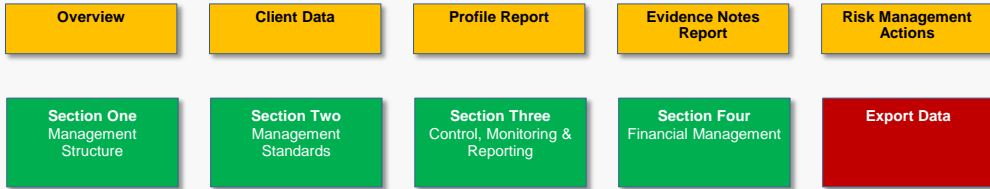


RISK ASSESSMENT PROFILE TOOL

Version 7.31 for Excel 97-2003



Overview

The Department of Health is responsible for ensuring that Aboriginal and Torres Strait Islander people have access to essential health care, services and programs.

The department has a significant investment in Aboriginal and Torres Strait Islander health programs within the Australian health sector, funding organisations to deliver a wide range of programs, including primary health care, substance use, mental health and population health services.

Accordingly, it is important that the department ensures accountability for this investment and the ability to make decisions about future investment based on the capacity of organisations to deliver services and programs.

Risk Framework

The Risk Framework aims to ensure that processes and procedures are in place within the governance structures and systems of an organisation to appropriately manage key risks. The Risk Framework comprises three elements: risk assessment; risk treatment/management; and risk monitoring.

Risk Assessment Profile Tool

The department regularly assesses the capacity of organisations to manage their business effectively. The areas of corporate governance and financial management are the critical factors assessed under the Risk Assessment Profile Tool (RAPT) to determine the current and future viability of organisations. The Risk Assessment Profile Tool (RAPT) comprises four sections, covering key areas of an organisation's business:

Section 1: Management Structure;

Section 2: Management Standards;

Section 3: Control, Monitoring and Reporting; and

Section 4: Accountability and Financial Management.

The Risk Assessment Profile Tool (RAPT) may also be utilised by organisations as a "self assessment" tool. This means that organisations can measure their own performance and make decisions about how best to manage or mitigate any identified risks.

The Risk Assessment Profile Tool (RAPT) aligns with the Australia/New Zealand Risk Management Standards ISO 31000:2009 to ensure that the manner in which the department undertakes risk management conforms to internationally recognised standards.

In accordance with continuous quality improvement practices, the Risk Framework is reviewed and updated on an annual basis as required. Organisations are encouraged to provide feedback and ideas for improvement through their local departmental office.

Client data form

Name of Organisation	
ID Number	
Project Officer	
Incorporation type	Please select ▼
Organisation type	Please select ▼
Primary Function	Please select ▼
Contact person	
Contact person position title	
Contact person phone number	
Contact person fax number	
Contact person mobile number	
Contact person email address	
Postal address - PO box	
Postal address - Suburb	
Postal address - Postcode	
Street address - Street	
Street address - Suburb	
Street address - Postcode	
State	Please select ▼

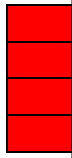


Accreditation status

Standard	Status	Expiry date
RACGP	Please select ▼	
QIC	Please select ▼	
ISO 9001	Please select ▼	
Other	Please select ▼	

Details of other accreditation activity

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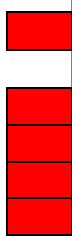
Funding details





	Amount	Purpose
Indigenous funding level	Please select ▼	
DoH Aged Care	Please select ▼	
DoH Community Care	Please select ▼	
DoH Rural Health	Please select ▼	
DoH Chronic Health	Please select ▼	
Other	Please select ▼	

