on the continuous improvement of safe and quality services for individual customers and for the service as a whole. Implicit in the manager's role to drive continuous improvement is the continuous monitoring by managers of staff performance, including safety practices. <p>Yooralla's new RiskMan system is designed to enhance the monitoring of risks, where:</p> <ul style="list-style-type: none"> The work-flow system embedded in the system is designed to ensure that risk events are escalated appropriately within the organisation in response to high risk events or delay in response by the organisation. The escalation system follows the organisation's corporate structure so that, where relevant, information on risk events and the oversight of their response can automatically extend to the Chief Practitioner and CEO (or be referred to them as needed). The RiskMan's reporting dashboard has been designed to enable managers to examine recorded risk events, both individually

Sub indicator	Key findings
	<p>and collectively, to enable review of the existence or impact of factors (e.g. common root causes).</p> <p>Both Yooralla's financial management system and risk and quality systems extend from the service level through management and into the Board via relevant Sub-Committees. Importantly, the information presented for Board oversight (see above) is based on the same information and data sets that are used for service and executive and general management oversight, ensuring that there is consistent oversight and understanding of business issues and events, and a common basis of decision making across the management / governance hierarchy.</p> <p>A more detailed discussion of the range of activities, as distinct to oversight, undertaken in response to risk oversight is discussed further in the <i>Risk Management</i> section below.</p> <p>Practice</p> <p>During the review's site visits, the review found that the management oversight of services was progressively being improved per the system design.</p> <p>The review notes that the Service Manager / Leader cohort has been newly appointed in the last 12 months – 50 per cent of sites visited as part of the review had a new Service Leader appointed in 2014-15. In many of the sites visited, evidence of effective oversight by the Service Leaders, or Program Managers, prior to the Service Leader changeover could not be evidenced from document reviews on site (including evidence such as staff performance management and assessment records, and customer planning records). In many cases, the appointment of a new Service Leader has seen the progressive development of plans and records that include stronger evidence of local oversight and accountability. Service Leaders are now turning their attention to improving the quality of these and their underlying processes.</p> <p>In addition, the rollout of the risk management system and the formalisation of site meeting agendas is embedding formalised oversight processes by Service Leaders in relation to their service and staff.</p> <p>During the review, one area of service practice was observed that could adversely impact management oversight. In three of the 15 residential sites visited it was noted, by staff or in review of rosters, that in those residential services, a small cohort of staff may routinely work active night shift only. This rostering behaviour can challenge the capacity of Service Managers (who generally work day / evening shifts) to oversight the performance and practices of the night worker. Similarly, the practice limits the capacity of those staff members to work with other staff and develop their skills through peer to peer interaction, or for them to participate in house meetings, service improvement planning, or training delivered on site.</p> <p>Whilst this did not appear to be systemic across residential services, Yooralla should consider reviewing the extent to which this night rostering behaviour occurs across its residential services with a view to ensuring that, where individual staff work a majority or considerable number of night shifts, they are also rostered on for sufficient day / afternoon shifts to allow for that staff member to participate in team activities, work with other staff members, and for adequate managerial oversight.</p>
<p>Management regularly visit the support environment. Service Managers / Leaders provide appropriate oversight of services, monitor key risks, and appropriately report and</p>	<p>System and policy</p> <p>As noted in the <i>Organisational structure</i> section above, site services are managed under a hierarchical management system, comprising: Service Managers / Leaders who are responsible for services at a site and who are in turn managed by their local Program / Regional Manager, who in turn are accountable to the service line's General Manager.</p> <p>The Program / Regional Manager manages their sites through two mechanisms:</p>

Sub indicator	Key findings
<p>escalate areas of concern. Customer plans and clinical risk assessments are regularly reviewed and monitored.</p>	<ul style="list-style-type: none"> • Site visits where the Program / Regional Manager spends time on-site to: observe site practices, provide general managerial support to the site manager, undertake site manager supervision (to the same process as general staff) and to review service plans and documentation. • Group meeting of all site managers under Program / Regional Manager to consider general practice issues and to share examples of good practice / problem solving. <p>Practice</p> <p>During the review, service line General Managers noted that Yooralla has encouraged its Group Managers to spend most of their work time at service sites rather than being office based (which was described as having been the case historically). The review team saw evidence of this where Group Managers were clearly known by site service staff and to some extent customers and their families.</p> <p>In residential and respite services, it was noted that the Group Managers are responsible for up to 18 houses each. The large number of sites managed by each Group Manager means that, despite the intention of spending time on site:</p> <ul style="list-style-type: none"> • The amount of time a Group Manager can spend at a particular site is limited, compromising the ability of the Group / Regional Manager to exercise oversight / guidance. • The Group Manager may spend a material amount of his / her time travelling between sites¹¹. • The Group Manager is frequently in a response rather than a proactive mode. During the site visits, the Group Managers were frequently seen to be responding to calls and urgent requests from other sites. <p>It was noted by one Group Manager that their role has a very large component of operational management, for example dealing with HR and infrastructure, which can limit time focused on service oversight. It was also noted that this has been partially resolved by the use of Senior Service Managers. The Senior Service Manager acts as a floating resource that reports to the Group Manager and provides advice and guidance to Service Managers regarding operational and management practices in a service site. At present, Yooralla has two Senior Service Managers; at the time of this review, a third was in the process of being appointed so that each Group Manager will report to a Senior Service Manager.</p> <p>The above issue was not observed in the Day Services program where the number of services covered by the Group Manager was five or less.</p>
<p>Customers and Family have access to independent representation and participate in decision making relevant to their needs.</p>	<p>System and policy</p> <p>Both of Yooralla's incident management and customer planning are designed to engage customers and families:</p> <ul style="list-style-type: none"> • Lifestyle planning is to include the participation of customers, their families, and other services where relevant and / or appropriate. • In response to incidents where the Internal Investigator is used, a formal reporting process with customers and families is in place and where representation, if needed, is accommodated.

¹¹ One manager noted that travel time was used extensively for administration time on the phone. Whilst this practice does provide efficiency benefits it is noted that a work load that commonly requires a staff member to be on the phone and dealing with substantive issues whilst driving is potentially not good OHS practice.

Sub indicator	Key findings
	<p>In addition to the above, within its rights based training for customers, Yooralla has promoted customers taking a voice and participating in customer based processes and has emphasised the role of advocacy by customers for their own and other customers' services.</p> <p>Practice</p> <p>At the review's site visits:</p> <ul style="list-style-type: none"> Families noted that they are involved in customer planning. This practice was also evidenced at some service sites where the documentation of customer plans included details of who is involved in plan development. (Note the quality of customer planning is dealt with separately in the <i>Safety and service quality</i> section that follows this <i>Governance</i> section). Customers noted that they are asked what they want from their services. This was observed in both residential and day services where a mixture of customer specific discussions were noted, and also group discussions about the priorities of the customers as a group. In the day programs, the second of these was observed in both general service planning for a semester (for example, what programs to run and what range of activities) and also on a day to day basis where customers suggested potential activities as they occur in the community (e.g. to go to a festival event).

Maturity rating

In assessing the evidence identified through the review activities, it is apparent that Yooralla has in place systems, structures and processes that should enable effective monitoring and oversight at the Board, Executive, Program and Service level. However, line of sight across all services within the suite of residential and respite services may be compromised by the high ratio of Group Managers to services. In some specific locations, there is a need to review night roster allocation to ensure staff have adequate access to supervision and team based development.

The Board may consider incorporating a Sub-Committee Chair item in the Board agenda (and the Sub-Committee minutes included in Board papers) to ensure total transparency between the Sub-Committees and the Board.

The application of the maturity model rating suggests that monitoring and oversight is assessed as being established.

Non-Existent	Initial-Reactive	Emerging	Established	Embedded	Optimised
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2.3 Risk management

Focus area

Risk management

Why it is important

Risk management ensures that the organisation's staff and systems are working to ensure that customer, staff, and service risks are identified and responded to, in order to maximise the provision of safe and high quality services. Risk management systems should be both proactive for the prevention of risk events, and reactive to enable appropriate actions in response to risk events and feedback.

Sub indicator

The organisation creates an organisational infrastructure and culture for effective risk management through: clear policies to guide processes and practices for responding to identified risks; regular training for management and staff on risk identification and mitigation, the prompt investigation of incident reports and complaints; the capture and analysis of data about incidents to inform organisational learning at all levels; and the use of reflective practice in response to events.

Key findings

System and policy

The review found that Yooralla has a general risk management framework with policies and procedures based on Australian Standard risk management principles and DHHS principles. The risk management policy applies to customer health and safety, staff health and safety, and general corporate risks (e.g. finance).

Yooralla uses an Organisational Risk Matrix and Register for monitoring risks and risk response across the organisation. These are used at the executive level and the Service Delivery & Quality Board Sub-Committee.

In the area of clinical risk management and customer safety, Yooralla has made significant investment in the RiskMan risk management system and related staff training. At present, the RiskMan system is used for reporting and follow-up of customer related critical incidents (operational from July 2014) and feedback and comment (with a staged roll-out from April-June 2015). As noted above, the new risk management systems incorporate a range of oversight and accountability rules that ensure information and actions are allocated to the correct areas of the organisation, and that evidence of actions are completed in a standardised manner to ensure that any oversight is fully informed.

In addition to incident response, the new RiskMan system is being used by Yooralla in two areas to improve customer safety:

- Centrally, the Quality Improvement Group is utilising the data, for example in root cause analyses, to identify areas of potential clinical practice / policy improvement (e.g. medication management).
- At the service level, Group Managers (but not yet Service Managers) are able to utilise the dynamic reporting dashboard to monitor incident resolution and patterns of incidents where targeted action may be warranted. The system's reporting dashboard will be rolled out to all management in 2015-16.

The RiskMan system is also being used to enable general governance and executive management oversight and response, where systemic data (in combination with input from the Chief Practitioner, General Manager Health and Well-being Team, and Chief Investigator who can each be involved in an incident response) is being used in both the Clinical Risks Management Working Group to identify clinical work practice improvements and in the Board's Service Delivery & Quality Sub-Committee for general monitoring and oversight.

The RiskMan system has also had a significant administrative benefit in that:

- The system has standardised how incidents are recorded and described, increasing the quality of incident description and

Sub indicator	Key findings
	<p>response.</p> <ul style="list-style-type: none"> The system has been configured to provide the information required for reporting of Category 1 and 2 incidents to the department. <p>Practice</p> <p>As highlighted by Executive Management, a cultural shift regarding incident reporting has emerged and accountability has been strengthened; several residential, respite and day services reported applying reflective practices at staff meetings, to examine incident patterns and trends and consider strategies to prevent incidents occurring in the future. It was noted however that some staff and sites were not able to describe reflective practice or its use in a team setting. The review notes that there is opportunity to further build on this approach and to leverage this practice across all services, in particular to Day Programs, which demonstrated less reflective approaches overall.</p> <p>An inspection of a random sample of 34 Category 1 and 2 incident reports within RiskMan confirmed a good standard of incident reporting, including evidence of problem solving and active response to both the incidents and to address the causes of the incident to prevent future occurrence.</p> <p>Capacity to address systematic issues at the local level is likely to be improved when Service Leaders have access to RiskMan's reporting dashboard, which should allow greater transparency regarding the nature and distribution of risk events and consequently allow for increased use by staff of root cause analysis to identify systemic issues. As noted above, Yooralla centrally, within its Quality Improvement Group, is undertaking systematic analysis of RiskMan data to identify system improvements. It is however noted that this process is also appropriate at the local level given this activity is aligned the purpose of Service Improvement Planning undertaken at each site.</p> <p>Service Leaders described the work-flow system that is embedded in RiskMan as being highly effective at driving management oversight of incident response. Service Leaders consistently described receiving calls from their Program Managers and central management (e.g. Chief Practitioner) within a short period regarding incidents recorded in RiskMan. This oversight was further evidenced in a review of 34 randomly selected incident reports, where there was clear evidence of input (through journal entries) by the Chief Practitioner and the Director of Health and Wellbeing where appropriate. A strong capacity for local problem solving was evidenced in the immediate action taken by Service Managers at the local level.</p>
<p>Support workers: receive training on risk management, and understand concepts of risk in context of support provision; understand organisational risk management policies, in particular identification, assessment and management of risks including appropriate escalation; and are aware of</p>	<p>System and policy</p> <p>All Yooralla service staff have been trained in the use of the RiskMan system. In addition to systems training, Yooralla has developed a wide range of informational materials, policies and procedures regarding: customer safeguarding, safety environments, problem solving, and reflective practice which are either delivered in mandatory training or within the team meetings at service sites.</p> <p>Practice</p> <p>During the review's site visits, all service staff consulted were aware of the new RiskMan incidents system and, where they had used it, were all enthusiastic about the system and the benefits it offers. The level of positive response expressed by staff was aligned with the Executive Management suggestion that a culture change surrounding risk management was occurring in Yooralla where customer risk management was seen as a positive indicator of good practice rather than a post-parte exercise in assigning blame.</p> <p>Staff noted:</p>

Sub indicator	Key findings
<p>workplace practices to support work health and safety.</p>	<ul style="list-style-type: none"> • The system is accessible to all staff via the Yooralla intranet. It was noted however that, in most service sites, the use of the system is being supported by Service Managers: this was not described however by staff as gatekeeping by management but rather a function of who on-site has the most time to complete system data entry. The level of enthusiasm described by staff indicated that they are able to use the system as and when needed. • All staff have been trained by their managers how to use RiskMan. • The system is intuitive to use, with the system configuration, particularly the use of standardised classifications and drop down boxes, assisting support workers to describe aspects of incidents and their response (where prior to RiskMan, staff struggled to describe those aspects). • The system requires less writing than the prior paper-based incident recording system which generates less errors in understanding. <p>RiskMan has been well received at the service level as a means of quickly identifying and escalating incidents. The timeliness and responsiveness of the system was consistently regarded as positive by Service Leaders and support workers, however, some variation was noted in the degree to which RiskMan is being fully utilised in some services for minor events.</p> <p>Within the context of work health and safety, staff noted that they believe they receive appropriate training within the context of their jobs for the management of OH&S risk, and they have a good understanding of the risks and responses surrounding their job. No staff interviewed in the review expressed a concern regarding general workplace health and safety. Where concerns were raised, they generally applied to customer service delivery and the challenges that they face to ensure customer safety (e.g. staff to customer ratios during outings).</p>
<p>Customers and Family experience a culture that encourages customers, families and staff to speak out if they have concerns, or have experienced, witnessed, or suspect abuse. Families are informed immediately of incidents involving their family member and communicate regarding the result of the investigation to residents, affected staff, and families.</p>	<p>System and policy</p> <p>Yooralla provides a range of avenues through which families may raise concerns, make complaint, or provide feedback. These include: directly to site staff and/or management, through a central contact point (that is described in the customer information pack provided to all customers and their families) or through direct contact to Yooralla's central management.</p> <p>At the time of the review, Yooralla was implementing a new customer and family feedback system that utilises the RiskMan system. A demonstration of the system indicated that the new system is similar to RiskMan in look and feel, and utilises the same workflow rules and reporting dashboard.</p> <p>In the case of customer incidents, the independent investigator process includes steps for the active involvement of families and customers in serious customer incidents. In the case of less serious incidents, the involvement of families is dependent on the nature of the incidents and the relevant need to inform families during or at resolution.</p> <p>Practice</p> <p>During site visits, staff and site managers described how they keep families (and other providers if relevant) informed of incidents and general customer issues. The staff and site managers consistently noted that the degree to which families are involved varies significantly on a case by case basis and also as a result of how customers wish Yooralla to engage (or not) with their families.</p> <p>The staff and site managers noted that families are informed regarding their rights to speak out and raise concerns and the avenues that they can use.</p> <p>During the site visits, no examples of the new complaint and feedback system was observed.</p>

Sub indicator	Key findings
Maturity rating	

The review found that Yooralla has in place a sophisticated risk management system, with appropriate oversight and active management of risks evident throughout all levels of the organisation. The application of the maturity model rating indicates that Yooralla’s systems, policies, practice and culture with respect to risk management is at the mature end of the continuum: embedded.

In terms of customer and family engagement, Yooralla’s system is established but not embedded given that the new feedback and complaints system is currently being rolled out. At the date of the review, it has been rated as established, but given the experience of the RiskMan roll out may rapidly move to embedded.

Non-Existent	Initial-Reactive	Emerging	Established	Embedded	Optimised
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2.4 Transparency and accountability

Focus area

Transparency and accountability

Why it is important

Yooralla holds accountability to its internal and external stakeholders for the services it delivers to its customers. That accountability is discharged through processes where customers and families: are involved in decision making processes; are provided with information; and are engaged in having input into how their services are structured and delivered. All staff are encouraged to take an active role in these and in critical review and service improvement. It is important that a service provider is accountable to its customers as it ensures the organisation is focussed on delivering the services that a customer needs and desires and that are of good quality and are safe. Transparency by organisations regarding how they plan and deliver services underpins accountability.

Sub indicator

Customers and family have access to timely, accessible and appropriate information, and have the opportunity to make feedback or complaint. The organisation should encourage the involvement of families, carers and independent representatives in the lives of customers and promote a culture that welcomes the customer and family voice in a service.

Key findings

System and policy

The review found that Yooralla has established a range of systems that aim to improve the organisation's accountability to its customers and their families. These include:

- A fortnightly newsletter to customers and their families regarding developments at Yooralla.
- Customer empowerment programs that ensure that customers and their families are aware of their rights and that encourage them to have a voice in their services.
- Advisory mechanisms that give customers and their families a voice at Yooralla's Board level and in policy development (Community Partnerships and Advisory Committee, and the Independent Advocacy Advisory Committee (IAAC)).
- A new customer feedback and complaint system using RiskMan (as noted in the previous section): at the time of the review, this system was being rolled out and was not fully implemented.
- Steps in incident management and investigation that focus on ensuring customers and their families are apprised of findings and are engaged in those processes.

Further, Yooralla has made a significant investment in communicating to its staff base, through a staff newsletter and weekly CEO column hosted on the Yooralla intranet (Marcoms) and through the use of the organisational wide agenda items. When the feedback and complaints system is in place, staff will also be expected to use this system.

Practice

During the site visits, and in family consultations, the review did not encounter any examples of family membership on Yooralla's consultative committees. Furthermore, many of the families consulted were not aware of the recent expression of interest for the establishment of a customer and family sub-committee of the Board. Most services did however describe the use of local meetings with individuals or a group of parents (both formal and informal) as a mechanism to inform service development. The review sighted evidence of communicating upcoming meetings of local parent advisory groups, where these were established.

