



GOVERNANCE AND MANAGEMENT PROCEDURES

Procedure Number: CS-23-07-2018

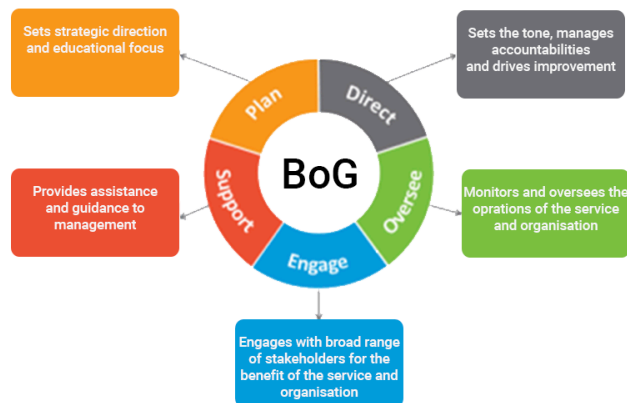
Version: v-2022

Approved by EO on: 18-02-2022

Purpose

These procedures implement the Governance and Management Policy, which can be found in hardcopy in the Domain Service area and online (website and staff portal) This Procedure outlines the duties, roles and responsibilities of the Board of Governance of Hampton Park Care Group Inc. trading as Hampton Park Community House and referred to in this policy as (**HPCH**).

The HPCH Board of Governance Capability Framework



<https://www.education.vic.gov.au/training/providers/learnlocal/Pages/com.aspx>





Core elements of the governance model

The following are the core elements of the governance systems at Hampton Park Community House for which the Board of Governance is responsible.

The Board of Governance must ensure:

Stewardship/custodianship

- the service pursues its stated purpose and remains viable;
- budget and financial accountability to enable ongoing viability and making best use of the service's resources; and
- the service manages risks appropriately.

Leadership, forward planning and guidance

- Provide leadership, forward planning and guidance to the service, particularly in relation to developing a strategic culture and directions.

Authority, accountability, and control

- Monitor and oversee management including ensuring that good management practices and appropriate checks and balances are in place.
- Be accountable to members of the service.
- Maintain focus, integrity and quality of service.
- Oversee legal functions and responsibilities.
- Declare any actual, potential or perceived conflicts of interest (refer to *Definitions* and Attachment 1 – *Sample Conflict of interest disclosure statement*).

Legal liabilities of members of the HPCH Board OF Governance

The Board of Governance at Hampton Park Community House is responsible under the constitution to take all reasonable steps to ensure that the laws and regulations relating to the operation of the service are observed. Members of the Board of Governance are responsible for ensuring that:

- a. adequate policies and procedures are in place to comply with the legislative and regulatory requirements placed on the service
- b. appropriate systems are in place to monitor compliance
- c. reasonable care and skill is exercised in fulfilling their roles as part of the governing body of the service
- d. they act honestly, and with due care and diligence
- e. they do not use information they have access to, by virtue of being on the Board of Governance improperly
- f. they do not use their position on the Board of Governance for personal gain or put individual interests ahead of responsibilities.





Responsibilities of the HPCCH Board of Governance

The Board of Governance of Hampton Park Community House is responsible for:

- a. developing coherent aims and goals that reflect the interests, values and beliefs of the members and staff, and the stated aims of the service, and have a clear and agreed philosophy which guides business decisions and the work of the Board of Governance and staff
- b. ensuring there is a sound framework of policies and procedures that complies with all legislative and regulatory requirements, and that enables the daily operation of the service to be geared towards the achievement of the service's vision and mission
- c. establishing clearly defined roles and responsibilities for the members of the Board of Governance, individually and as a collective, management and staff, and clearly articulate the relationship between the Board of Governance, staff and members of the organisation
- d. developing ethical standards and a code of conduct (refer to *Code of Conduct Policy*) which guide actions and decisions in a way that is transparent and consistent with the goals, values and beliefs of the service
- e. undertaking strategic planning and risk assessment on a regular basis and having appropriate risk management strategies in place to manage risks faced by the service
- f. ensuring that the actions of and decisions made by the Board of Governance are transparent and will help build confidence among members and stakeholders
- g. reviewing the service's budget and monitoring financial performance and management to ensure the service is solvent at all times, and has good financial strength
- h. approving annual financial statements and providing required reports to government
- i. setting and maintaining appropriate delegations and internal controls
- j. appointing senior staff (e.g. the EO or CS Director)
- k. evaluating and improving the performance of the Board of Governance
- l. focusing on the strategic directions of the organisation and avoiding involvement in day-to-day operational decisions, particularly where the authority is delegated to 6. senior management staff within the service.

Confidentiality Obligations of the Board of Governance

All members of the Board of Governance and subcommittees who gain access to confidential, commercially-sensitive and other information of a similar nature, whether in the course of their work or otherwise, shall not disclose that information to anyone unless the disclosure of such information is required by law (refer to *Privacy and Confidentiality Policy*).