The level of engagement between Yooralla and its customers' families is variable across service sites and for different families. This

Sub indicator	Key findings
	<p>variability is to some extent expected given that different families have different expectations regarding how Yooralla should engage with them, information they are provided with, or how they are engaged in areas such as planning and events at a service site. Similarly, customers have varied expectations or preferences regarding how Yooralla engages with their families.</p> <p>A range of service sites undertake a range of good practices (e.g. monthly letters home, taking photos as evidence of customers' progress against lifestyle plan goals), however, this was largely dependent on individual Service Managers driving the practice, and practices used varied from site to site. The high level of variability suggests opportunities for Yooralla to identify examples of good practice and communications these across its entire service network.</p> <p>During the review, some concerns were raised directly by customer families regarding how Yooralla engages with families. It is noted that only a small number of families were consulted during the review and that where they had a complaint, it commonly sat around a historic service issue in which Yooralla and external bodies such as the department or the Disability Services Commission had been involved. Where the families comments touched on engagement and transparency, there were however some consistent areas of comment:</p> <ul style="list-style-type: none"> • The organisation's approach to addressing feedback and complaints, particularly speed of response and tenor of language. It is noted that the new feedback and complaints system should improve customer engagement and communication in this area. Where staff training addresses customer communication, Yooralla could consider including elements on communication best practice such as: language and response time. • Provision of information that explained for Individual Support Package customers the rationale for fees charged over and above the unit price and Individual Support Package funding balances. In this area, it was not clear whether the problem occurred due to poor communication / expectation or the transparency of the Individual Support Package funding systems, including the role of fees, to families. It was however noted in the financial review that, on occasion, Yooralla has not had available a customer's up to date funding balance. <p>It is noted that Yooralla staff members at the services visited for the review consistently acknowledged that communication within the organisation has improved in the last year and that a culture that values them raising their voice (and customers / families raising theirs) is being embedded at the local level.</p>

Maturity rating

The review found that Yooralla has established systems and practices in place to support transparency and accountability at all levels of the organisation – with direct support workers and Service Managers noting considerable improvement over the past 12 month period. However, this is yet to translate into the public domain, with family members who participated in the review frequently noting communication failings in parts of the organisation. As noted above, the review acknowledges that the family members who participated in the review may not be representative of all families, however the consistent nature of comments regarding language and tenor of communication suggests an area that warrants consideration. Policy development and practice improvement may be required with respect to information provision and addressing feedback and complaints, with a focus on the language, content, and purpose of all forms of communication (whether correspondence or information for families). The review notes that Yooralla has recently run training in communication styles – these types of activities are likely to contribute to addressing this area.

The application of the maturity model rating indicates that Yooralla’s systems, policies, practice and culture with respect to transparency and accountability is currently established. The cultural and practice change that the organisation has implemented with respect to respectful engagement of families and responses to feedback and complaints will see improvement in this domain over time.

Non-Existent	Initial-Reactive	Emerging	Established	Embedded	Optimised
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2.5 Maturity assessment

The following table summarises the maturity ratings described above and provides a general maturity assessment to Yooralla's governance arrangements.

Area of Focus	Non-Existent	Initial-Reactive	Emerging	Established	Embedded	Optimised
Organisational structure						
Monitoring and oversight						
Risk management						
Transparency and accountability						
Combined maturity assessment						

Yooralla has a governance infrastructure that is well established and that provides:

- Governance and management structures that are well aligned with the operational requirements of Yooralla.
- Monitoring and oversight systems and risk management systems that are well designed to ensure that Yooralla is able to identify, respond to, and manage the potential for, or actual occurrence of risk. Yooralla's systems and structures allow the rapid transmission of information and response through the organisation, ensuring that the correct layers of Yooralla are informed regarding the potential for, or actual occurrence of, risk and that where required directed action can take place.
- A customer risk management system (RiskMan) that is well accepted by staff and that – when coupled with the organisation's consistent messaging regarding Yooralla's cultural response to customer safeguarding and the increased range of supports that have been provided to staff – has led to significant increase in the rigour of the organisation's risk identification and risk response practices.
- Clarity regarding accountabilities within the organisation.
- Increasing transparency, accountability and communication with its customers and families regarding the design and quality of services including customer safety, and the increasing expression of customer and family voices in feedback and complaint.

The review noted that the last item above is still a work in progress, and is the area where Yooralla requires ongoing development. This is also the area where Yooralla is currently making significant investment with the current roll out of the new complaints and feedback system and the imminent establishment of Community Partnership Advisory Sub-Committee.

Within its customer engagement and communications, the following observations are made:

- Yooralla should continue to work with managers and staff regarding how communication occurs with families and customers. We note that Yooralla is already investing time and effort in this area. We also note that work in this area is highly relevant to the current roll out of the new complaints and feedback system given that the full benefits of that system will emerge over time.
- Given the emerging nature of Yooralla's feedback and complaint systems and the investment that the organisation is making it is appropriate that Yooralla undertake a post implementation review to ensure the system is working to design and intended standard, and that take up, and discharge, is consistent across the organisation.

Other non-customer / family engagement areas for consideration include:

- Examination of house rosters regarding night shift allocation to ensure that individual staff do not work excessive numbers of night shifts such that they: have difficulty participating in house team meetings and house training, are not exposed to the beneficial effects of working with peers, and potentially receive less management oversight, coaching and development opportunities than their colleagues.
- Consideration of the work loads of Program Managers in the residential services and the impact that this may have on: Program Managers' capacity to exercise oversight of their Service Leaders, and on their general OH&S environment (e.g. working when driving). Any such consideration should include consideration of the support provided to Program Managers by their Senior Service Leaders and the availability (and any barriers to use) of corporate supports to deal with general operations management issues.
- Yooralla may consider including a sub-committee report in its Board agenda and information pack to ensure there is transparency for all Board members regarding the actions of all their delegated sub-committees.

3 Safety and service quality

This section of the report provides evidence of the extent to which Yooralla has established systems where:

- The delivery of quality services where allegations of abuse, neglect or poor quality of care are acted upon immediately in order to promote customer safety and wellbeing.
- The existence of a culture where customers, families and staff are confident to raise issues of concern and that these are listened to and acted upon as a priority.
- The existence of customer support practices that include evidence of the customer voice and experience, preventative strategies, the management of risk to customer safety and wellbeing and the priority of support to customers and families who raise issues of concern.
- The capability of staffing resources, training regimes and effectiveness of staff supervision, including staff understanding of their obligations to customers and families.

Evidence is presented against the seven key areas for consideration as outlined in the review framework: recruitment; induction; information, education and training; supervision and support; customer planning and support; safeguarding practices; and leadership.

For each area, the organisation's systems and policy is described briefly (a more detailed review of the organisation's systems and policies is attached at Appendix C followed by a description of practice and a rating of maturity applying the maturity model. This section concludes with a summary of the maturity ratings across all focus including areas for strengthening for consideration by Yooralla.

3.1 Recruitment

Focus area

Recruitment

Why it is important

Staff of Yooralla play a significant role in customers' lives, from daily social interaction to providing personal care. For this reason, staff can be one of the greatest protective (or risk) factors to customer safety. Well-functioning recruitment processes are critical for Yooralla to ensure that the right people are selected for the role, and that unsuitable candidates are screened out of the selection process.

Sub indicator

High performing organisations establish: a recruitment policy that reflects contemporary practice including: external advertising, referee checks, appropriate screening, clear and easy to understand position descriptions, standard interview questions for candidates and assessment of skills, behaviours, capabilities and attitudes, consistent application and oversight of the above.

Key findings

System and policy

Yooralla implemented a revised recruitment process in mid-2014 which included a revised policy and recruitment collateral. The overarching recruitment policy applies to the recruitment of all staff, including staff recruited to its casual pool. The policy describes the recruitment process steps and documentation required and includes differentiation of the duties of recruiting managers and that of the central Recruitment and Employment Team (within the People and Culture unit) to support recruiting managers and to ensure process compliance.

Underlying the recruitment policy is a range of support documentation and processes that includes:

- Standard position description template for all positions in the organisation, which includes capabilities / skill sets required by role.
- Recruitment collateral includes: process checklist, advertisement template, interview guide, behavioural based questions, interview assessment template, application document check list, and decision matrix.
- Psychometric testing of candidates' behavioural and values based preferences is conducted.
- Completion of work history checks: Yooralla noted that referee checking has not been rigorous in prior years.
- Police checks: International police checks were introduced for employees in January 2013, and volunteers in May 2014. National police checks are now required every three years (commencing February 2015).
- For casual staff, a short form application kit that also includes process a check list for application checks by the central unit.

Recruitment is undertaken locally by Service Managers and Group Managers, with process support and guidance from the People and Culture Unit, including sitting in on interview panels. Customer / family involvement on the panel is also encouraged.

Casual recruitment is managed centrally by the People and Culture Unit, with a similar process adopted. Three casual recruitment campaigns are undertaken per annum to employ approximately 30 casual staff to the casual work pool.

Practice

Sub indicator**Key findings**

The review found that recruitment processes are being consistently implemented per the mandated policy. A review of 14 recruitment records for the six month period December 2014 to May 2015 confirmed 100 per cent compliance with policy, with the exception of psychometric testing that was not evidenced consistently (4/20). Service Managers were able to provide recent examples of recruitment activity evidencing adherence to policy and procedures; of the 20 sites visited, no sites described a non-compliant process.

At an organisational level, Executive Management and Group / Customer Service Managers reported positive changes to the recruitment process. This included:

- Yooralla Executive Management described the recruitment process, in particular the use of psychometric testing, as having increased the quality of candidates being employed by the organisation and their suitability to the roles they fill. Yooralla Executive Management however also acknowledged that the noted increase in quality is at present a subjective judgement, and that any definitive evidence of service / staff benefits will emerge over the longer term and mechanisms to test impact will need to be established.
- In addition, Group Managers and Customer Service Managers reported that Yooralla has actively sought to 'move on' under-performing Service Managers in the past 12 to 18 months, as a basis to support service improvement. This was observed in 10 of the 20 services visited, where the Service Managers reported that they had been appointed with the explicit purpose of improving the safety and quality of the services. This is a positive development, with action now shifting to include the retention of high performing Service Managers to enable quality improvements to be embedded and maintained.
- Group Managers, Customer Service Managers and Service Managers reported that the only operational issue regarding recruitment related to the time frame from application to commencement. In the sample of recruitment files reviewed, the time from application to contract execution averaged 13.7 weeks. The lengthy process, in addition to the requirement for Yooralla's induction program to be completed before commencing a shift, often resulted in an inability to secure preferred, high-quality candidates, particularly in rural areas (examples were provided at two rural sites of preferred candidates finding alternate work as they waited for an offer / place in induction).

The changes to recruitment practices have been regarded as positive at the service level; evidence of good practice was observed across the majority of services visited. This included:

- Use of behavioural and values based interview questions. Service Managers cited examples of applicants not being progressed where they were unable to adequately describe how they would respond to situations.
- Actively seeking to reduce the use of agency staff across residential and respite services. For example, one site indicated reducing the use of agency staff had resulted in a decreased number of customer incidents.
- A focus on establishing a pool of "regular casuals" as a basis to ensure service quality and minimise risk to customers. Similarly, the organisation has actively encouraged agency staff and casuals to apply for permanent roster lines.
- Seeking and acting upon customer and permanent staff feedback on the performance of all agency staff to maintain service quality.
- A greater focus on recruiting the right person for the role, rather than simply filling positions with the best available candidate. For example, a recent applicant reported a strong emphasis on the use of behavioural and values based questions; use of a case study question to demonstrate the applicant's comprehension abilities; and by re-advertising if the candidate was not

Sub indicator	Key findings
	<p>considered the best fit.</p> <p>Overall, service sites indicated the transition to the restructured recruitment process had been positive and resulted in the hiring of more suitable candidates.</p>
<p>High performing organisations establish recruitment panels which include customer / family involvement.</p>	<p>System and policy</p> <p>Whilst no formal policy exists for the inclusion of customer or their family members during the recruitment process, evidence of good practice was observed across the majority of sites visited.</p> <p>Practice</p> <p>The following practices were observed regarding customer and/or family member inclusion on interview panels.</p> <ul style="list-style-type: none"> Of the 20 services visited during the review, 17 included customers and/or family members on interview panels. Customer input was demonstrated across all service types, including customers who were non-verbal. Where customers did not sit on interview panels, this was often reported to be due to the customer's cognitive abilities presenting a barrier to meaningful contribution to the process. However, two services where customers were non-verbal noted the simple value of having customers present and observing candidates' interactions. One site conducted information sessions to provide opportunity for potential applicants to meet customers if they were interested in applying for positions.

Maturity rating

In assessing the evidence identified through the review activities, it is apparent that Yooralla has taken significant steps to improve the recruitment process and meet quality recruitment indicators. The consistent application of the revised recruitment process should enable Yooralla to successfully screen out unsuitable candidates and in turn recruit high quality applicants to support delivery of quality services. Consideration of embedding the participation of customers and families and carers in recruitment processes where appropriate should also be considered.

The application of the maturity model rating indicates that Yooralla's systems, policies, practice and culture with respect to recruitment is embedded.

Non-Existent	Initial-Reactive	Emerging	Established	Embedded	Optimised
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3.2 Induction

Focus area

Induction

Why it is important

Induction processes are important to ensuring service quality and reducing risks to customer safety. Well-designed induction programs provide new employees with a comprehensive and consistent understanding of the organisation, expected standards of service delivery, and the specific needs of customers that they will support.

Sub indicator	Key findings
<p>High performing organisations establish and deliver a formal induction program that is tailored to workforce skills and capability requirements, includes modules on safeguarding concepts and is completed prior to working onsite.</p>	<p>System and policy</p> <p>The induction program was reviewed and updated in November 2014, with a strong emphasis on customer safety and well-being and organisational commitment to quality services that uphold rights, empower individuals and create opportunities for individuals.</p> <p>The induction process has four key steps:</p> <ul style="list-style-type: none"> • A standard organisation wide induction program has been established for all new employees (full time and casual employees) and support workers and day organisational orientation with a strong emphasis on the organisation's values and behaviours, and its commitment to a safe culture that protects human rights. • A series of compulsory e-learning modules (approximately 24 hours total duration) that develop / reinforce employees' understanding of: organisational values and customer rights; health and safety policies and procedures; safety and wellbeing for people affected by critical incidents; occupational health and safety; and understanding abuse and neglect. • A two stage, on-site induction program (general staff and customer service staff) where an employee is introduced to the Yooralla working environment, and in a supervised environment is introduced to the practices all Yooralla staff may encounter in general and on their site. • The service staff on-site period (where an employee is introduced to the site where he / she shall work) covers a 12 week / three month work site on-boarding process where an employee must be signed off as having completed a series of induction training modules and completed location specific activities. The on-site period concludes with a staff feedback process from customers and other staff members, and the Service Manager's sign off for probationary period completion. Full offers for employment are made post probation sign off by the People and Culture Unit after review of completion of all induction activities and sign offs. <p>Practice</p> <p>The review found that the induction program has been implemented consistently, with Yooralla's training register indicating that all new employees (permanent and casual) commencing after November 2014 had completed the classroom based component of the induction program, mandatory e-Learning modules, local induction worksheets, and service-specific mandatory training requirements. The central People and Culture Unit actively monitors completion of all requirements, with regular updates and reminders provided to Service Managers and Group Managers as employees near the end of their three month probationary period.</p>

Sub indicator	Key findings
	<p>The revised central induction program has broadly been well received. Service Managers and support workers consistently reported that for those staff who had never worked in the sector, the combination of central induction and shadow-shifts were perceived to be preparing permanent staff appropriately regarding organisational expectations, and service specific requirements. A core benefit is that the program ensures that a consistent level of understanding is achieved.</p> <p>However, the program was considered lengthy and intensive, particularly for staff who had worked in similar environments previously. Service Managers reported that the four day induction program is primarily didactic and that a greater mix of practical and informative sessions would be advantageous. While all material was noted to be important, it was suggested that reducing the requirement before starting in a service, and spreading the delivery over a period of time in parallel to service-specific induction, may be of benefit.</p> <p>Related to the above, the four day induction was reported to present challenges for regional services to secure preferred candidates. The requirement to complete the induction prior to commencing on a roster meant that anecdotally, candidates would accept other job offers. Some Service Managers reported that the rate of pay for participation in the central induction program needed to be reviewed (anecdotally \$76 per day), given that participants have signed an employment contract.</p> <p>The service-specific induction was reported to enhance the central induction program. However, the review found inconsistent practice regarding the completion of 'shadow shifts', and orientation checklists for agency staff. According to Service Managers and support workers, the number of shadow shifts undertaken varied by staff member, depending on factors such as whether the individual:</p> <ul style="list-style-type: none"> • Was an existing employee of Yooralla. • Had worked in the support environment previously (for example, as an agency staff). • Had prior experience working in the disability sector. <p>Good practice was observed in some houses, where Service Managers ensured shadow shifts were undertaken across the roster (morning, afternoon, night and weekend), resulting in the support workers being exposed to all shifts and different customer routines.</p> <p>For casual agency staff, the organisation has in place a Site Induction Checklist that direct support workers or the Service Manager must take a new staff member through before they start their shift. However, it was reported that this is not always completed, depending on the residents' needs, the number and priorities of other staff members rostered on at the time, and / or the duration of handover. The review approach did not include an audit of the completion of these checklists, and is therefore not able to draw a conclusion as to how widespread this concern is. In addition, staff and customers complete a feedback form at the completion of every agency staff-member's shift, which is used by the organisation to determine whether the particular staff member would be utilised again. The review sighted evidence that these forms were routinely used across all services, and feedback acted upon.</p>
<p>High performing organisations establish opportunities for customers / family involvement in the induction process.</p>	<p>System and policy</p> <p>Whilst no formal policy exists for the inclusion of customers or their family members during the induction process, evidence of good practice was observed across the majority of sites visited.</p> <p>Practice</p> <p>At some sites, customers have the opportunity to provide feedback during probation periods regarding staff performance and</p>

Sub indicator	Key findings
	integration into the site, however, this requires reinforcement as a review of probationary paperwork showed incomplete or limited evidence of the outcomes of this process.

Maturity rating

The review found that Yooralla has a comprehensive induction process in place, with appropriate checks and balances to ensure all requirements are completed within the probation period. The induction process has been implemented consistently across services with all staff completing induction requirements prior to providing onsite support. Consistent practices need to be applied with relation to shadow shifts, completion of orientation checklists and site induction checklists for casual staff.

The application of the maturity model rating indicates that Yooralla's systems, policies, practice and culture with respect to induction is between established and embedded.

Non-Existent	Initial-Reactive	Emerging	Established	Embedded	Optimised
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3.3 Safeguarding

Focus area

Safeguarding

Why it is important

Safeguards seek to keep customers safe from harm, abuse and neglect, using multiple points of intervention – from preventing an event from occurring, to redressing an event once it has occurred. Policies, procedures, reflective practises, risk management systems, training and development are all key mechanisms for both staff and residents to raise concerns about customer safety and wellbeing.

Sub indicator

High performing organisations establish systems and processes to enable an effective safeguarding culture and practice, including policies, procedures and practice guidance to assist staff with identifying and responding to incidents, including to suspected abuse and neglect.

Key findings

System and policy

Yooralla has recently developed a Safeguarding Framework, How we're upholding safeguards. The framework outlines eight action areas: self-advocacy; automated reporting; staff training; improved recruitment checks; building a reporting culture; health and wellbeing; advisory committees; and supporting inquiries. The framework has been disseminated across the organisation and to customers and family members.

In addition, Yooralla has in place a number of mechanisms focussed on improving how the organisation provides care, responds to its customers and any issues of concern, and that ensures the customer voice is brought to these areas. These include:

- A central Customer Rights and Empowerment Team delivers self-development programs for customers and families; supports customers to access information and resources; and supports local customer groups.
- The Health and Wellbeing Team, provides secondary consultation to services to ensure Customer Support Plans appropriately address health and wellbeing needs.
- A new position, the Independent Investigator oversees all Category 1 and 2 events of physical or sexual abuse or quality of support concerns.
- The Service Delivery and Quality sub-committee of the Board reviews incidents, feedback and complaints across the organisation to identify and present to the Board recommendations on systemic improvements and advice on any related safeguarding issues.

Practice

At the service level, staff have in recent months received a significant level of information (policies and guidance material) on customer safety and safeguarding against abuse and neglect. The review saw consistent evidence of:

- Completion of mandatory training (e-Learning modules) addressing abuse and neglect.
- Information being provided to staff (from registers in the service documentation).
- Safeguarding practices being discussed by the staff groups in their team meetings, per agendas and meeting minutes.
- Consistent messages regarding the importance of safeguarding being driven throughout the organisation via multiple channels.

Sub indicator	Key findings
	<p>The review found that the understanding of abuse and neglect, and application of safeguarding practices, was well developed in some services, and emerging in others. Service Managers and support workers had variable capacity to articulate the risks and signs of abuse and neglect, reflecting new terminology and early roll-out of Framework. All support workers were, however, alert to changes in customer behaviour as a key sign of abuse and neglect, and knew how to respond to a disclosure, in light of recent cases of sexual abuse within the organisation and the training provided. Support workers also described practices employed when providing personal care, such as informing customers of what they were about to do (e.g. removing their clothes), and consistently reinforcing the boundary between “ok” and “not ok” touching, as important.</p>
<p>High performing organisations ensure they actively monitor, manage and review incidents and identify trends to undertake systemic action as required.</p>	<p>System and policy</p> <p>Yooralla has a comprehensive online system in place, RiskMan, which is used to monitor, manage and review incidents across the entire organisation.</p> <p>To support this system, Yooralla has also implemented:</p> <ul style="list-style-type: none"> • A new position, the Independent Investigator, oversees all Category 1 and 2 events of physical or sexual abuse or quality of support concerns. • The Service Delivery and Quality Sub-Committee of the Board reviews incidents, feedback and complaints across the organisation to identify and present to the Board recommendations on systemic improvements and advice on any related safeguarding issues. <p>Practice</p> <p>RiskMan was consistently reported by all support workers and Service Managers as a critical enabler to identifying and addressing risks associated with potential abuse and neglect. Support workers demonstrated a comprehensive understanding of incident reporting policies and procedures, and noted significant cultural change has occurred whereby incident reporting is encouraged and considered a quality improvement imperative and not an exercise in fault finding. As a result, support workers indicated that they feel confident to make a report or raise concerns about suspected abuse or neglect with their Service Manager or elsewhere in the organisation without fear of reprisal.</p> <p>Group Managers and Service Managers reported that the Independent Investigator role was providing strong value, and has considerably improved the speed with which critical issues (and allegations against employees in particular) are investigated beyond the standard response processes. The position has ensured there is an organisation wide, timely, consistent, transparent and accountable response to allegations of abuse and poor quality of care – enabled via the implementation of Workplace Disciplinary Investigations Guidelines, Decision Matrix, and a Suspension Decision Making Tool. Prior to the establishment of the Independent Investigator role, the appointment of external investigators was described as being time consuming resulting in: disruption to services from the delay to resolution, and potential procedural unfairness for stood down staff if later deemed not necessary to stand down the staff member. The review was unable to quantify the impact of the position, with a formal evaluation planned for September 2015, 12 months after establishment.</p>
<p>High performing organisations establish mechanisms to ensure customers and families</p>	<p>System and policy</p> <p>Yooralla has in place a number of mechanisms focussed on improving how the organisation provides care, responds to its customers and any issues of concern, and that ensures the customer voice is brought to these areas. This includes a central</p>

Sub indicator	Key findings
<p>receive information and education about their rights, how to make a complaint, what constitutes abuse and neglect and how to recognise it.</p>	<p>Customer Rights and Empowerment Team, who deliver self-development programs for customers and families; supports customers to access information and resources; and supports local customer groups.</p> <p>Practice</p> <p>The review is unable to comment on the effectiveness of the programs and support offered by the Customer Rights and Empowerment Team. Yooralla is currently in the process of rolling out a series of programs to support self-advocacy; they are currently in the process of moving from pilot stage: these pilot programs' effectiveness have not been evaluated as to whether they are leading to increasing customer confidence to raise issues – however a range of positive indicators (e.g. perceived customer confidence and the formation of a self-advocacy group) has been noted that suggest the effectiveness of them.</p> <p>At the customer level, the review explored customer understanding of Yooralla's safeguarding policies and practice, in the context of feelings of safety, understanding of rights, and knowing where to seek support. The majority of customers participating in the review reported feeling safe, confident in raising issues or concerns, and knew where to turn for assistance, most commonly naming their Service Manager or Key Worker. Of the 20 services visited, some customers in three services reported that they do not always feel safe. In two services, the concerns related to interactions with other customers and/or family members that are currently being addressed. In the third case, concerns were related to the nature of the supported accommodation model. The use of unfamiliar agency staff was reported as a cause for concerns by customers in two of these services (noting that Yooralla evidenced a reduction in the use of agency staff in these locations over the past 12 months).</p> <p>The review identified evidence of appropriate support provided to customers where allegations or concerns had been reported, including:</p> <ul style="list-style-type: none"> • Recording of disclosures within RiskMan • Contacting parents/guardians, and other known support persons (with customer consent) • Referral of the matter to police • Referral to the Customer Rights and Empowerment Team for additional supports. <p>Family members providing feedback to the review were aware of mechanisms to provide feedback and complaints or report allegations of abuse and neglect.</p> <p>In relation to educating customers and their rights, brochures relating to safeguarding were available service wide, however, the language used and layout of the brochures were not appropriate for all customers. The need to tailor and present information in a format more appropriate to customers with an intellectual disability was frequently noted.</p> <p>Overall, the Chief Practitioner and Customer Rights and Empowerment Team both described increased confidence by Yooralla's customers and families in raising concerns and participating in activities that allow their views and concerns to be transmitted to the organisation. These observations are at present anecdotal, and could be tested through the organisation's annual customer satisfaction survey.</p>
<p>Maturity rating</p>	<p>The review found that Yooralla has made progress toward establishing robust systems and processes to safeguard against abuse and neglect, and respond in an appropriate and timely manner when allegations are made. Going forward, Yooralla needs to consider how to further standardise and embed good practice.</p>

Sub indicator	Key findings
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The application of the maturity model rating indicates that Yooralla's systems, policies, practice and culture with respect to safeguarding is established.

Non-Existent	Initial-Reactive	Emerging	Established	Embedded	Optimised
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3.4 Information, education and training

Focus area

Information, education and training

Why it is important

Access to information, education and training opportunities are important ways to ensure support workers are up to date with mandatory requirements, and continue to develop their knowledge and skills in order to provide safe and quality services. Providing information and education for customers is important in ensuring customers and families understand their rights and know how to access support, if required.

Sub indicator	Key findings
<p>High performing organisations establish: clear and coherent policies and procedures which are easily accessible.</p>	<p>System and policy</p> <p>Yooralla has in place a comprehensive suite of policies and practice guidelines that inform the day-to-day operation of residential, respite and day services. Policies and procedures are readily accessible via Yooralla’s intranet, with all services and staff members having access.</p> <p>Practice</p> <p>The review found that Yooralla has three mechanisms to ensure support workers are apprised of new information, including revised policies and procedures:</p> <ul style="list-style-type: none"> • The communication of the "policy of the week" within Marcoms (the weekly staff newsletter). • The use of the house communications book, with an obligation on staff to read policies and sign off that they had done so. • Discussions at team meetings to consider the practice implications of the policies within the support environment. <p>A review of service documentation identified variability in the completeness of the ‘sign off’ process, suggesting that it is not a robust mechanism. However, it was highlighted that this is one method of communication and that a consistent series of messages were being driven throughout Yooralla and through multiple channels (for example, team meetings, emails and the intranet).</p> <p>While policies were easy to locate when required, support workers reported that the volume of information in the policies was “daunting” – particularly for a workforce that included employees for whom English is a second language. Yooralla has recently started to produce easy-to-read versions of policies to support discussion with customers, which is a positive development. Further roll out of simple summaries, and easy English versions would be welcomed¹².</p>
<p>Quality organisations establish: learning and development opportunities that reflect contemporary</p>	<p>System and policy</p> <p>Yooralla has established a Workforce Capability Framework, from which a Learning and Development Calendar is devised. Training is offered based on development needs identified during supervision processes and/or if required based on customer needs. Online training modules are available and staff are supported to participate in external conferences or seminars where appropriate.</p>

¹² Non-English versions may also be warranted in specific cases / services.

Sub indicator	Key findings
<p>approaches to working with people with a disability.</p>	<p>All staff receive training or undertake group activities in safeguarding, safe services, and customer centric practices that focus on customer empowerment and person centred support.</p> <p>Practice</p> <p>Beyond Induction, Yooralla staff are able to access a range of learning and development opportunities, which includes; classroom based, e-Learning modules, external training or attending conferences.</p> <p>The review found the degree to which Service Managers ensure staff participate in learning and development tailored to their individual needs was difficult to evidence. While supervision records are intended to identify learning and development requirements, it was difficult to evidence follow-up of identified actions.¹³ It is notable that beyond mandatory requirements (such as: safeguarding, or training in practices such as first aid and fire safety), the organisation does not have any minimum continuing professional education requirements. Analysis of Yooralla’s training register indicates that, across the 20 services visited, 60 per cent of permanent full-time and part-time staff accessed one or more ‘non-mandatory training’¹⁴ sessions in the 18 months since January 2014. Much of the training noted to be non-mandatory included health support training, which is likely to be critical to the effective management of some customers’ health needs. It is noted that Yooralla average training expenditure per employee in 2015 is \$700, against an industry benchmark of \$400 per employee.</p> <p>Support workers (both permanent and casual) across residential, respite and day services reported that they were encouraged to attend a range of training and professional development – aligned to customer support needs, and their own development needs. The process for nominating attendance and receiving approval was described and observed to be straightforward. Challenges associated with accessing training included the nature of shift work (with many courses available only during business hours), availability of training, and that the capacity for all team members to jointly participate in relevant training was constrained. Local practices implemented to overcome these challenges included:</p> <ul style="list-style-type: none"> • One of the day services visited holds four planning days per year, which incorporates training sessions. • A respite service devoted a full day for staff to undertake all mandatory training. • A residential service had developed a training matrix to identify and track training requirements. <p>Additionally, the Health and Wellbeing Team was commonly regarded as a valuable resource for the delivery of targeted in-service training on topics such as supporting customers with autism spectrum disorder, or positive behavioural support strategies. With respect to safeguarding, abuse and neglect, training is limited to e-learning modules (described in induction), complemented by discussions within team meetings.</p>
<p>High performing organisations ensure customers and families / carers receive information and education on rights and</p>	<p>System and policy</p> <p>Yooralla has the following systems in place to ensure customers and families receive information and education on their rights and understanding abuse and neglect:</p> <ul style="list-style-type: none"> • Provision of a customer handbook upon commencement of receipt of services from Yooralla, including information on customer

¹³ Refer supervision and support.

¹⁴ The definition applied to non-mandatory training is unclear, for example, annual manual handling refresher or medication management refresher training, and a range of health-related training that would be necessary to adequately support customers is included in the non-mandatory register.

Sub indicator	Key findings
understanding abuse and neglect.	<p>rights, how to make a complaint, who to contact if the customer is concerned.</p> <ul style="list-style-type: none"> • Use of information boards on site. • Customer meetings for both residential and day programs. • Education sessions that focus on educating customers and families on rights and understanding abuse and neglect. <p>Practice</p> <p>During the review, 84 customer files were examined and the following was found:</p> <ul style="list-style-type: none"> • Provision of a customer handbook was noted as received on 80 customer files. • Charter of Rights was signed by the customer and available on 61 customer files. <p>Additionally, each site had information boards in a central location within a service (for example, outside the office door) which included information on upcoming training programs, how to make a complaint, and information on customer rights. In some cases, customers had requested this information be placed in a discrete location, in order not to detract from the home environment.</p> <p>Three self-development programs for customers and families (primarily, but also staff) have been piloted but not formally evaluated. These are moving to broader, but not-organisation wide, operation from mid-2015:</p> <ul style="list-style-type: none"> • Speaking Up: covering trust / relationships, rights to feel safe and speak up, advocacy, feedback and complaints (200 pilot participants). • My Rights (VALID): covering customer (and staff) rights (90 pilot participants). • Mentoring program to establish mentors in the customer population who can support other customers (14 pilot participants). <p>Information provision and communication with families was highly variable across services, and a key concern of families with children in residential services. In many houses, this was of a high standard and addressed the wishes of both customers and families. However, in some instances, support workers noted a need to balance a customer's right to privacy (as independent adults), a family member's desire to understand the level of support provided by Yooralla, and changes to the service that may impact on the quality of care.¹⁵ Parents mostly refuted this observation, in the context of the intellectual capacity of their child to request and critically assess such information. A policy and practice guideline clearly articulating the types of information families can expect to receive would be beneficial – recognising that information provided to families should be purposeful and at the choice of the individual (where the individual has the capacity to comprehend and articulate such a choice). This should include access to the full suite of organisational policies and procedures guiding the operation of the support environment. Such an approach would ensure Service Managers, direct support workers, and family / guardians alike have clear and consistent expectations regarding information provision.</p> <p>Related to the above, customers and families participating in the review reported that they were well aware of the processes for providing feedback and making complaints, and do not hesitate to do so. Families providing input to the review confirmed that, while processes for requesting information or making a complaint were clear, the consensus view was that Yooralla did not respond to</p>

¹⁵ For example, seeking a clear statement regarding the hours of support a customer may have available to support community access, being informed of changes to permanent staff members and/or changes to the structure of the roster.

Sub indicator	Key findings
	inquiries or complaints in a timely manner, or to their satisfaction.

Maturity rating

The review found that Yooralla has in place a comprehensive suite of policies and procedures that guide the day-to-day operation of residential, respite and day services. Multiple mechanisms have been established to ensure that information is communicated across the organisation, and to customers. However, the provision of information to family members and the timeliness of responses to complaints requires improvement.

The application of the maturity model rating indicates that Yooralla’s systems, policies, practice and culture with respect to information, education and training is established.

Non-Existent	Initial-Reactive	Emerging	Established	Embedded	Optimised
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3.5 Supervision and support

Focus area

Supervision and Support

Why it is important

Supervision and support mechanisms are important ways to encourage staff members at all levels to undertake reflective practice, continue to develop their knowledge and skills, and keep up to date with contemporary practice in order to better support customers. The site manager plays a critical role in setting and modelling the standard of care, and coaching and developing support workers.

It is important to note that supervision and support includes both formal processes (e.g. development and appraisal) and less formalised processes that occur in day to day activity (e.g. observation and coaching).

Sub indicator

High performing organisations establish: well defined supervision and performance assessment processes that reflect contemporary practice, provide managers with contemporary training in supervision and performance, ensure development actions, and where appropriate, remedial actions, are implemented where performance concerns are identified.

Key findings

System and policy

Yooralla has a comprehensive supervision policy in place including supervision, support and development and annual performance review practice instructions. In support of this, a range of supervision collateral has been developed, including an employee self-assessment form and standardised employee supervision records.

Staff development is occurring through two mechanisms:

- One-on-one supervision – occurs every two months for support workers and every month for managers.
- Team meetings – occurs monthly for all services (residential, respite and day services).

All managers should be trained in coaching and development. Yooralla provides two forms of training for new Managers and above; the first is to familiarise new managers with Yooralla's supervision and annual performance review processes. The second training is provided by an external provider and is focussed on group supervision and performance management. The training is run over a four day period and can be accessed quarterly. This course contains a session on 'using supervision to foster reflective practice'.

Practice

The review found that Yooralla has in place a structured policy and process, whereby staff members at all levels are expected to meet with their manager for formal supervision on a bi-monthly basis.

The three key channels for supervision and support comprise:

- Formal supervision with direct line management, including annual performance reviews.
- Informal supervision, development and coaching.
- Service level and management meetings.

Each of these practices is discussed below.