Members of the Board of Governance and committees shall respect the confidentiality of those documents and deliberations at Board of Governance or committee meetings, and shall not:

- a. disclose to anyone the confidential information acquired by virtue of their position on the Board of Governance or committee





- b. use any information so acquired for their personal or financial benefit, or for the benefit of any other person
- c. permit any unauthorised person to inspect, or have access to, any confidential documents or other information.

This obligation, placed on a member of the Board of Governance or committee, shall continue even after the individual has completed their term and is no longer on the Board of Governance or committee.

The obligation to maintain confidentiality also applies to any person who is invited to any meetings of the Board of Governance or committee as an observer or in any other capacity.

Refer: Attachment Confidentiality principals

Ethical practice

The following principles will provide the ethical framework to guide the delivery of services at Hampton Park Community House:

- a. treating colleagues, parents/guardians, children, suppliers, public and other stakeholders respectfully and professionally at all times
- b. dealing courteously with those who hold differing opinions
- c. respecting cultural differences and diversity within the service, and making every effort to encourage and include all children and families in the community
- d. having an open and transparent relationship with government, supporters and other funders
- e. operating with honesty and integrity in all work
- f. being open and transparent in making decisions and undertaking activities, and if that is not possible, explaining why
- g. working to the standards set under the *National Quality Framework* and all applicable legislation as a minimum, and striving to continually improve the quality of the services delivered to the community
- h. disclosing conflicts of interest as soon as they arise and effectively managing them (refer to Attachment 1 – Sample *Conflict of interest disclosure statement*)
- i. recognising the support and operational contributions of others in an appropriate manner
- j. assessing and minimising the adverse impacts of decisions and activities on the natural environment.

Managing conflicts of interest

Conflicts of interest, whether actual, potential or perceived (refer to *Definitions*), must be declared by all members of the Board of Governance or subcommittee, and managed effectively to ensure integrity and transparency (refer to Attachment 1 – Sample *Conflict of interest disclosure statement*).

Every member of the Board of Governance or subcommittee has a continuing responsibility to scrutinise their transactions, external business interests and relationships for potential conflicts and to make such disclosures in a timely manner as they arise.





The following process will be followed to manage any conflicts of interest:

- whenever there is a conflict of interest, as defined in this policy, the member concerned must notify the President of such conflict, as soon as possible after identifying the conflict
- the member who is conflicted must not be present during the meeting of the Board of Governance or committee where the matter is being discussed, or participate in any decisions made on that matter. The member concerned must provide the Board or committee with any and all relevant information they possess on the particular matter
- the minutes of the meeting must reflect that the conflict of interest was disclosed and appropriate processes followed to manage the conflict.

A *Conflict of interest disclosure statement* (refer to Attachment 1) must be completed by each member of the Board of Governance and subcommittee upon his or her appointment and annually thereafter. If the information in this statement changes during the year, the member shall disclose the change to the President, and revise the disclosure statement accordingly.

All violations of the requirement to disclose and manage conflicts shall be dealt with in accordance with the constitution of Hampton Park Care Group Inc.

2. Records and Confidentiality Procedure

Confidentiality of records

Records kept by HPCH (see 5.3 below) must be kept confidential. No HPCH staff or volunteers may divulge or communicate, directly or indirectly, to another person any information in the records, unless an exception applies.

Exceptions:

- HPCH management is responsible for confidentiality of all the information related to children provided by parents including enrolment records and are kept confidential locked in Children Services office.
- Where the Board of Governance or the management determine information to be confidential, then information is not to be discussed with anyone other than the committee and staff involved.
- Any concern about children and their behaviour, or incidents occur in the centre will be address with parents in a manner of maintaining confidentiality.
- a child to whom the information related needs medical treatment;
- a parent requests information about their child;
- information is required by a regulatory authority or authorised officer;
- information may be disclosed by law; or
- HPCH has the written consent of the person who provided the information.





Records

HPCH must ensure the following records are kept at the service, are accurate, and are available for inspection by an authorised officer to for families on request:

- a. the documentation of child assessments or evaluations for delivery of the educational program:
 - i. for a child preschool age or under this includes assessments of the child's developmental needs, interests, experiences and participation in the educational program and assessment of the child's progress against outcomes of the educational program; and
 - ii. for a child over preschool age this includes evaluations of the child's wellbeing, development and learning.
- b. an incident, injury, trauma and illness record that includes:
 - i. details of any incident in relation to a child or injury received by a child while at HPCH (name, circumstances, time and date)
 - ii. details of any illness which becomes apparent while the child is at HPCH (name, circumstances, time and date);
 - iii. details of any action taken by HPCH in relation to the incident, injury, illness or trauma (medication administered, medical personnel contacted)
 - iv. details of anyone who witnesses the incident or injury;
 - v. name of anyone HPCH notified (or attempted to notify) and date and time;
 - vi. name and signature of the person making a record.
- c. a medication record for each child to whom medication is administered by HPCH that includes:
 - i. name of child;
 - ii. authorisation to administer medication signed by a parent of person named in enrolment record;
 - iii. name and dosage of medication to be administered;
 - iv. date and time of administering medication;
 - v. name and signature of who administers medication.
- d. staff records are kept as follows:
 - i. for Persons with Management and Control:
 1. name, address and date of birth;
 2. evidence of relevant qualifications, or working towards relevant qualifications and approved training; and
 3. the WWCC number and expiry date or VIT registration;
 4. Copy of PA02 provided to ACEQA
 - ii. for staff members:
 - iii. for nominated supervisors:
 1. name, address and date of birth;
 2. evidence of relevant qualifications, or working towards relevant qualifications and approved training; and
 3. the WWCC number and expiry date or VIT registration;
 4. Copy of form provided to ACEQA