Formal supervision

Sub indicator	Key findings
	<p>The review found that the frequency with which formal supervision is undertaken is highly variable, with support workers receiving supervision anywhere from monthly to three monthly, or not at all. Of the 20 services visited, support workers participated in formal supervision:</p> <ul style="list-style-type: none"> • Monthly in five services. • Bi-monthly in nine services (in accordance with policy). • Three-monthly in three services. <p>The remaining three services reported that they had not received any formal supervision in the preceding 12 months. It is noted that these services had experienced significant turn-over in the Service Manager position over the same period. Where formal supervision was infrequent, some Service Managers had implemented more frequent team meetings – for example, three weekly instead of monthly – as a basis to provide more regular oversight of the team.</p> <p>Most Service Managers acknowledged that they did not conduct formal one on one performance discussions with staff as regularly as they should due to: a dislike for the formal process; time pressures related to the number of direct reports requiring formal supervision¹⁶; and seeing certain staff infrequently due to rostering arrangements. A dislike for the formal supervision process appeared to be due to the current process driven nature of formal supervision, with a requirement to use a standardised supervision form. Support workers indicated that the requirement to complete the form made the process “clunky” and “unnatural”; in many cases, it was apparent from supervision records that the conversation was driven by the Service Manager with limited evidence of input from the support worker themselves. Many Service Managers commented that they would conduct supervision with the staff member and then try and make the conversation ‘fit’ the form.</p> <p>A review of supervision records confirmed variability in the quality of discussion, and in many cases it was difficult to ascertain whether agreed development actions (such as participation in training) had occurred. Further training of Service Managers may be required to support confidence and more effective supervision discussions may be warranted.</p> <p>Managers identified that at times it was difficult to provide supervision to staff who work on active night or sleep over shifts. It makes it challenging for these staff to participate in team meetings or receive sufficient formal and informal supervision. Some services had encouraged these staff to work a certain number of evening shifts to enable effective oversight. There were similar issues regarding casual staff, especially casuals who were working a regular roster line. Consideration could be given to enabling casual staff members who undertake regular roster lines to participate in supervision at the service level, rather than being overseen centrally.</p> <p>A challenge noted by the Day Services visited during the review was the provision of supervision and support to students whilst on placement. Service Leaders and support workers noted that while students were not employees of the organisation, they were providing substantive support to customers and might benefit from more structured support and oversight. It was suggested that there was a need to clarify the intersection between the responsibilities of the educational institution, and Yooralla’s responsibilities in this regard.</p> <p>A review of central records indicated that the majority of Service Managers and support workers had participated in Annual Performance Reviews. Of the 20 services visited, 200 of 266 employees had completed a performance review in the prior 12 months, with a further 32 not yet required to complete a review due to duration of employment or extended leave. The majority of the</p>

¹⁶ Of the 20 services visited, it was not uncommon for Service Managers to oversee 25 permanent staff members across two or three services.

Sub indicator	Key findings
	<p>34 staff (13 per cent) whom did not have an up to date performance review were employed at four services (n=21), suggesting targeted attention is required at these specific services to improve practice. Consistent with feedback regarding the formal supervision process, Service Managers and support workers also viewed annual performance reviews as a very process driven approach. It was noted that many staff did not prepare for these meetings; given the need for a collaborative approach, there was a general sense that the current process does not derive the desired development outcomes for staff.</p> <p>Despite the challenges noted above, it was clear from consultations with support workers and Service Managers who had been employed by Yooralla for more than two years, that a greater emphasis on formal supervision across all levels of the organisation has emerged. Reflecting on the frequency of supervision, a number of staff also commented that 12 months ago there was minimal formal supervision. Support workers further reported considerable improvement in the quality of both formal and informal supervision over past 18 months, related to a change in Service Managers, with their new Service Manager perceived to have a greater focus and skill in performance development.</p> <p>Overall, the findings of the review suggest that significant progress has been made in implementing supervision practices, with a need to further refine the organisation's approach to formal supervision to ensure staff development and performance management outcomes are achieved.</p> <p>Yooralla's Executive Management team acknowledged that the supervision processes and practices, including annual review, require improvement to move from a focus on 'the process of supervision' to a greater focus on conversations, constructive challenge and performance development. It is important that supervision provides opportunities for staff to discuss practice, raise concerns about customer needs and supports and feel comfortable to raise concerns regarding team members' behaviours or incidents that need identification and discussion. Supervision is a key mechanism for reflective practice and should be structured to include this as well as performance dimensions.</p> <p>Informal supervision, development and coaching</p> <p>Irrespective of the frequency of formal supervision, Service Managers and support workers emphasised the value of informal supervision, with particular benefit where the Service Manager (and/or Group Manager) was "willing to get their hands dirty" and assist on the floor. Service Managers spoke of encouraging an active coaching and mentoring culture in the house where informal supervision is provided on a day-to-day basis, and issues are addressed as they arise. Support workers valued hands on coaching and observation as a practical basis to improve their skills, in addition to the opportunity to discuss any specific issues of concern in a more informal manner.</p> <p>Group Managers and Service Managers noted the importance of providing guidance and support to all services under their remit via multiple communication mechanisms, with a tendency for "difficult services" to take up much of their face-to-face time. Service Managers and support workers consistently reported that their line manager was available and accessible to address matters as they arose.</p> <p>Service level and management meetings</p> <p>Service-level team meetings are expected to occur monthly, and have a standard agenda that is consistent across services. Group Managers and Service Managers noted that the use of the standing agenda has ensured that the messages regarding the organisation's values and culture are communicated consistently across the whole organisation (with links back to broader organisational communication mechanisms such as Marcoms), and that changes to policies and practices are communicated rapidly to all services. Staff who are unable to attend team meetings (e.g. casual staff and staff working night shifts) are required to sign a</p>

Sub indicator	Key findings
	<p>memo stating they are aware of and understand the change in policy, however, the review found inconsistent use of this approach across the services visited. Full coverage of staff within Day Services was identified as particularly problematic, in part related to the comparatively high use of casual staff. While casual staff reported that they could elect to attend team meetings, consideration should be given to requiring casual staff who work consistent roster lines to attend these meetings to ensure they are better aware of changes in policy and customer support needs.</p> <p>Team meetings focus on group practice development, with the review sighting evidence that house meetings regularly comprised discussion of:</p> <ul style="list-style-type: none"> • Policy/procedure changes and implications for the service and customers. • Customer support needs, behavioural observations, and whether any adjustments are required to better support residents. • Recent incident reports and any resultant changes in practice required. • Work health and safety. • Service improvement, specifically the opportunity to reflect on what is working well in the house and what could be improved. <p>Monthly management meetings follow a similar format, however take a more strategic and operational focus, with all Service Managers meeting with their Group Manager on a monthly basis.</p> <p>Yooralla's Executive reported that the adoption of person-centred, reflective practice in group meetings was acting to improve the quality of customer services and customer safety and wellbeing. However, the review found considerable variation in the use of reflective practice across the organisation. While reflective practice was well evidenced and embedded in Group Manager and Service Manager meetings, the review found limited evidence of the use of reflective practice in team meetings or staff supervision. It is however acknowledged that Yooralla has only recently commenced training to Service Managers.</p> <p>Where Service Managers were skilled in its use, reflective practice was leading to noticeable improvements in the quality of support and outcomes for residents. As evidenced in the case study (Box 1 below), one site had introduced the circle of reflective practice in the office, encouraging self-reflection on individual wellbeing and support needs. Support workers across all services did, however, note that reflective practice was commonly used as a basis to discuss a recent critical incident, with a focus on how things could be done differently to avoid the repetition of that outcome. Over time, reflective practice should be applied more broadly, to encourage more contemporary practice and influence service improvement, rather than practice that simply mitigates risk.</p>

Maturity rating

The review found that Yooralla has in place a comprehensive suite of policies and procedures that guide the provision of supervision and support. However, supervision is not being delivered in a consistent manner. The organisation should examine how the quality and outcomes of the supervision processes can be improved.

Monthly team meetings are occurring regularly and follow a clear agenda. Whilst team meetings are seen as an important mechanism in providing staff with supervision and support, there is an inconsistent application of reflective practice. Regular use of reflective practice will improve the quality of service delivery. Service leaders are practicing day-to-day coaching of staff.

The application of the maturity model rating indicates that Yooralla's systems, policies, practice and culture with respect to supervision is emerging /established. Yooralla established a formal set of supervision requirements / processes as an immediate response to identifying a need in this area – the rating of emerging / established relates to the development of consistent use and quality in supervision practices. On current rates of change an established rating will likely be achieved

Sub indicator	Key findings
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in the near future.

Non-Existent	Initial-Reactive	Emerging	Established	Embedded	Optimised
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Box 1: Case Study: Reflective practice and better customer outcomes

This home provides supported accommodation for four young men, each of whom has autism and is non-verbal, and have a history of significantly challenging behaviour. Historically, this site had a high number of incidents including residents assaulting staff, and assaulting other residents. Because of the behaviours and the risk that residents may harm themselves or others, the house had very little in the way of decoration or soft furnishings, doors were kept locked, and furniture was bolted to the floor.

Over the 18 months, however, there have been significant changes to the way that residents are supported, resulting in a substantial reduction in incidents of assault. The key factors that appear to have contributed to the change within the house and the lives of the residents include:

- The leadership displayed by the Service Manager, who has a degree in Intellectual Disability Studies and who drives the culture and practice within the house.
- A commitment to and consistent application of the principles and practice of positive behaviour support.
- The gradual removal of environmental restraints – as restrictions are removed, there has been a reduction in behaviours and incidents.
- A strong understanding of and evidence of reflective practice – staff and the Service Manager described how this is applied to understanding the causes of behaviours and responses by staff, and focusing on managing the triggers and responses rather than the behaviours themselves.
- Staff are now applying reflective practice to understand their own and each other's triggers, behaviours and responses in order to further build an environment that supports the team so that they can in turn better support residents (with self-reflection regarding their own wellbeing and support needs embedded into supervision).
- Changes to the house environment that have been able to be gradually introduced: furniture is no longer bolted to the floor, there are curtains and/or blinds on windows, the resident bedrooms have been decorated in ways that reflect the men's choices and styles, there are photographs of the residents, families and staff engaged in all types of activities on display throughout the house, and doors (e.g. the kitchen) are no longer locked.

The reduction in assaultive behaviours has also resulted in an increased focus on the achievement of individual lifestyle goals and independent living skills, and increased participation in the community for the residents.

3.6 Customer planning and support

Focus area

Customer Planning

Why it is important

Customer support planning is a critical enabler of the health, wellbeing, and safety of customers in a disability support environment. Customer support plans detail the strengths, needs, goals, and support requirements of the individual, and act as a common reference point to ensure that customers receive support that is consistent, reflects their needs and preferences, and is of high quality.

Sub indicator

High performing organisations establish: policies and processes that reflect contemporary, person centred approaches, ensure management provides oversight and support and provide access to clinical support and review as required, provide quality examples of individualised planning and person centred approaches.

Key findings

System and policy

Yooralla has in place a structured policy and process for the development of Customer Support Plans (CSPs). CSPs are required to be updated annually, in consultation with the customer, family members, and other professionals where relevant. Supplementary plans (health support plans, how I eat profiles, how I move profiles) are developed in consultation with the Health and Wellbeing Team, and also require review on an annual basis or when customer support needs change.

Staff development has been provided in three areas: person centred approaches to developing plans with customers; critical review of individual plans; and (at a service level) considering the intersection between customer plans and local service improvement plans.

Yooralla has indicated a plan to adopt a one customer, one plan policy.

Practice

Customer Support Plans

The review found that the majority of customers had up-to-date CSPs with evidence of the involvement of family members and other professionals in the planning and review process where appropriate. Of the 84 customer files reviewed, 83 had an up-to-date primary CSP.

The review found that CSPs that had been reviewed and updated in the 12 months preceding the review were detailed, high quality, and evidenced customer and family involvement and input from the Health and Wellbeing Team / a Positive Behaviour Support practitioner as required. Both managers and staff indicated that the introduction of the Health and Wellbeing Team and Positive Behaviour Support practitioners had been instrumental in improving the quality of CSPs, and ensuring plans were updated in a timely manner when customer needs changed. The review of customer files evidenced a high utilisation of Health and Wellbeing Team practitioners, both in the initial assessment and planning processes and through follow-up at service meetings. There was clear evidence that positive behavioural strategies were being implemented at the local level, with support workers able to describe how they had changed their practice with customers, and resources reinforcing positive behavioural strategies on display in the service offices. Examples of the impact of these resources on customer outcomes is illustrated in case studies included at Boxes 2 and 3 on the pages below).

Sub indicator	Key findings
	<p>It was evident from the review of files that many services had undertaken a comprehensive process of updating customer support plans over the past 18 months. Service Managers reported that, in some instances, customers had not had a plan in place, or a plan reviewed, for a period of three years or more. In many cases, the appointment of a new Service Manager has seen the progressive development of CSPs and records where, initially the absence of any CSP and its underlying process has been addressed at a basic level (e.g. achieve the completion of all plans) and Service Managers are now turning their attention to improving the quality of these plans and their underlying processes.</p> <p>Quality of customer goals</p> <p>The review identified considerable variability in the quality of lifestyle plans across services. Instances of good practice were identified where the customer has been supported to develop meaningful goals such as:</p> <ul style="list-style-type: none"> • Young man that has identified a goal about maintaining cultural connections, specifically through his local church. He has been matched with an appropriate worker and is being supported to attend church and develop relationships with members of the community. • A middle-aged man has identified that maintaining his physical mobility is important, specifically to in turn maintain a degree of independence. He has been supported to source funding for an additional mobility aid, and is frequently supported to walk to the local shops with a staff member. <p>This was compared to goals that were less developmental and placed greater emphasis on filling the time, for example:</p> <ul style="list-style-type: none"> • Going for coffee • Going to the movies. <p>In these cases, the plans further lacked a description around why those goals were chosen, and there had been no change to goals for a significant period of time.</p> <p>Review of customer files showed further variability in the tracking of progress against goals, and reflection of barriers and/or enablers to achievement. Some files articulated how an individual was progressing against a goal whilst others made more general remarks, such as the customer had a fun day and enjoyed the activity. In this regard, monthly reporting could be improved, i.e. used as a forum for reflection on progress, and consideration of those strategies which best promote customers' goals and aspirations. File notes were also of variable quality: the majority of houses simply recorded what had happened in the customers' day. Consideration should be given to providing training to staff with respect to monitoring customer progress and file noting, as a basis to better to enable critical reflection and the recording of pertinent information pertaining to customer health and wellbeing.</p> <p>Integrated planning</p> <p>The review also identified that a greater focus on integrated planning across support environments (e.g. residential service / day service / Individual Support Package provider) is required to enable a person-centred approach. Whilst communication occurred between day programs and residential support services, and residential services and external Individual Support Package providers, there was limited integration of plans across support environments and/or providers. Communication was often centred on an individual's day, rather than incorporating feedback on how, for example, behavioural management strategies were being consistently applied across environments.</p>
High performing	System and policy

Sub indicator	Key findings
<p>organisations empower customers to make decisions regarding individual planning, ensure customers are meaningfully engaged and encourage family members to participate in the planning process and support environment as appropriate.</p>	<p>Yooralla has a range of policies in place to support the customer planning process. These policies articulate:</p> <ul style="list-style-type: none"> • Customers of Yooralla are the primary decision makers about the service they receive. • Customers, families and carers are at the centre of practice and decision making. <p>Practice</p> <p>The review of customer files identified consistent evidence that the customer is at the centre of the planning process, with evidence of seeking customer and family input, plans written in the first person, and iterative updates to plans as and when there was a change in support needs. Where customers are non-verbal, staff indicated that they used a range of methods to support the customer planning process – for example: seeking greater input from family, offering a customer a range of choices, and additionally, many staff commented that through getting to know the customer, they came to understand customer preferences with respect to the provision of support.</p> <p>It was also noted that the organisation’s investment in customer empowerment is encouraging customers and families to express views in planning and other areas (noting that these programs have been subject to a limited pilot and have not yet been formally evaluated).</p> <p>Consultations with customers during the review indicated that, on a whole, customers were at the centre of the planning process. Customers indicated that they were involved in developing their own goals and in most cases, specifically day services, indicated a vast improvement in the quality of the services and program offerings.</p> <p>Family members reported that while broadly satisfied, they received little information with respect to what their son / daughter was achieving as a result of participation. There was limited, if any, evidence on customer files, with support workers reporting limited time available to maintain records. Additionally, there was some concern raised regarding customer risk enablement. Risk enablement is the adoption of a person-centred approach to risk assessment that builds and maximises an individual’s control over their own risks (in contrast to a risk averse approach that may act as a barrier to limiting an individual’s choices). Some family members noted genuine concerns regarding risk enablement, citing examples where support workers had over-estimated their son / daughter’s potential, leading to a critical incident. For example, customers being encouraged to make their own way to the local shopping centre, only to get lost and have a missing person’s report made to police.</p>

Maturity rating

Yooralla has in place a comprehensive suite of policies and procedures and practices that enable the development of comprehensive, high quality CSPs. The support provided by the Health and Wellbeing Team is of particular value. However, there is capacity to improve the quality and outcomes of lifestyle plans. The application of the maturity model rating indicates that Yooralla's systems, policies, practice and culture with respect to customer planning and support is emerging / established.

Non-Existent	Initial-Reactive	Emerging	Established	Embedded	Optimised
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Box 2: Case Study: Clinical practice improvement with the Health and Wellbeing Team

This service provides supported accommodation for residents with high healthcare needs. All customers are able to communicate, with various communication aids.

During a team meeting, a support worker noted that they had observed, on more than one occasion, that a customer who required peg feeding had attempted to 'steal' other customers' drinks. The Service Manager suggested that the support workers have a discussion with the customer about why this was occurring. Subsequent actions taken by the support workers and Service Manager included:

- Exploring with the customer why they were trying to take other residents' drinks. Discussions revealed that the customer was interested in trying foods and drinks via an oral route, rather than peg feeding.
- Seeking secondary consultation with the Health and Wellbeing Team (HWBT) and nurse educator, to determine if transitioning to an oral feeding routine was possible, and if so, how this might be achieved for the customer.
- Engaging the support of the Health and Wellbeing Team to develop a new "how I eat profile" that would enable a gradual and well managed transition from peg feeding to oral ingestion.
- Training of all staff in a new "how I eat" profile and routine.

Support workers and the Service Manager noted that the process of transitioning to oral feeding had been resource and time intensive, however, it was a significant achievement for the customer and the team. As noted by one support worker: *"the easy option would have been to keep peg feeding the customer. A peg feed takes 15 minutes, whereas the new routine takes 45 minutes... we've had to adjust the shift routines of the house but it has been worth it to see the results."*

Box 3: Case Study: Assistance with behaviour planning by the Health and Wellbeing Team

A residential service was experiencing challenges in managing the behaviours of a number of residents. The Health and Wellbeing Team were brought in to work with the Service Manager and support workers to develop and implement an action plan that included positive behavioural support strategies. Noticeable improvements have since been seen in customers' health and wellbeing, including:

- Customers are more settled at night, and there has been a reduction in bed wetting – both associated with reduced anxiety.
- Increased communication and interaction amongst customers, and with support staff.
- Increased participation in activities in the home, including domestic chores.

Concurrently, there has been a marked reduction in the number incident reports over a six month period, down from 20 per month to three per month.

Staff attribute the positive changes to the following:

- The opportunity to engage in training and reflective practices, including an improved understanding of why the customers exhibit particular behaviours, and the importance of following their routines and strategies.
- A focused and responsive Service Manager who is in the house and follows up for the staff.
- The support of the HWBT in fostering a positive learning culture where staff reflect on what is working and what is not working.
- A permanent staff team who share information well, co-operate and take responsibility.

3.7 Leadership

Focus area

Leadership

Why it is important

Leadership drives organisational culture and values expressed through communication, continuous improvement and the empowerment of customers and families and carers.

Effective leadership allows for the development of a culture where staff, customers and families feel confident to raise concerns and challenge the status quo.

Sub indicator	Key findings
<p>High performing organisations establish a positive workplace culture, where staff are encouraged to raise concerns and challenge the status quo, ensure continuous improvement is incorporated into day-to-day operations and can evidence practice change as a result of continuous improvement activities.</p>	<p>System and policy</p> <p>Yooralla has a series of systems and processes that collectively evidence, or enable the discharge of effective leadership.</p> <p>Practice</p> <p>It was evident that Yooralla has invested resources to ensure the right policies and processes are in place to establish a positive workplace culture. A change of culture is being promoted throughout the organisation with respect to:</p> <ul style="list-style-type: none"> • The promotion of a raising and escalating culture, where reporting is encouraged. • The priority of first response being the safety and wellbeing of customers. <ul style="list-style-type: none"> – Requirement that local services (management and staff collectively) problem solve and address issues whilst management oversight is exercised. – That information is imparted to customers and families. • Considerable efforts to bring the quality of poorer performing services up to standard. • Embedding continuous improvement mechanisms at all levels of the organisation. <p>The review received consistent feedback across all services that there had been considerable cultural change across the organisation over the past 12 months. Service Managers and support workers reported feeling far more supported, with a demonstrable shift in culture from one of 'blame' to a supportive, open, and transparent environment. Staff are reporting that they now feel proud to work for an organisation that is being more responsive to change. As noted by one support worker: "I love coming to work now...I feel far better supported, whereas twelve months ago I used to dread coming to work." Change was attributed to strong leadership and messaging from the top, coupled with active decisions to move underperforming staff and the concurrent appointment of highly capable new Service Managers who had an explicit directive to improve the quality of services.</p> <p>There was however variable evidence of a culture of continuous improvement within the organisation. The review found that, in some locations, service improvement plans were being used to address core service requirements – such as reviewing customer support plans – as a basis to "get the service up to scratch" and ensure compliance with standards. In contrast, other services were able to evidence the identification of, and progress toward, implementing changes that would have a meaningful impact on</p>

Sub indicator	Key findings
	<p>outcomes for customers – such as reducing the use of restrictive practices, or seeking further training on specific matters.</p> <p>There is a strong sense of review fatigue within the organisation and on occasions things get done in response to review requirements. There is a need to ensure genuine follow-up and embedding of core business requirements, highlighting their importance to safeguarding customers rather than the focus being in response to review activity. There is however evidence of a growing culture of continuous improvement.</p> <p>Many family members interviewed throughout the review perceive that a poor culture existed across the organisation – one in which staff members were punished for questioning the status quo or raising concerns. Further, as discussed elsewhere, family members felt that considerable improvement in transparency and accountability was required. Even where such concerns were reported to the reviewers, family members acknowledged positive improvement where there had been recent changes in Service Managers.</p>
<p>High performing organisations establish customer and family representative groups that contribute to improved service quality.</p>	<p>System and policy</p> <p>Whilst there is no overarching policy, Yooralla encourages services to facilitate customers and family local representative groups aimed at improving service delivery.</p> <p>Practice</p> <p>The review found that most sites held a customer meeting. Where these has been formalised, they were generally held monthly and facilitated by customers. Staff would provide some administration support, i.e. note taking. The meetings provide an opportunity for customers to raise and address any concerns or identify areas for service improvement.</p> <p>Family and friends representative groups had greater variability, with some sites having formal family committees, whilst other services indicated that family involvement was supported through other mechanisms, such as telephone calls.</p>

Maturity rating

The review found that Yooralla has made considerable progress in shifting organisational culture, enabled through strong leadership and consistent messaging regarding the importance of ensuring customer health, wellbeing and safety, and quality improvement. Going forward, Yooralla needs to consider how to further standardise and embed continuous quality improvement.

The application of the maturity model rating indicates that Yooralla's systems, policies, practice and culture with respect to leadership is established.

Non-Existent	Initial-Reactive	Emerging	Established	Embedded	Optimised
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3.8 Maturity assessment

The following table summarises the level of safety and service quality maturity in Yooralla across the seven focus areas and in general.

Area of Focus	Non-Existent	Initial-Reactive	Emerging	Established	Embedded	Optimised
Recruitment						
Induction						
Safeguarding						
Information, education and training						
Supervision and support						
Customer planning and support						
Leadership						
Combined maturity assessment						

Yooralla has implemented a range of systems and processes that are consistent with those expected in high performing organisations, with considerable progress made to ensuring the provision of safe and quality services.

In particular, the review found that Yooralla had made significant progress in the following areas:

- Recruitment – Yooralla has successfully embedded a revised recruitment process, including the implementation of a range of standard collateral, appropriately screening candidates (i.e. police check), interviewing with behavioural based questions and centrally conducted referee checks; supporting the recruitment of highly qualified applicants.
- Induction – A revised induction program that has a strong emphasis on safeguarding, including the implementation of eLearning modules focused on understanding and responding to allegations of abuse and neglect.
- Safeguarding – A new safeguarding framework that puts safeguarding at the centre of the practice and has been disseminated across the organisation and to customers and family members. The introduction of RiskMan which has seen significant improvement in the reporting of and response to incidents.
- Customer planning and support – The introduction of new central teams to support customer planning and the health and wellbeing of customers and increased access to clinical support and guidance.
- Leadership – Yooralla has made considerable progress in shifting organisational culture, established through consistent messaging, and emphasising that customer health, wellbeing and safety, and quality improvement are at the forefront of service delivery.

The review found a significant improvement in the delivery of quality services, and noted the following areas for consideration by Yooralla, including:

- Customers and family members consistently participating on interview panels during staff recruitment processes.
- Setting clear policy guidelines regarding the completion of shadow shifts (with respect to both number and coverage of various roster lines), while maintaining some flexibility at the local level.
- Opportunities to modify the centrally delivered induction program to better meet the needs of regional services.
- Continued development of a simple summary and easy English versions of key policies, to enable greater accessibility by customers, families and support workers.
- Setting clear and consistent expectations across the organisation regarding the provision of information to family members / guardians, including: access to policies, information on service changes, and adequate responses to feedback and concerns.
- The approach to development and coaching, to enable a greater focus on the achievement of outcomes. In reviewing the approach, consideration should be given to:
 - Providing support workers with guidance regarding their roles, and expectations of them, in development and coaching.
 - Providing Service Managers with further training in development and coaching, including evidencing progress.
 - Providing formal development in the service in which a casual staff member undertakes regular shifts, rather than being overseen centrally.
 - Ensuring coaching and development is undertaken by Acting Service Managers.
 - Establishing a stronger focus on reflective practice within development and coaching.
- Continue to roll out reflective practice leadership training and embed reflective practice across residential, respite, and day programs.
- Clarify the organisation's responsibilities and processes regarding the management and supervision of students on placement, and ensure these responsibilities are understood by all staff at the service level.
- Pursue the adoption of "one-customer, one-plan" policy, while concurrently ensuring information is available in an easily accessible summary format, including reviewing and updating the customer planning policy and practice to support integration of planning across service environments and providers. Within this, provide further training to key workers and Service Managers in goal setting to ensure that customers are supported to identify meaningful goals, and that action plans contain sufficient granularity to enable monitoring of progress and achievement. This includes sharing of good practice examples or approaches and guidance around file noting (re progress to goals and other material matters).
- Embedding continuous quality improvement at the service level, with Service Managers supported to identify and implement measures that improve quality of support and outcomes for customers.
- Verifying reported cultural change using an accepted measurement process for measurement of cultural change. This may include through organisational cultural assessment or regular employee engagement survey.

4 Financial Probity

The financial probity scope covered the assessment and reporting of findings with regard to internal controls testing for the period 2009 to 2015 with regard to:

- Internal controls over accounting for department funding (including on-boarding and de-registering of customers).
- The financial reporting framework.

Due to the different nature of the financial reporting review and internal control testing and how such information is presented in a report, the details of the financial review program and any findings / recommendations regarding specific financial management internal controls are presented in Appendix D. The following is a summary of findings.

Yooralla's accounting processes for department funding and the financial reporting framework were assessed. The findings indicate that Yooralla has implemented processes to ensure completeness and accuracy of department monies and oversight of financial reporting. The review noted that Yooralla has made recent changes to financial processes aimed at enhancing these financial management processes and the internal control framework. These enhancements have included:

- Investments in new systems and improvements to existing systems, such as a new management reporting system which extracts data from finance and operating systems to generate key performance indicators (KPIs) for financial management reporting packs, and enhancements to the existing Total Care Management (TCM) system to centralise customer service data, with ability to extract data from TCM and upload to the general ledger system.
- Centralising of key Individual Support Package financial management processes at Head Office (which were previously fragmented across regional offices) which should increase the accuracy of financial data that is underpinned by customer service data.
- Improvements to central financial reporting oversight at Board and Executive Management level.

The financial probity review highlighted where a range of financial internal controls may be improved. However, it is emphasised that no evidence was noted of fundamental control failures.

Findings for internal controls testing

Our findings indicate that from the period 2009 to 2015, Yooralla has implemented internal control processes to monitor the Individual Support Package and Residential customer movements in and out, and the reconciliation and allocation of funding revenue received by the department. Segregation of duties exists between the Service Managers/ Customer Service Managers responsible for maintaining TCM customer and service data, the Finance Team responsible for reconciling department funding in the general ledger with TCM data and financial reporting oversight provided by Business Analysts in collaboration with the management team via ongoing dialogue and regular Monthly Divisional Meetings to specifically address finance matters.

Yooralla has in place documented policies and procedures to support its processes which are accessible to staff on the intranet including:

- Personalised Services Manual
- Personalised Services Procedures
- Day Services Procedures Manual
- Revenue Recognition Procedure (Finance)
- Lifestyle Services BA (Business Analyst) handover document.

If operating as designed, Yooralla's processes and controls should operate to ensure completeness and accuracy of department funding revenue. However, it is noted that during our assessment some controls could not be observed because documentary evidence to support the operating effectiveness of the control does not exist or could not be located.

Internal controls testing – Other observations and recommendations

In addition to the findings of the internal controls testing, we make the following observations and recommendations based on our understanding and discussion of the accounting for department funding revenue process.

Department funding revenue allocation is journalised into the general ledger based on Fund Reconciliation Spreadsheet

The Fund Reconciliation Spreadsheet and the resulting journal entries are not subject to independent review i.e. the preparer of the reconciliation is also raising the journal. It is recommended that the Fund Reconciliation Spreadsheet and journal entries are reviewed by personnel independent of the preparer.

Accounting for block funding using 1/12 methodology

As the Finance Team use a 1/12 monthly allocation methodology for block funding, and the department use a number of days allocation basis, at any point in time, revenue recognised may be different to cash received. This difference remains in the Unallocated DHHS Grant account balance until the end of the financial year when all differences should net to zero (we confirmed that the 30 June 2014 Unallocated DHHS Grant Account was reconciled to zero at the end of the financial year). We recommend that the Unallocated DHHS Grant account balance be monitored monthly including an analysis of movements in the account as part of the month end reconciliation process, with independent review.

Department variations to Service Agreement funding and timeliness of department adjustments

DHHS – Variations to funding may give rise to inefficiencies during the reconciliation process when the Yooralla Finance Team have not been properly advised of the specifics relating to the variation requiring consultation with department staff and Yooralla Service Managers to ensure that the variation is appropriately accounted for in the general ledger. Delays in department adjustments to monthly department funding payments to account for customer services where funding has ceased create reconciliation adjustments that need to be monitored and corrected. It is recommended that Yooralla confirm with the department their information requirements regarding variations to SA funding and changes to customer funding to streamline the funding allocation process.

Risk of services rendered during the month for Individual Support Package customers that are underfunded or where funding has ceased

Department funding for the month is received in advance on the first Tuesday of the month and is reconciled and allocated to the appropriate cost centre by the end of the month. This means that for the relevant month, the Individual Support Package service will be rendered before the funding allocation to the relevant customer cost centre. Consequently, any issues relating to underfunding or ceased funding for an Individual Support Package customer will not be identified until after the services have been rendered for the month. It is recommended that Individual Support Package funding be allocated to customer cost centres as soon as practically possible, or alternatively that the department Individual Support Package funding schedules be distributed to Service Managers and Business Analysts early in the month for their review so that they can identify early in the month any instances of underfunding or ceased funding for Individual Support Package customers to reduce the risk of costs being incurred for services rendered for which funding will not be received.

Timeliness of Individual Support Package acquittal process and confirmation of carry forward balances

We understand that the Individual Support Package acquittal funding process can have a long turnaround time, with the most recent department Individual Support Package funding request being received in October 2014, submitted by Yooralla at the end of November 2014 and the final Individual Support Package acquittal

confirmed in February/March 2015. The Individual Support Package acquittal process is critical to confirming the amount of prior year funding available to be carried forward for Individual Support Package customers. In the case of the June 2014 acquittal, since the carry forward funding was not confirmed until February/ March 2015, for those customers who have not utilised their carry forward funding from the previous year, they may be required to return the funding to the department if they do not utilise the carry forward funding before 30 June 2015. It is recommended that the department work with Yooralla to ensure timeliness of the Individual Support Package acquittal process.

Day program funding revenue recognition

We understand that there may be inconsistent practices regarding tracking of attendance or non-attendance by customers (due to holidays, sickness etc.) at day funding programs in the TCM system. Where a customer does not attend the scheduled day program, the customer may be marked as attending which triggers the revenue recognition, or where the Service Managers mark the customer as not attending, revenue may not be recognised whilst funding is still received and it is accounted for as Unearned Income Account until it is reconciled. It is recommended that a Day Program Funding Revenue Recognition policy be documented to ensure a consistent policy for tracking attendance of day programs across all cost centres to ensure timely recognition of Day Program funding revenue that matches costs incurred in providing the service.

Financial management reporting

The findings indicate that Yooralla has a financial management reporting process to ensure oversight of financial accountability with key stakeholders, including the Finance Team, Service Managers, Business Analysts, General Managers, CFO, CEO and ultimate accountability with the Board and FAIR committee. Segregation of duties exist between the Finance Team and those responsible for providing the service, and those providing oversight and monitoring of financial performance.

If operating as designed Yooralla's processes and controls should operate to ensure appropriate financial reporting. However, it is noted that some controls could not be observed due to documentary evidence to support the operating effectiveness of the control does not existing or could not be located.

Therefore, we are unable to confirm as to whether the controls as documented were adequately operating during the period under assessment.

Financial management reporting – Other observations and recommendations

Budget setting and monitoring

It is noted that each Service and Divisions are allocated a 15% margin target in the budgeting process to contribute to shared services' costs, however we understand that an analysis of the appropriateness of this margin as a financial KPI is not monitored as part of the monthly financial reporting pack to the Board and the FAIR. It is recommended that the 15% margin be monitored as a KPI and compared to actual shared service costs on a monthly basis as part of the monthly financial reporting process.

Internal Audit

It is noted that the Yooralla do not have a formal Internal Audit function. It recommended that an Internal Audit function be embedded in the organisation.

In general practice, an internal audit function is tasked with the ongoing monitoring of internal controls and driving of internal control improvement. Yooralla does not currently have a formalised internal audit function. The review understands (and endorses) that Yooralla is currently considering how such a capacity may be sourced for Yooralla.

Focus area

Internal controls and financial reporting framework

Maturity rating

The financial probity review identified that Yooralla has a series of financial controls and associated financial management and reporting systems. These are appropriate to an organisation of Yooralla's size and nature. However, the absence of an internal audit function potentially jeopardises the efficiency of financial management processes and increases the potential for system failure. Based on the absence of an internal audit function and the fact that some systems and processes have only recently been implemented, the internal controls and financial reporting framework is assessed as being established and will likely move to embedded or optimised as an internal audit capacity is established.

Non-Existent	Initial-Reactive	Emerging	Established	Embedded	Optimised
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4.1 Other financial matters

Whilst the management of customer funds and house funds was excluded from the scope of the review, during site visits, the issue of customer funds and assets management was discussed at some service sites. The following observations were made:

- Customer fund management is managed to a well understood protocol within houses. Inspections of documentation held in the houses showed fund accounting as up to date and reconciled to cash balances.
- Residential sites have varied practices regarding the recording of customer owned assets. In some cases, the absence of any register was noted by site managers as being due to the fact that customers did not want a register kept. It is recommended that registers of significant assets (at the minimum) are kept given Yooralla's moral if not legal¹⁷ responsibility for them and the likely expectations of families in this area.

¹⁷ Residential customers are required to insure their own property: Yooralla's house and contents insurance does not extend to resident possessions. However historically, Yooralla has replaced customer assets where they have been stolen or damaged.

5 Summary of findings

The review of Yooralla observed an organisation that has made significant investment in its practices/policies, systems, staff, and customers. Whilst the review was not intended to act as a retrospective review of practices, it is apparent that Yooralla, in both its services and centrally, has made significant progress.

General findings

The review of Yooralla observed an organisation that presents as:

- Being appropriately managed by its Board and Management. This includes both the qualifications of its Board and Management and the design and range of governance and management structures and central support units that the organisation has established to support or ensure the delivery of safe and quality services at service locations.
- Having systems and processes that are focused on the delivery of safe and quality services for its customers. These include both systems and processes that support staff to deliver safe and quality services, and the systems and processes that the organisation uses to ensure that its staff and management are well prepared for their roles and the values, experiences, and expertise that they must hold. In particular, the introduction of the safeguarding framework and the RiskMan system are two examples of major positive and constructive change.
- Having a progressively emerging service culture that is increasingly placing the customer at the centre of service provision, whether in empowering customers and their families to take an active voice in relation to service delivery or wider strategic issues, or in staff increasingly using reflective practice and continuous improvement to enhance the safety and quality of the services that they deliver.

Specific findings

Governance

Yooralla has a governance infrastructure that is well established and that provides:

- Governance and management structures that are well aligned with the operational requirements of Yooralla.
- Monitoring and oversight systems and risk management systems that are well designed to ensure that Yooralla is able to identify, respond to, and manage the potential for, or actual occurrence of risk. Yooralla's systems and structures allow the rapid transmission of information and response through the organisation, ensuring that the correct layers of Yooralla are informed regarding the potential for, or actual occurrence of, risk and that, where required, directed action can take place.
- A customer risk management system (RiskMan) that is well accepted by staff and that – when coupled with the organisation's consistent messaging regarding Yooralla's cultural response to customer safeguarding and the increased range of supports that have been provided to staff – has led to significant increase in rigour in the organisation's risk identification and risk response practices.
- Clarity regarding accountabilities within the organisation.
- Increasing transparency, accountability and communication with its customers and families regarding the design and quality of services including customer safety, and the increasing expression of customer and family voices in feedback and complaint.