For educational leaders, their name;

- a record of volunteers and students that includes name, address and date of birth, and days and hours of participation at HPCH;
- the name of the responsible person at the service each time children are being educated and cared for at HPCH;
- a record of educators working directly with children including names and hours worked directly with children;
- a record of access to early childhood teachers depending on how many children preschool age and under attend HPCH;
- a children’s attendance record including names, dates and times and signatures from someone who delivers the child to HH or a nominated supervisor or an educator;
- child enrolment records to be kept in accordance with enrolment policy and procedure.
- a record of the service’s compliance with the Law including any amendment to HPCH’s approval, details of any suspension of the service and any compliance direction or compliance notice;
- a record of each nominated supervisor and any person in day-to-day charge of the education and care service.

Storage of records

HPCH must ensure records are stored in a safe and secure place in accordance with the Code of Ethics and Confidentiality Policy. HPCH stores records are stored in secured locked cabinets and online in data protected drives.

Periods of time to store records:

Type of Record	Period of time to be stored
Relates to incident, illness, trauma or injury	Until child is aged 25
Relates to the death of a child while being educated and care for by HPCH or that may have occurred following an incident at HPCH	7 years after the death of the child
Enrolment records	3 years after last date of enrolment
Records relating to HPCH	3 years after last date on which HPCH operated as an approved provider
Records relating to nominated supervisor or staff member of HPCH	3 years after last date of employment
Other	3 years after record was made





The Person with Management and Control as delegated by the BoG is responsible for the destruction of records after the above time periods have elapsed. Records are disposed of by shredding physical documents placed in the locked waste disposal bin which is removed as required and permanently deleting digital records.

Additional Family Support Domain Area requirements within the Confidentiality Policy is in relation to the mandatory Notifiable Data Breach Regime reporting system.

All data is protected by an enhanced IT security protocol provided by an external IT provider.

A data breach occurs when personal information that an entity holds is subject to unauthorised access or disclosure, or is lost.

However, the Notifiable Data Breach Regime does not impose obligations on all types of data breaches. For the regime to apply, a data breach must be an 'eligible data breach'. A data breach is only an 'eligible data breach' if a reasonable person would conclude that it is likely that an affected individual would suffer serious harm because of the breach.

Our Data Breach Response Team, is responsible for carrying out the actions that may reduce the potential impact of a data breach. The members are:

Family Services Domain Manager – responsible for leading the Response Team and reporting to the Board of Governance

Project Support (Family Services Coordinator) – co-ordinate the team and support the members and staff involved

Project Team Member (Family Support) – as Family Services is a small team it is important to include the other team member for the consistency of communication and any individual support.

Human Resources Support (HR Coordinator) – to help with communications across the house, especially if the breach was due to actions of a staff member

Should an eligible data breach be identified, the data breach Response Plan will follow a four-step process (more detail is available in the Additional Statement to this policy) – Data Breach Response Plan:

Data Breach Response Strategy:

Any breach will need to be dealt with on a case-by-case basis but generally; the actions taken following a data breach should follow four key steps:

Step 1: Contain the data breach to prevent any further compromise of personal information.

Step 2: Assess the data breach by gathering the facts and evaluating the risks, including potential harm to affected individuals and, where possible, acting to remediate any risk of harm.

Step 3: Notify individuals, the Commissioner, and any other relevant stakeholder, if required.

Step 4: Review the incident and consider what actions can be taken to prevent future breaches.

If there is an 'eligible data breach', the following information, at least, will be included:

- the identity and contact details of the organization





- a description of the data breach
- the kinds of information concerned and;
- recommendations about the steps we will be taking in response to the data breach.

Records Management - Breach Recording/ Register

The Emergency Management Committee (EMC) Risk, Health and team will maintain a central register of data breaches or potential data breaches and Data Breach Notification Forms. The register will include a record of all reported breaches/ potential breaches and investigation outcomes.

Attachment 1:

Sample Conflict of interest disclosure statement

Attachment 2:

Self-evaluation for charities

Attachment 3:

ASEQA Self-evaluation tool

Children's Services Domain Area specific

Attachment 4:

Community Services Domain Area specific

Learn Local CoM Capability Framework

Attachment 5:

Confidentiality principals

Signature of EO

Date of approval by EO

18-02-2022

Hampton Park Care Group Inc.