Within its customer engagement and communications, the following observations are made:

- Yooralla should continue to work with managers and staff regarding how communication occurs with families and customers. We note that Yooralla is already investing time and effort in this area. We also note that work in this area is highly relevant to the current roll out of the new complaints and feedback system given that the full benefits of that system will emerge over time.
- Given the emerging nature of Yooralla's feedback and complaint systems Yooralla should consider undertaking a post implementation review to ensure the system is working to design and intended standard; and that take up and discharge is consistent across the organisation.

Safety and service quality

Yooralla has implemented a range of systems and processes that are consistent with those expected in high performing organisations, with considerable progress made to ensuring the provision of safe and quality services.

In particular, the review found Yooralla had made significant progress in the following areas:

- Recruitment – Yooralla has successfully embedded a revised recruitment process including the implementation of a range of standard collateral, appropriately screening candidates (i.e. police check), interviewing with behavioural based questions and centrally conducted referee checks; supporting the recruitment of highly qualified applicants.
- Induction – A revised induction program that has a strong emphasis on safeguarding, including the implementation of eLearning modules focused on understanding and responding to allegations of abuse and neglect.
- Safeguarding – A new safeguarding framework that puts safeguarding at the centre of the practice and has been implemented across the organisation and to customers and family members. The introduction of RiskMan which has seen significant improvement in the reporting of and response to incidents.
- Customer planning and support – The introduction of new central teams to support customer planning and the health and wellbeing of customers and increased access to clinical support and guidance.
- Leadership – Yooralla has made considerable progress in shifting organisational culture, established through consistent messaging and emphasising that customer health, wellbeing and safety, and quality improvement are at the forefront of service delivery.

The review found a significant improvement in the delivery of quality services and noted the following areas for consideration by Yooralla:

- Customers and family members consistently participating on interview panels during staff recruitment processes.
- Setting clear policy guidelines regarding the completion of shadow shifts (with respect to both number and coverage of various roster lines), while maintaining some flexibility at the local level.
- Opportunities to modify the centrally delivered induction program to better meet the needs of regional services.
- Continued development of simple summaries, and easy English versions of key policies, to enable greater accessibility by customers, families and support workers.
- Setting clear and consistent expectations across the organisation regarding the provision of information to family members / guardians, including access to policies, information on service changes, and adequate responses to feedback and concerns.
- The approach to development and coaching, to enable a greater focus on the achievement of outcomes. In reviewing the approach, consideration should be given to:
 - Providing support workers with guidance regarding their roles, and expectations of them, in development and coaching.
 - Providing Service Managers with further training in development and coaching, including evidencing progress.
 - Providing formal development in the service in which a casual staff member undertakes regular shifts, rather than being overseen centrally.
 - Ensuring coaching and development is undertaken by Acting Service Managers.
 - Establishing a stronger focus on reflective practice within development and coaching.
- Continue to roll-out reflective practice leadership training and embed reflective practice across residential, respite, and day programs.
- Clarifying the organisation's responsibilities and processes regarding the management and supervision of students on placement, and ensure these responsibilities are understood by all staff at the service level.
- Pursue the adoption of "one-customer, one-plan" policy, while concurrently ensuring information is available in an easily accessible summary format, including reviewing and updating the customer planning policy and practice to support integration of planning across service environments and providers. Within this, provide further training to key workers and Service Managers in goal setting to ensure that customers are supported to identify meaningful goals, and that action plans contain sufficient granularity to enable monitoring of progress and achievement. This includes sharing of good practice examples or approaches and guidance around file noting (re progress to goals and other material matters).
- Embed continuous quality improvement at the service level, with managers supported to identify and implement measures that improve quality of support and outcomes for customers.
- Verifying reported cultural change using an accepted measurement process for measurement of cultural change. This may include through organisational cultural assessment or regular employee engagement survey.

Financial probity

The financial probity review identified that Yooralla has a series of financial controls and associated financial management and reporting systems. These are appropriate to an organisation of Yooralla's size and nature. However, the absence of an internal audit function potentially jeopardises the efficiency of financial

management processes and increases the potential for system failure. Based on the absence of an internal audit function and the fact that some systems and processes have only recently been implemented, the internal controls and financial reporting framework is assessed as being established and will likely move to embedded or optimised as an internal audit capacity is established.

Maturity assessment

The table below summarises the review's findings regarding the general maturity of Yooralla in the three review areas.

Area of Focus	Non-Existent	Initial-Reactive	Emerging	Established	Embedded	Optimised
Governance						
Safety and service quality						
Financial probity						

The following points should be noted about maturity ratings:

- Generally, an organisation that is operating in a dynamic service environment, where it is practicing continuous service improvement and redesign to its systems in response to change and learning, will not expect all of its systems to be optimised.
- Many organisations would have a number of systems and practices sitting at established or embedded dependent on years of operation, skills of staff etc. However when organisations go through change, or new requirements are placed on them, they can be operating in the initial / reactive phase as change is designed and operationalised.

Yooralla's maturity ratings indicate an organisation with some areas that are close to being optimised and some still emerging in response to change (or historic areas requiring improvement that are being addressed). For Yooralla, the maturity rating for *Safety and service quality* reflects the ongoing activities that are occurring at service sites to improve established processes in service planning and staff coaching and development, as well as embedding the safeguarding framework within the organisation.

None of the 11 sub-areas examined by the review within *Governance* and *Safety and service quality* areas were assessed as below emerging. The embedded rating for the *Financial probity* area reflects a single rating for the entire internal financial control and management reporting systems.

Over time, it will be important for Yooralla to evaluate the revised systems / processes and mechanisms to enable more formal and detailed evidence of the impact that the changes have achieved.

Appendix A: Review methodology

This review involved four core activities, comprising:

- An examination of relevant documentation.
- Consultation with Board, management, and central support unit staff at Yooralla's central office.
- Testing of financial management framework and controls.
- Site visits to 20 of Yooralla's services, incorporating: consultation with customers, family members, direct support workers and Service Managers, and a review of relevant house documentation.

Each of these are described directly below.

The project was conducted in the period February 2015 to July 2015. The project had two distinct phases of activity:

- A central review: comprising the first three activities above that focused on documenting the systems and processes established by Yooralla and their application centrally within corporate governance and central management. This central review activity resulted in an interim report, which is summarised in the appendices to this report (and drawn on in the main body) that described Yooralla's systems and policy environment.
- The site visit stage that examined how the described system and policy environment works at the customer services level with consequent impact on areas such as customer safeguarding, including: customer safety and wellbeing, customer and family engagement and empowerment, customer centric practices, and quality service processes such as reflective practices. This report is the outcome of the second and final phases of work.

The contained scope of the consultations means that this review does not reflect the broader perspectives of all stakeholders associated with Yooralla.

A.1 Document review

The document review focussed on how the organisation is governed / managed, and the systems and processes that Yooralla has established to ensure effective governance / management, the quality of service provision, safety of customers, and financial management practices.

This stage involved a review of key Yooralla policies, procedures and guidelines related to:

- The structure and governance of the organisation, including corporate structures, Board composition, Board policies and procedures, and Board agendas, papers, and minutes.
- Operational practice across the services under review, including staff recruitment and induction, staff supervision, learning and development, customer planning and support, safeguarding, incident reporting and complaints management, and continuous improvement. The review had access to all policies, procedures and protocols relevant to these areas. In addition to policies and practices, the review was provided demonstrations of Yooralla's new RiskMan based system and was walked through Yooralla's recruitment and induction processes. The review also received documentation regarding the activities of Yooralla's central support units, such as research papers, agendas and minutes and action plans, and risk management registers.
- Financial management practices, including the organisation's financial management framework, internal control systems, access to records and finance staff for control compliance reviews.
- Documentation review of samples¹⁸ of incident records and recruitment files covering a six month period, and training registers for each site visited:
 - Sample of category 1 and category 2 critical incident reports for the six month period 1 November 2014 to 31 May 2015 (n=34).
 - Sample of recruitment files for the six month period 1 November 2014 to 31 May 2015 (n=14).

¹⁸ Sample size based on a root-n sampling approach.

A.2 Stakeholder consultation

Central stakeholder consultations was designed to test and refine the understanding of how Yooralla's systems are intended to work, how policies and procedures are applied in the service environment, and to seek insights into where there might be opportunities to strengthen current approaches.

The stakeholders consulted included:

- Board Chair, and Chairs of the Service Delivery and Quality, Governance and People; Finance, Audit, Infrastructure and Risk Sub-committee Sub-committees
- Yooralla's CEO
- Each member of Yooralla's Executive Management team: Chief Financial Officer, Chief Information Officer, Chief Strategy Officer, and Chief Practitioner
- General Manager People and Culture, and Learning and Development and Recruitment Managers
- General Manager Residential and Respite, and Regional Managers
- General Manager Health and Wellbeing
- Financial Controller and staff
- Managers for Customer Rights and Empowerment, and Day Services.

A.3 Site visits

Site visits involved a full day site visit to 20 of Yooralla's 63 services locations, between 15 May and 4 June 2015. Customers and family members were provided with information about the review activities prior to the site visits, and were invited to participate in an interview with the reviewers either on the day of the site visit, or at a time of their choosing.

During the site visits, the reviewers:

- Spoke to customers and family members. Forty-seven customers elected to speak to the reviewers, noting that no customers wished to participate in the review at four services, while nine customers participated at one service. Twenty-eight family members participated in a discussion with the reviewers, including telephone or face-to-face meetings where the family member was unable to attend the service on the scheduled day of the site visits.
- Interviewed the Service Manager / Service Leader. Nineteen Service Managers were interviewed, as one Service Manager covered two services in scope of the review.
- Interviewed direct support workers. Two to three direct support workers were interviewed during the site visit (comprising a mix of permanent and casual staff), with backfill arranged to ensure customers were supported during the consultation process.
- Examined relevant service-specific documentation. Documentation reviewed included the house information folder, communication register, service improvement plan, staff supervision records, and community visitor reports.
- Reviewed customer files. A total of 88 customer files were reviewed, with up to five files reviewed per service depending on the number of customers accessing the service at the time of the site visits.

A.4 Testing of financial controls

The testing of financial management and controls was conducted through a direct examination of finance systems and controls, financial compliance testing, and interviews with the CFO, Financial Controller and finance staff noted above.

A.5 Project governance

Project governance for the review was discharged through:

- A Steering Committee with a joint membership. The Steering Committee met four times over the project.
- A Reference Group, comprising members from the Office of the Disability Services Commissioner, the Office of the Public Advocate, two Yooralla service users, and two Yooralla family members (in addition to Yooralla's Senior Practitioner, and the department) was established. The Reference Group met twice.

Appendix B: Governance policies, systems and processes

This appendix describes the systems, policies and processes in place that guide the governance of Yooralla.

B.1 Organisational structure

B.1.1 Policies

Board

Yooralla has in place a skills-based Board of Management. The backgrounds / expertise of Board members include: medical management, clinical governance, public interest law – social justice, equal rights, chartered accountancy, organisational leadership and governance; disability rights and advocacy for customers with disabilities and their families, and medicine and health for people with disabilities. Yooralla utilises a skills matrix exercise to assess the range of its Board members' skills.

The Board utilises a standard sub-committee structure where Board Member(s) lead and act on sub-committees focussed on particular areas. The sub-committees used are: Service Delivery and Quality; Governance and People; Finance, Audit, Infrastructure and Risk; Investment; and Governance and People. For each sub-committee, their roles and responsibilities and Terms of Reference are defined within the Board Manual.

The organisation has established a range of Board policies and documentation, including Board and Subcommittees Roles, Board Policies for Compliance, Conflicts of Interests, Delegations, Succession Planning, and Media. The policies which are all incorporated in a Board Policy Handbook were reviewed in November 2014.

Observations:

- The Governance structures and policies established by Yooralla are broadly consistent with the Good Governance Principles (AS8000) re: Board roles, responsibilities, independence, skills assessment, induction, and use of committees.
- No documentation has been sighted or comment made by Board members regarding routine Board evaluation and the assessment of effective performance. This may reflect the recent change to the Board composition and no review being conducted in that period, however, it is noted that the Board Policy handbook does not describe self-assessment.
- Notwithstanding the above, it is noted that Yooralla has recently commissioned an independent Governance Review, with a prior review undertaken in 2013 (the Haute Review).

Management

The CEO and Executive Management Team are accountable to the Board, via participation in the range of sub-committees, and the CEO directly to the Board.

Yooralla has established a standard hierarchical management structure for the delivery of the services where there are unbroken lines of accountability from the CEO to service staff: CEO to Chief Executive to General Manager (e.g. Residential and Respite Support Services) or Directors to Group Manager (Regional) to Service Managers to Service Staff.

Additionally, Yooralla has established a range of central units that provide support directly to service management. These include units such as: the Health and Well Being Team, the Support and Empowerment Team, and the Independent Investigator. It is noted that these support services were consistently described in terms of supports they provide to line management rather than in terms of being accountable for specific activity at the service level. During the site visits, the role and activities of these units were examined with service staff and management to consider whether they act as described or create dual accountabilities that impact on the line of accountability, and flows of information, from CEO to staff.

Further, Yooralla maintains a standard range of centralised corporate services including: Finances, P&C, IT, Fundraising, Marketing, and Infrastructure Management that are led by non-service Executive Managers.

B.1.2 Systems and processes

There are a range of systems and processes for organisational management – these are described in Monitoring and Oversight, and Risk Management below.

B.1.3 Impact of change

Both the Board and Executive Management group have undergone significant renewal in the past 18 months, with new members being employed under the basis of their professional expertise, and to bring about positive change to culture and practice.

The impact of recent changes to Board membership to the quality of governance being delivered (for example in relation to setting the organisation's strategic direction) or Executive Management on the quality of leadership being delivered will take time to fully realise its impact.

B.2 Monitoring and oversight

B.2.1 Policies

As noted in the preceding section, Yooralla has established a hierarchical management structure (organisational chart) that creates clear lines of accountability from service staff to the CEO and thence the Board. Reflecting these, all Yooralla service staff have position descriptions that describe both to whom a staff member reports and his/her direct reports. Further, the position descriptions describe each staff member's management responsibilities. Yooralla's policies clearly state the roles and responsibilities, by position, for implementing and/or monitoring and reporting against policy.

Elsewhere in Yooralla's policies and procedures, oversight is described within the context of the use of systems, including:

- Group Manager's review of customer support plans and service improvement plans developed at service sites. In residential and respite services, there is an expectation that the majority of a Group Manager's time should be spent on-site to ensure they have clear line of sight regarding what is occurring on site. The degree to which this occurs and the activities of the Group Manager whilst on site will be examined at the site visit stage.
- The review by Executive Managers / General Managers / Group Managers of the management of incidents and complaints and feedback, where oversight is also driven by: the workflow design build into the underlying IT systems that ensure review occurs, and use of the dynamic reporting dashboard that is available with RiskMan to enable critical review of incidents / complaints (described further in Risk Management below).
- Financial oversight also occurs through the distribution of cost centre reports to the Group Manager level for oversight of expenditure levels and patterns within cost centres under their control.

B.2.2 Systems and processes

Board: oversight is discharged through the Board meetings and sub-committee meetings. In each case, these meetings are supported by a standing agenda and papers relevant to the body's terms of reference. At the Board level, standing items include: CEO report, operations report, finance summary, quality and practice, risk register). Board members on sub-committees describe that they also report for their sub-committee within relevant agenda items (e.g. Finance and Audit subcommittee within finance agenda item.)

Management: monthly operational management meetings established to oversight all aspects of performance across the organisation.

A key oversight area is the management of risk where since mid-2014, Yooralla has used RiskMan for reporting of critical incidents (additional modules to be rolled out include: Feedback and Complaints (in train), and potentially Staff incidents system – 2016 (subject to business case)). A key benefit of the new systems is anticipated to be the reporting dashboard that sits on the front of each module that enables management to undertake systematic analysis of events. It was acknowledged by Yooralla that this functionality will improve in the near future as: sufficient event data is established that allows longitudinal review of performance to target quality / safety initiatives, and as the dashboard functionality is made available at the service site level to allow review and problem solving by service staff (at present, the dashboard is only available within the management layer). The organisation has already identified enhancements to the dashboard over the next 12 months in response to its recent Governance Review.

Service oversight: Regular service meetings occur with standard agenda items and development activities. The service meetings are intended, amongst other things, to enable the local Service Manager to exercise oversight over local service staff.

Observations

The management structure and management responsibilities described by Executive Management provides a framework through which management oversight and control may be exercised.

B.3 Risk Management

B.3.1 Policies

Yooralla has in place a series of general risk management policy that is based upon the risk management principles set out in AS/NZS ISO 31000:2009 Risk Management: Principles and Guidelines and DHHS principles. The risk management policy is applied to all levels of the organisation, including:

- Customer health and safety: referred to as Quality, Empowerment and Clinical Governance, that covers ‘the risk of not offering quality supports to customers and families that would ensure quality of life outcomes, wellbeing and safety and promoting the ability to live the life they choose’
- Staff health and safety: covering Occupational Health and Safety and ‘the risk of staff being injured in their workplace’
- Corporate risks covering areas that include: financial, people, reputation, and governance.

Underlying the general risk management policy are a series of policies, guidances and general resources that cover: OHS, risk assessment matrices, and management of incidents.

B.3.2 Systems and processes

For clinical risk management and customer safety, the new RiskMan is driving systematic performance analysis and reporting to Board, Executive Management and line management. Monitoring and oversight systems and processes put in place include:

- Organisational Risk Matrix and Register for monitoring of risks and risk response with reporting as a standing item on Board sub-committee (Service Delivery & Quality) and Board agenda.
- RiskMan for reporting and follow-up of critical incidents (fully operational from July 2014) – within the RiskMan systems, all risk classifications are aligned with departmental risk classifications, to ensure the correct level of risk response and to subsequently facilitate mandatory risk-reporting.

The new risk management systems incorporate a range of oversight and accountability rules that ensure information and actions are allocated to the correct areas of the organisation, and that evidence of actions are completed within a standardised manner to ensure that any oversight is fully informed. A work-flow system ensures that actions are undertaken promptly and, if not, are escalated.

The new RiskMan system is being used by Yooralla in two areas to improve service safety:

- Centrally, the Quality, Innovation and Safeguards division’s Clinical Risks Working Group is utilising the data to identify , for example through root cause, and track responses to areas of potential clinical practice / policy improvement (e.g. medication management)
- At the service level, group managers – but not yet individual service managers – are able to utilise the reporting dashboard to incident resolution and patterns of incidents to target action.

B.4 Transparency and accountability

B.4.1 Systems and processes

Yooralla has established a series of mechanisms to address general transparency within the organisation to both staff and customers and their families and to ensure that the organisation remains accountable to its customers in response to incidents and to feedback and complaint.

At a general level, the organisation has established a range of communication processes to ensure:

- Its workforce is kept apprised of developments within the organisation through a staff newsletter and weekly CEO column hosted on the Yooralla intranet (n.b. all staff have intranet access) and through the use of the organisational wide agenda items that all staff meetings must cover which ensure key communications are transmitted to staff.
- Its customers and their families, through a fortnightly CEO newsletter. Customers and families are required to register to receive the newsletter.
- Within its incidents and feedback and complaints systems, the system design has included work-flow steps that ensure customers and their families are kept apprised of the organisation's response to incidents and feedback and complaint, and also where relevant the Independent Investigator process.

As noted in subsequent sections, Yooralla is progressively rolling out customer empowerment and engagement programs that are aimed at ensuring the customer and their families participate within Yooralla processes, these include: participation in advisory or local advocacy groups, and genuine involvement in personal and house planning. Customers are also being involved in some areas of policy development, for example the recent medication instruction review engaged with customers regarding their views and preferences. In addition, Yooralla has established the Independent Advocacy Advisory Committee (IAAC) to provide systemic advice on key policies and initiatives.

Appendix C: Policies, systems and processes: safety and quality

This appendix describes the systems, policies and processes in place that guide safety and quality at Yooralla.

Within safety and quality, key areas for consideration are:

- Recruitment
- Induction
- Safeguarding policies and procedures
- Information, education and training
- Supervision and support
- Customer planning and support
- Leadership.

C.1 Recruitment

C.1.1 Policies

Yooralla has an overarching recruitment policy that applies to the recruitment of all staff, including staff recruited to its casual pool. The policy describes the recruitment process steps and documentation required and includes differentiation of the duties of recruiting managers and that of the central Recruitment and Employment Team (within the People and Culture Unit) to support recruiting managers and to ensure process compliance.

Underlying the recruitment policy is a range of support documentation that includes:

- Standard position description template for all positions in the organisation.
- Recruitment collateral includes: process checklist, advertisement template, interview guide, interview assessment template, application document check list, and decision matrix.
- For casual staff, a short form application kit that also includes process check list for application checks by the Central Unit.

C.1.2 Systems and processes

Yooralla implemented a revised recruitment process in mid-2014, requiring that all recruitment undertaken to the following process steps:

- Positions must have a Position Description that includes capabilities / skill sets required by role.
- Interviews are to be undertaken using behavioural based questioning approach.
- Psychometric testing of candidates' behavioural and values based preferences is conducted.
- Completion of work history checks is mandatory – Yooralla noted that referee checking has not been rigorous in prior years.
- Police checks: International police checks were introduced for employees in January 2013, and volunteers in May 2014. National police checks are now required every three years (commencing February 2015).
- Recruitment is undertaken locally by Service Managers and Group Managers, with process support and guidance from People and Culture Unit, including sitting on interview panels.

The changes to the recruitment process, particularly the emphasis on capabilities requirements and behaviours and values, are intended to ensure that the selected staff are better aligned to the challenges of working in the roles to which they may be appointed.

Casual recruitment is managed centrally by the People and Culture Unit, with a similar process adopted. Three casual recruitment intake campaigns are undertaken per annum to employ approximately 30 casual staff per intake to the casual work pool.

All new staff in Yooralla are now recruited under a common recruitment process.

C.2 Induction

C.2.1 Policies

An Orientation and Induction policy is in place, and its process is described below. The induction policy recognises and describes different levels and focus of induction training for new employees employed at different levels, and sets out associated responsibilities for Service Managers to complete training, and General Managers to monitor compliance.

Supporting the induction policy / process, an organisation wide induction manual has been developed that covers a mandatory course, e-Learning modules, and completion of 12 week worksite on-boarding process.

C.2.2 Systems and processes

The induction process has four key steps:

- A standard, organisation-wide induction program has been established for all new employees (full time and casual employees and support workers) and day organisational orientation with a strong emphasis on the organisation's values and behaviours, and its commitment to a safe culture that protects human rights. The content of the program is shown in Box 4 below.
- A series of compulsory e-learning modules (approximately 24 hours total duration) that develop / reinforce employees' understanding of: organisational values and customer rights; health and safety policies and procedures; safety and wellbeing for people affected by critical incidents; occupational health and safety; and understanding abuse and neglect.
- A two stage, on-site induction program (general staff and customer service staff) where an employee is introduced to the Yooralla working environment, and in a supervised environment is introduced to the practices all Yooralla staff may encounter in general and on their site.
- The service staff on-site period (where an employee is introduced to the site where he/she shall work) covers a 12 week / three month work site on-boarding process where an employee must be signed off as having completed a series of induction training modules and completed location specific activities. The on-site period concludes with staff feedback process from customers and other staff members, and the Service Manager's sign off for probationary period completion. Full offers for employment are made post probation sign off by the People and Culture Unit after review of completion of all induction activities and sign offs.

The induction manual is current, dated November 2014 (except where they are external documents, e.g. copy of DHS Service Standards for Service Providers). The induction program continues to be developed, e.g. the Chief Practitioner is currently developing a new Human Rights module scheduled for introduction in June 2015. Also, a revised interactive eLearning course "Safeguarding Human Rights: Living free from abuse and neglect" will be implemented in June 2015. New mandatory training components included in the induction manual are also being applied to all existing staff and are to be undertaken within staff learning and development activities (e.g. understanding abuse and neglect), and the completion of these are captured in the mandatory training register to ensure they are undertaken.

Box 4: Central induction program

Organisational Induction (one day) 'Organisation Orientation and Disability Awareness'. This includes an overview of the following key policies:

- Staff Code of Conduct
- Customer Charter of Rights and Responsibilities
- Human Rights and Ethical Issues Policy
- Police Record Check Policy
- DHS Disability Worker Exclusion Scheme
- Management of Incidents Policy
- Open Disclosure Policy
- Staff Conduct – Customer Relationships and Sexual Behaviour Policy
- Customer Personal Relationships, Sexuality and Sexual Health Policy
- Whistle-blowers Policy.

Direct Support Work Induction (three days) 'Providing support to people with disability'. This includes the following topics:

- Ethics and Duty of Care
- Incident Reporting
- Person Centred Approaches
- Communication
- Rights, Responsibilities and Empowerment
- Medication Administration
- Manual Handling
- Positive Behaviour Support & Restrictive Interventions
- Fire Safety for Residential Services.

C.3 Safeguarding policies and procedures

C.3.1 Policies in place

Yooralla has recently developed a Safeguarding Framework, How we're upholding safeguards that comprises eight action areas. They are: self-advocacy; automated reporting; staff training; improved recruitment checks; building a reporting culture; health and wellbeing; advisory committees; and supporting inquiries. In effect, the framework incorporates a range of existing policies and systems that collectively inform safeguarding practice. Policies include:

- Risk Management policy
- Choice and advocacy policy
- Customer engagement and participation policy
- Customer feedback and complaints policy.

Outside of these policies, a range of additional systems have been established (described below). In addition, a Client Wellbeing and Safeguards Action Plan has been established.

C.3.2 Systems and processes established

Yooralla has established a range of mechanisms that focus on the improvement of how the organisation provides care, responds to its customers and any issues of concern, and that ensures the customer voice is brought to these areas.

- A new position, the Independent Investigator, has been established that is independent of line management. The Independent Investigator oversees all Category 1 and 2 events of physical or sexual abuse or quality of support concerns. Benefits reported include: a transparent process for staff, customers and families; clear and consistent information process that keeps families informed; and an independent review additional to the general critical incident response process.
- A central Customer Rights and Empowerment Team, delivers self-development programs for customers and families including training on rights, abuse and neglect (My Life My Skills Speaking Up Program); supports customers' access to information and resources; provides supports to local customer groups and the 'community of practice group'; and acts as an internal resource for staff and service managers for local practice development. The Rights and Empowerment Team also supports local customer groups (e.g. the 'Yes! Group') and acts as secretariat to the Independent Advocacy Advisory Committee (IAAC) comprising people with disabilities, self-advocates, parents and advocacy organisations from all regions and all customer types. IAAC provides recommendations on systemic development issues to Executive Management and the Board via sub-committee.
- Service Delivery and Quality sub-committee of the Board, which reviews incidents, feedback and complaints across the organisation and systemic analysis undertaken by central units (e.g. Health and Wellbeing) to identify and present to the Board recommendations on systemic improvements and advice on any related risk issues.

C.4 Information, education and training

C.4.1 Policies in place

Yooralla has an employee handbook which outlines code of conduct, and includes a dedicated section on learning and development. The organisation maintains an inventory of training that aligns with a training matrix which identifies the training requirements of each position across the organisation. It is noted however that, other than in relation to compulsory training (for example new training regarding safeguarding that all new and existing staff have been required to complete), the degree to which staff access training will be dependent on their personal development requirements being noted in staff supervision. In addition, no specific policy is in place that outlines minimum continuing professional development requirements.

C.4.2 Systems and processes established

A Workforce Capability Framework has been established, from which a Learning and Development Calendar is devised. Training is offered based on development needs identified during supervision processes and/or if required based on customer needs. Online training modules are available and staff are described as being supported to participate in external conferences or seminars.

All staff receive training or undertake group activities in safeguarding, safe services, and customer centric practices that empower customers and put them at the centre of service design. Training is provided via induction activities and monthly team meeting activities.

Three self-development programs for customers and families (primarily, but also staff) have been piloted but not formally evaluated. These are moving to broader, but not-organisation wide, operation from mid-2015:

- Speaking Up: covering trust/relationships, rights to feel safe and speak up, advocacy, feedback and complaints (200 pilot participants)
- My Rights (VALID): covering customers' (and staff) rights (90 pilot participants)
- Mentoring program to establish mentors in the customer population who can support other customers (14 pilot participants)

C.5 Supervision and support

Policies in place

Supervision, Support & Development and Annual Performance Review Practice Instruction is in place. In support of this a range of supervision collateral has been developed, including an employee self-assessment form and standardised employee supervision records.

Systems and processes established

Staff development is occurring through two mechanism:

- **One-on one supervision:** Every two months for disability support workers and every month for Managers (and limited number of employees on STAR enterprise agreement). Supervision focusses on staff capabilities and links capability development to an inventory of training options (e-learning, courses, induction modules). With respect to casual/agency staff, monthly feedback forms are completed by customers and other staff in house and fed back to Yooralla's central Relief Staff Unit so that casuals / agency staff with negative ratings can be identified and feedback discussed with casual staff member and appropriate management action taken. This may involve counselling or disciplinary processes as appropriate, no further shifts allocated at that service or no further shifts at Yooralla. The Relief Staff Unit coordinate a supervision session with casual staff every four months, undertaken by a selected Service Manager for a site where the casual has frequently worked. All casual supervision records are retained by Relief Staff Unit
- **Monthly house team meetings:** where staff groups undertake reflective exercises and problem solving for site service improvement plans, and use a person centred approach for discussing local customer issues. A standard agenda template is provided, that includes centrally mandated coverage of defined policies, procedures and practices, and has recently been updated to include a discussion on safeguarding. The outcomes of site meetings should be reflected in changes to the sites service improvement plans.

All supervising managers should be trained in supervision and development. Yooralla provide two forms of supervision training for new Managers and above; the first is to familiarise new managers with Yooralla's supervision and annual performance review processes. The second training is provided by an external provider and is focussed on group supervision and performance management. The training is run over a four day period and can be accessed quarterly. This course contains a session on 'using supervision to foster reflective practice'

Residential and Respite Management described expectations of good management practice regarding roster management to ensure that Service Managers have opportunity during his/her hours onsite to (over a period of time) to exercise line of sight over all staff within a house roster and hence be able to ensure adequate supervision and development.

C.5.1 Impact of change

The group meeting process, including the standing agenda system, has ensured that key initiatives and new systems are rapidly, and consistently communicated across the organisation.

C.6 Customer planning and support

C.6.1 Policies in place

Yooralla has a Client Service Planning (CSP) Policy, which is largely informed by DHHS guidance principles for planning. The policy outlines requirements for customer planning and support. In addition Yooralla has a Site Service Improvement Plan Policy for residential services that focusses on group planning for a site's entire resident base and general service / house activities.

C.6.2 Systems and processes established

Customer service planning is undertaken at each service location for that location's customers. The customer planning has an emphasis on:

- Person centred planning that has the person with disability, and their families (where appropriate), defining what is important for that person's life and that is about life not just services
- The expectation that service staff undertake problem solving to find ways that a person's needs and preferences can be best met
- Active support that aims to empower the person to exercise autonomy and engage with the people and world around them.
- Ongoing review and renewal of plans – with group managers being responsible for plan review within their on-site visits.

In addition to local resources, the Health and Wellbeing Team provide an internal assessment, treatment, monitoring, review and training resource that includes internal consultancy resource to all services where more detailed clinical planning, additional plans (e.g. behavioural support plans), or assistance with service coordination is required. It is noted however, that in the event of central support, responsibility for the implementation of customer plans rests with local service managers.

Site Service Improvement planning is also described as using the same problem solving and person centred approaches as individual planning. In addition to the key central communications and training, the principle role of the monthly group meeting at services is to undertake this planning activity on a group basis with all staff that interact with a customer(s).

C.7 Leadership

C.7.1 Policies in place

The leadership domain covers organisational culture and values, as expressed in a range of areas: communication, continuous improvement, and empowerment of customers and families within organisational structures. Yooralla has no overarching policy regarding leadership rather a series of systems and processes that collectively evidence, or enable the discharge of effective leadership.

Central to Yooralla's leadership are two policy documents that the organisation's leadership has promoted as critical to the organisation, these are:

- Its statement of Values and Behaviours that 'are at the centre of everything we do'
- Yooralla's Customer Charter of Rights and Responsibilities that makes a series of organisational commitments that are aligned directly to the rights of the organisation's customers.

These two documents are on display throughout the organisation's sites. They also have been a core theme within the organisation's communications (including: newsletters to staff, newsletters to families, CEO weekly messages, and the individual components of the documents have been topics for monthly staff meetings).

Appendix D: Financial probity

D.1 Internal controls testing program scope

Based on consultation with the department, the following scope was agreed for the financial probity review. This included the assessment and reporting of findings with regard to internal controls testing for the period 2009 to 2015 with regard to:

- Internal controls over accounting for department funding (including on-boarding and de-registering of customers)
- The Financial Reporting framework.

D.2 Findings summary

Yooralla's accounting processes for department funding and the financial reporting framework were assessed and it is noted that the findings indicate that Yooralla has implemented processes to ensure completeness and accuracy of department funding revenue and oversight of financial reporting.

A number of observations and recommendations for both Yooralla and the department to improve the robustness of the internal control framework and enhance the efficiency and effectiveness of financial processes have been identified. The recommendations primarily relate to the difficulty in obtaining documentary evidence to support that the documented controls have been operating effectively. It is recommended that Yooralla review document retention procedures and where applicable embed a formal process for documenting minutes and action points from review and oversight procedures.

It was noted that Yooralla has made recent changes to financial processes aimed at enhancing these processes and the internal control framework. These enhancements have included:

- Investments in new systems and improvements to existing systems, such as:
 - A new Management Reporting System which extracts data from finance and operating systems to generate KPIs for financial management reporting packs
 - A new procurement system, Procure to Pay
 - Enhancements to the existing Total Care Management (TCM) system to centralise customer service data, with ability to extract data from TCM and upload to the general ledger system, SUN
- Centralising of key financial processes at Head Office which were previously fragmented across regional offices including maintaining centralised customer service data in the TCM system which feeds into the revenue, accounts receivable, and procurement processes and the production of Individual Support Package statements.
- Improvements to financial reporting oversight including:
 - The role of Business Analysts from the Finance Team partnering with General Managers to provide support to each Service and Division, including setting budgets, monitoring financial performance via monthly financial reporting to the Service Managers/ Customer Service Managers and review of financial performance to budget in the Monthly Divisional Meetings;
 - The role of the management team in Monthly Operational Meetings to analyse financial performance; and
 - Future focused financial reporting to the Board and the Financial, Audit, Infrastructure and Risk (FAIR) committee with inclusion of forecast financial data.

It should be noted that due to the inherent limitations of any internal control structure it is possible that, even if the controls are suitably designed and operating effectively, the control objectives may not be achieved and so fraud, or error may occur and not be detected. The scope of this financial probity review is not designed to detect all instances of controls operating ineffectively as it is not performed continuously throughout the period and the tests performed are on a sample basis. Any projection of the outcome of the evaluation of controls to future periods is subject to the risk that the controls may become inadequate because of changes in conditions, or that the degree of compliance with them may deteriorate.

The financial probity review highlighted where a range of financial internal controls may be improved. It is noted that in general practice an internal audit function is tasked with the ongoing monitoring of internal controls and driving of internal control improvement. Yooralla does not currently have a formalised internal audit function. The review understands and endorses that Yooralla is currently considering how such a capacity may be sourced for Yooralla. Internal controls over accounting for department funding

D.2.1 Our approach

The procedures to assess the internal controls relating to accounting for department funding included:

- Meeting with key stakeholders at Yooralla;
- Understanding the relevant activities and responsibilities in relation to the internal controls framework for accounting for department funding;
- Identifying the key processes, systems and controls; and
- Sample testing of key controls for the period 2009 to 2015 detailed in the findings of internal controls testing below.

D.2.2 Findings for internal controls testing

Our findings indicate that from the period 2009 to 2015, Yooralla has implemented internal control processes to monitor the Individual Support Package and Residential customer movements in and out, and the reconciliation and allocation of funding revenue received by the department. Segregation of duties exists between the Service Managers/ Customer Service Managers responsible for maintaining TCM customer and service data, the Finance Team responsible for reconciling department funding in the general ledger with TCM data and financial reporting oversight provided by Business Analysts in collaboration with the management team via ongoing dialogue and regular Monthly Divisional Meetings to specifically address finance matters.

Yooralla has in place documented policies and procedures to support its processes which are accessible to staff on the intranet including:

- Personalised Services Manual;
- Personalised Services Procedures;
- Day Services Procedures Manual;
- Revenue Recognition Procedure (Finance); and
- Lifestyle Services BA (Business Analyst) handover document.

If operating as designed, Yooralla's processes and controls should operate to ensure completeness and accuracy of department funding revenue. However, it is noted that during our assessment some controls could not be observed because documentary evidence to support the operating effectiveness of the control does not exist or could not be located.

The following controls were identified as critical to accounting for department funding and customer on-boarding and de-registering process as agreed with the department.

#	Internal controls for accounting for DHHS funding	Results	Recommendations	Grading
Individual Support Package Customer on-boarding and de-registering				
1	For Individual Support Package customer on-boarding, the Customer Support Plan is completed and signed by both the Customer Service Manager and customer and/or customer representatives to complete the on-boarding process.	A sample of 1 Customer Support Plan per year for the period 2009 to 2015 (7 in total) was inspected to ensure it was completed. No exceptions noted.	n/a	n/a
2	For Individual Support Package customer de-registering, the Exit/ Customer Movement form is completed by the Customer Service Manager and sent to DHHS.	A sample of 1 Exit/ Customer Movement per year for the period 2009 to 2015 (7 in total) was inspected to ensure they were completed. No exceptions noted.	n/a	n/a
Residential customer in-take and exit				
3	For Residential customer in-take and acceptance, a Vacancy Form is sent to DHHS advising of a vacancy becoming available at one of the residential sites. Note that a vacancy must be held for a minimum of 3 months before it can be filled, on average a vacancy will take 6 to 12 months to fill.	A sample of 1 Vacancy Form per year for the period 2009 to 2015 (7 in total) was inspected to ensure it was completed. No exceptions noted.	n/a	n/a
4	For Residential customer in-take, once a potential customer is identified through a panel process to fill the vacancy, a Customer Intake Assessment Form is completed and the customer assessed by Yooralla.	A sample of 1 Customer Intake Assessment per year for the period 2009 to 2015 (7 in total) was inspected it was completed. No exceptions noted.	n/a	n/a
5	For Residential customer in-take, once the potential customer is accepted by Yooralla, a Customer Support Plan is completed and signed	A sample of 1 Customer Support Plan per year for the period 2009 to 2015 (7 in total) was inspected to ensure it was	n/a	n/a

#	Internal controls for accounting for DHHS funding	Results	Recommendations	Grading
	by both the Service Manager and customer and/or customer representatives to complete the customer acceptance process.	completed. No exceptions noted.		
6	For the past 6 months, the General Managers and Group Managers in Residential Service maintain and update a Vacancy Spreadsheet monthly to monitor vacancies and assist the Finance Team with monthly reporting to DHHS.	A sample of 2 Vacancy Spreadsheets were inspected to ensure that the spreadsheet was maintained. No exceptions noted.	n/a	n/a
7	For the past 6 months, the General Managers will prepare a monthly Vacancy Report for the CEO based on data from the Vacancy Spreadsheet.	A sample of 2 Vacancy Reports to the CEO were inspected to ensure that the report was completed. No exceptions noted.	n/a	n/a
Accounting for DHHS Funding				
8	The Funding Reconciliation Spreadsheet is prepared by the Finance Team. A key control for ensuring accurate and complete allocation of DHHS funding revenue. The Funding Reconciliation Spreadsheet is reconciled to the DHHS Funding Schedule and remittance advice and provided to Service Managers/ Customer Service Managers for their review and feedback on an exceptions basis.	A sample of 2 monthly DHHS payments per year for the period 2009 to 2015 (in total 14 monthly payments) were selected to confirm that they were reconciled and allocated using the Fund Reconciliation Spreadsheet. It is noted that for 1 out of the 14 reconciliations selected, for the month of April 2009, the Funding Reconciliation Spreadsheet could not be located.	That management review document retention processes to ensure that all historical Funding Reconciliation Spreadsheets are maintained.	Medium
9	Divisional Meetings are convened monthly for: <ul style="list-style-type: none"> Lifestyle Division (Since pre 2009 to March 2012 was referred to as Individualised Support Services (ISS). From March 2012 to June 2013 was referred to as Lifestyle Support and Choice (LS&C) where Residential, Day and Individual Support Package services were in one division but 	A sample of 2 sets of Divisional meeting minutes per year for the period 2009 to 2015 (Lifestyle Division sample of 12 and Residential and Respite sample of 2, in total 14 meetings) were selected to ensure that financial information is reviewed monthly.	We have been unable to obtain Divisional meeting minutes for the years 2009, 2012 and 2014 to evidence the monthly review of financial information at these meetings. We recommend that management	High

#	Internal controls for accounting for DHHS funding	Results	Recommendations	Grading
	<p>meetings convened for each of the 3 regions. From 2013/14 onwards the Lifestyle Service Division meetings covers Individual Support Package and Day Services across all 3 regions)</p> <ul style="list-style-type: none"> Residential and Respite Division (from 2013/14 onwards across all 3 regions) <p>These meetings are attended by the Group Manager, Service Manager/ Customer Service Managers, Regional Managers and Business Analysts to discuss divisional financial performance to budgets, including customer movements and revenue recognition prior to the Monthly Operational Meetings. Business Analysts provide monthly financial reporting on a customer and service level to Service Managers/ Customer Service Managers and any issues relating to financial performance identified by the Business Analyst are discussed in these meetings.</p>	<p>Due to challenges associated with the period of testing, i.e. notes and minutes of meetings in archives and staff movements during that time, Yooralla were not able to provide meeting minutes for all dates selected, however we obtained minutes/ agendas for the following meetings and confirmed that financial information was reviewed by the following Divisions for the following 8 months:</p> <ul style="list-style-type: none"> Individualised Support Services (ISS) and Lifestyle Support and Choice meeting minutes for September 2010 (#2159), June 2010 (#2150), November 2011 (#2156), May 2013 #2197); Lifestyle Services Division meetings minutes for February 2015 (#1963); and Residential and Respite meeting minutes September 2013 (#2202), March 2015 and meeting agenda for July 2014 (#2184). <p>It is noted that Yooralla provided alternative forms of evidence such as email exchanges regarding financial information, calendar invites for meetings and minutes to meetings such as Day Personalised Services meeting minutes and Agency meetings where financial information was discussed.</p>	<p>review document retention processes and embed a formal process for documenting minutes and action points arising from the Divisional meetings.</p>	
10	The Individual Support Package acquittal process provides for an independent review by DHHS of	Inspected acquittal records per year since 2009 (in total 6 acquittals) and	Recommend that Yooralla review document retention processes to	Medium

#	Internal controls for accounting for DHHS funding	Results	Recommendations	Grading
	Yooralla Individual Support Package funding data.	<p>confirmed that the Individual Support Package acquittal was completed.</p> <p>Noted that 1 out of the 6 Individual Support Package acquittal records for the 2008/09 year could not be located.</p>	ensure that all historical Individual Support Package acquittal records are maintained.	

Risk Grading

The findings from our internal control testing were assessed based on the following grading:

High: Issue represents a control weakness, which could have or is having a major adverse effect on the ability to achieve process objectives.

Medium: Issue represents a control weakness, which could have or is having significant effect on the ability to achieve process objectives

Low: Issue represents a minor control weakness, with minimal but reportable impact on the ability to achieve process objectives.

D.2.3 Other observations and recommendations

In addition to the findings of the internal controls testing, we make the following observations and recommendations based on our understanding and discussion of the accounting for department funding revenue process.

Department funding revenue allocation is journalised into the general ledger based on Fund Reconciliation Spreadsheet

Yooralla - The Fund Reconciliation Spreadsheet and the resulting journal entries are not subject to independent review i.e. the preparer of the reconciliation is also raising the journal.

It is recommended that the Fund Reconciliation Spreadsheet and journal entries are reviewed by personnel independent of the preparer.

Accounting for block funding using 1/12 methodology

Yooralla – As the Finance Team use a 1/12 monthly allocation methodology for block funding, and the department use a number of days allocation basis, at any point in time, revenue recognised may be different to cash received. This difference remains in the Unallocated DHHS Grant account balance until the end of the financial year when all differences should net to zero (we confirmed that the 30 June 2014 Unallocated DHHS Grant Account was reconciled to zero at the end of the financial year).

We recommend that the Unallocated DHHS Grant account balance be monitored monthly including an analysis of movements in the account as part of the month end reconciliation process, with independent review.

Department variations to Service Agreement funding and timeliness of department adjustments

DHHS – Variations to funding may give rise to inefficiencies during the reconciliation process when the Yooralla Finance Team have not been properly advised of the specifics relating to the variation requiring consultation with department staff and Yooralla Service Managers to ensure that the variation is appropriately accounted for in the general ledger.

DHHS – Delays in department adjustments to monthly department funding payments to account for customer services where funding has ceased create reconciliation adjustments that need to be monitored and corrected.

It is recommended that Yooralla confirm with the department their information requirements regarding variations to SA funding and changes to customer funding to streamline the funding allocation process.

Risk of services rendered during the month for Individual Support Package customers that are underfunded or where funding has ceased

Yooralla – Department funding for the month is received in advance on the first Tuesday of the month and is reconciled and allocated to the appropriate cost centre by the end of the month. This means that for the relevant month, the Individual Support Package service will be rendered before the funding allocation to the relevant customer cost centre. Consequently, any issues relating to underfunding or ceased funding for an Individual Support Package customer will not be identified until after the services have been rendered for the month.

It is recommended that Individual Support Package funding be allocated to customer cost centres as soon as practically possible, or alternatively that the department Individual Support Package funding schedules be distributed to Service Managers and Business Analysts early in the month for their review so that they can identify early in the month any instances of underfunding or ceased funding for Individual Support Package customers to reduce the risk of costs being incurred for services rendered for which funding will not be received.

Timeliness of Individual Support Package acquittal process and confirmation of carry forward balances

DHHS – We understand that the Individual Support Package acquittal funding process can have a long turnaround time, with the most recent department Individual Support Package funding request being received in October 2014, submitted by Yooralla at the end of November 2014 and the final Individual Support Package acquittal confirmed in February/March 2015. The Individual Support Package acquittal process is critical to confirming the amount of prior year funding available to be carried forward for Individual Support Package customers. In the case of the June 2014 acquittal, since the carry forward funding was not confirmed until February/ March 2015, for those customers who have not utilised their carry forward funding from the previous year, they may be required to return the funding to the department if they do not utilise the carry forward funding before 30 June 2015.

It is recommended that the department work with Yooralla to ensure timeliness of the Individual Support Package acquittal process.

Day program funding revenue recognition

Yooralla – We understand that there may be inconsistent practices regarding tracking of attendance or non-attendance by customers (due to holidays, sickness etc.) at day funding programs in the TCM system.

Where a customer does not attend the scheduled day program, the customer may be marked as attending which triggers the revenue recognition, or where the Service Managers mark the customer as not attending, revenue may not be recognised whilst funding is still received and it is accounted for as Unearned Income Account until it is reconciled.

It is recommended that a Day Program Funding Revenue Recognition policy be documented to ensure a consistent policy for tracking attendance of day programs across all cost centres to ensure timely recognition of Day Program funding revenue that matches costs incurred in providing the service.

D.3 Financial reporting framework

D.3.1 Our approach

The procedures to assess the Financial Reporting Framework included:

- Meeting with key stakeholders at Yooralla;
- Understanding the relevant activities and responsibilities in relation to the financial reporting framework;
- Identifying the key processes, controls and systems; and
- Sample testing of key controls for the period 2009 to 2015 detailed in the findings of internal controls testing below.

D.3.2 Findings of our internal controls testing

The findings indicate that Yooralla has a financial management reporting process to ensure oversight of financial accountability with key stakeholders, including the Finance Team, Service Managers, Business Analysts, General Managers, CFO, CEO and ultimate accountability with the Board and FAIR committee. Segregation of duties exist between the Finance Team and those responsible for providing the service, and those providing oversight and monitoring of financial performance.

If operating as designed Yooralla's processes and controls should operate to ensure appropriate financial reporting. However, it is noted that some controls could not be observed due to documentary evidence to support the operating effectiveness of the control does not existing or could not be located.

Therefore, we are unable to confirm as to whether the controls as documented were adequately operating during the period under assessment.

The following controls were identified as critical to the financial reporting framework as agreed with the department.

#	Financial Reporting Framework internal controls	Results	Recommendations	Grading
1	The Board and FAIR committee review and analyse financial performance bi-monthly.	<p>A sample of 1 set of Board minutes per year (in total 7) and a sample of 1 set of FAIR committee meeting minutes for the period 2009 to 2015 (in total 7) were selected to confirm Board and FAIR committee review of financial performance.</p> <p>It is noted that for 4 out of the 7 Board meeting minutes and for 3 out of the 7 FAIR committee meeting minutes selected, the minutes did not show evidence of review of financial performance.</p> <p>With all of these exceptions they coincided with the months where</p>	<p>It is recommended that for Board and FAIR committee meetings where annual budgets are to be reviewed that financial information be allocated adequate time on the agenda to ensure appropriate review and oversight of financial information.</p> <p>It is recommended that management consult with the Board and FAIR to consider the most appropriate format of financial reporting tailored specifically to the needs of the FAIR and the Board i.e. detailed financial reporting compared to KPI dashboards of financial performance.</p>	High

#	Financial Reporting Framework internal controls	Results	Recommendations	Grading
		<p>budgets were subject to Board and FAIR committee approval/ review. Therefore, an additional sample of 5 Board meetings for the period 2009 to 2015 were selected and it is noted that for 4 out of the 5 also did not show evidence of review of financial performance.</p> <p>Additionally, 1 out of the 7 Board minutes selected for 2013/14 Board approval of budgets could not be located.</p>		
2	CEO annual certification to DHHS on compliance with DHHS Financial Accountability Requirements.	<p>Inspected DHHS annual certifications per year since 2009 (in total 6 certifications) and confirmed that the certification was completed and signed by an appropriate authorised signatory (i.e. CEO).</p> <p>No exceptions noted.</p>	n/a	n/a
3	Since May 2014, Monthly Operational Meetings have been implemented that are critical to oversight and analysis of financial performance feeding into the Board and FAIR committee financial reporting. These meetings are attended by the Yooralla executive including the CEO, CFO, General Managers, Business Analysts and key members of the Finance Team. The focus of these meetings is to analyse cost centre and division performance against budget, and propose strategic initiatives to improve financial performance. Business Analysts work with General Managers to prepare Divisional financial reports to be tabled at the meeting for Lifestyle Division (Lifestyle Division Monthly Financials) and Residential and Respite Division (Residential	<p>A sample of 2 Monthly Operational Meeting minutes for the year 2014/15 were selected to confirm Monthly Operational Meetings review of financial performance.</p> <p>It is noted that for 1 of the 2 Monthly Operational Meetings selected, we could not obtain minutes for the May 2014 meeting. We were able to inspect minutes for the May 2015 meeting as we understand that the minute taking for these meetings commenced in 2015.</p>	We recommend that Monthly operational Meetings be formalised through an agenda and meeting minutes with action points to be distributed to key stakeholders.	Medium

#	Financial Reporting Framework internal controls	Results	Recommendations	Grading
	Divisions Monthly Strategic Plan).	<p>A sample of 1 of each of the following divisional reports (2 in total) tabled at the Monthly Operational Meetings for the year 2014/15 to confirm Divisional financial reports were prepared.</p> <p>No exceptions noted.</p>		
4	<p>Divisional Meetings are convened monthly for:</p> <ul style="list-style-type: none"> Lifestyle Division (Since pre 2009 to March 2012 was referred to as Individualised Support Services (ISS). From March 2012 to June 2013 was referred to as Lifestyle Support and Choice (LS&C) where Residential, Day and Individual Support Package services were in one division but meetings convened for each of the 3 regions. From 2013/14 onwards the Lifestyle Service Division meetings covers Individual Support Package and Day Services across all 3 regions) Residential and Respite Division (from 2013/14 onwards across all 3 regions) <p>These meetings are attended by the Group Manager, Service Manager/ Customer Service Managers, Regional Managers and Business Analysts to discuss divisional financial performance to budgets, including customer movements and revenue recognition prior to the Monthly Operational Meetings. Business Analysts provide monthly financial reporting on a customer and service level to Service Managers/ Customer Service Managers and any issues relating to financial performance identified by the Business Analyst are discussed in these meetings.</p>	<p>A sample of 2 sets of Divisional meeting minutes per year for the period 2009 to 2015 (Lifestyle Division sample of 12 and Residential and Respite sample of 2, in total 14 meetings) were selected to ensure that financial information is reviewed monthly.</p> <p>Due to challenges associated with the period of testing, i.e. notes and minutes of meetings in archives and staff movements during that time, Yooralla were not able to provide meeting minutes for all dates selected, however we obtained minutes/ agendas for the following meetings and confirmed that financial information was reviewed by the following Divisions for the following 8 months:</p> <ul style="list-style-type: none"> Individualised Support Services (ISS) and Lifestyle Support and Choice meeting minutes for September 2010 (#2159), June 2010 (#2150), November 2011 (#2156), May 2013 #2197); Lifestyle Services Division meetings minutes for February 	<p>We have been unable to obtain Divisional meeting minutes for the years 2009, 2012 and 2014 to evidence the monthly review of financial information at these meetings.</p> <p>We recommend that management review document retention processes and embed a formal process for documenting minutes and action points arising from the Divisional meetings.</p>	High

#	Financial Reporting Framework internal controls	Results	Recommendations	Grading
		<p>2015 (#1963); and</p> <ul style="list-style-type: none"> Residential and Respite meeting minutes September 2013 (#2202), March 2015 and meeting agenda for July 2014 (#2184). <p>It is noted that Yooralla provided alternative forms of evidence such as email exchanges regarding financial information, calendar invites for meetings and minutes to meetings such as Day Personalised Services meeting minutes and Agency meetings where financial information was discussed.</p>		
5	Budgets on a divisional basis are reviewed by the FAIR and recommended for board approval.	<p>A sample of FAIR committee meeting minutes where the budgets were tabled since 2009 (in total 7) were selected to test the FAIR committee review of the budgets.</p> <p>No exceptions noted.</p>	n/a	n/a
6	Budgets are approved by the Board.	<p>The Board meeting minutes where the budgets were tabled since 2009 (in total 7) were selected to test the Board approval of the budgets.</p> <p>It is noted that 1 out of the 7 Board minutes selected for 2013/14 Board approval of budgets could not be located.</p>	We recommend that management review document retention processes to ensure that all historical Board minutes are maintained.	Medium

D.4 Other observations and recommendations

In addition to the findings for internal controls testing, we make the following observations and recommendations based on our understanding and discussion with key stakeholders of the Financial Reporting Framework.

Budget setting and monitoring

It is noted that each Service and Divisions are allocated a 15% margin target in the budgeting process to contribute to shared services' costs, however we understand that an analysis of the appropriateness of this margin as a financial KPI is not monitored as part of the monthly financial reporting pack to the Board and the FAIR.

It is recommended that the 15% margin be monitored as a KPI and compared to actual shared service costs on a monthly basis as part of the monthly financial reporting process.

Internal Audit

It is noted that the Yooralla do not have a formal Internal Audit function.

It recommended that an Internal Audit function be embedded in the organisation.