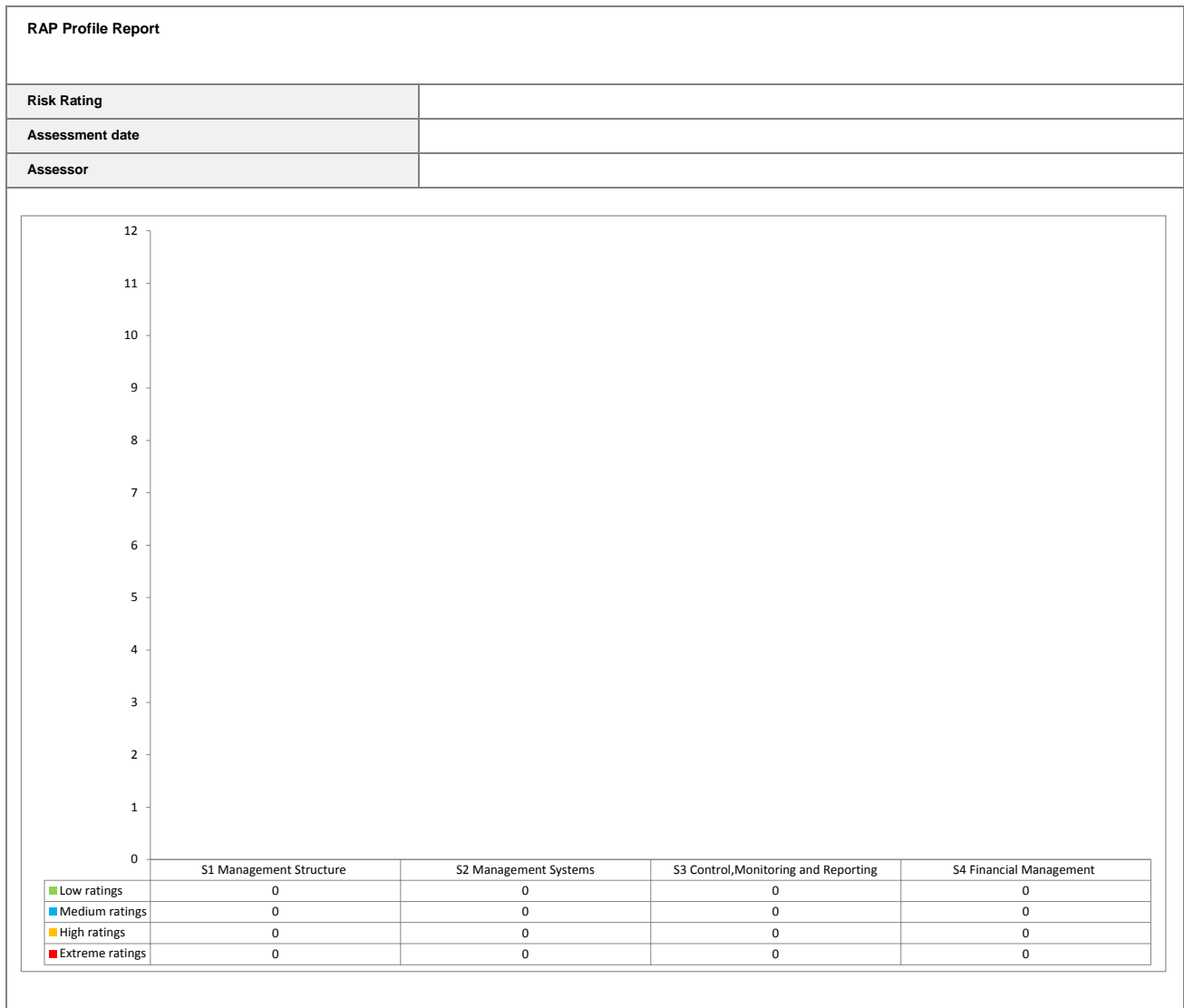


Risk assessment details

Agreement to participate	Please select ▼
Risk Assessment Rating	
Date of assessment	
Date of previous assessment	
Location of assessment	
Reason(s) why onsite assessment did not occur (if applicable)	



Names of participants	Name	Position		
Name of lead risk assessor			  	
Name of accompanying assessor				
Previous working relationships of assessor and organisation				



Evidence Report	
Risk Rating	
Assessment date	
Assessor	
Management Structure	
Indicator	Evidence
1.1 The organisation has assessed the competencies required by Board members.	
1.2 The Board has been informed of its responsibilities, as required under the organisation's constitution and of its statutory and funding obligations.	
1.3 There are formal processes in place to support effective internal reporting.	
1.4 There are formal processes in place to support effective planning within the organisation.	
1.5 The organisation has formal processes in place to support effective engagement with the community it represents.	
1.6 There is evidence of a clear separation of roles and responsibilities between the Board/CEO/management/corporate support/and program staff.	
1.7 There is evidence the organisation uses a merit based selection process to effectively manage key vacancies in a transparent and accountable manner.	
1.8 There is evidence the organisation has strategies in place to ensure continuity in service provision.	
1.9 There are systems in place to support informed decision-making in relation to operational and service provision.	
1.10 The organisation's systems and practice supports an integrated risk management approach at all levels of the organisation.	
Management Systems	
Indicator	Evidence
2.11 The organisation has a system in place to ensure its policies, procedures, guidelines, work instructions are current and available to staff.	
2.12 The organisation has a clear commitment to responding to and managing reports of suspected fraud and corruption.	
2.13 The organisation has systems in place to clearly identify and appropriately respond to and manage conflicts of interest.	
2.14 The organisation has systems in place to support continual improvement.	
2.15 The organisation has systems in place to ensure Board and staff have the required professional registrations, credentials and licensing required for their scope of practice.	
2.16 The organisation has a commitment to learning and development.	
2.17 The organisation has effective systems in place to manage safety and quality.	
2.18 The organisation has policies and procedures for the management of equipment and infrastructure.	
Control, Monitoring and Reporting	
Indicator	Evidence
3.19 There is a system in place to ensure the organisation complies with its legislative, regulatory and acquittal requirements eg. compliance register	
3.20 There is evidence that funding agreements are presented to and approved at Board Meetings.	
3.21 There is evidence the CEO, management and staff have participated in a performance appraisal in the previous 12 months.	
3.22 There is evidence the Board receives reports and recommendations for improvement relating to the organisation's performance including the performance of programs and services against agreed goals and targets.	
3.23 There is evidence the Board monitors the organisation's performance.	
3.24 The Board is provided with appropriate financial reports.	
3.25 There is evidence the organisation conducts internal audits.	
3.26 There is evidence the procedures for the management of complaints has been complied with.	
3.27 There is evidence the organisation takes into consideration why accidents and other unexpected events occur and what could be done to avoid or reduce the chance of the same or similar event occurring again in the future.	

3.28 There is evidence that all reports required by OATSIH to be submitted by the organisation over the previous 12 months were prepared in the required format, completed adequately and were submitted within the required timeframe.	
3.29 There is evidence the organisation held an AGM in the previous 12 months.	
Financial management	
Indicator	Evidence
4.30 Are there any actions or fines imposed on the organisation?	
4.31 Have Superannuation Guarantee Contributions been paid?	
4.32 Has the most recent BAS (Business Activity Statements) been paid?	
4.33 Have the Workers Compensation Insurance/Workcover premiums been paid?	
4.34 Has there been a material movement in the surplus or deficit?	
4.35 Is the organisation able to meet its financial obligations?	
4.36 Have employee entitlements been provided for (e.g. annual leave, long service leave)?	
4.37 Has the organisation met its financial reporting and acquittal requirements for the last 12 months (eg. Reports are signed and financial information is provided to OATSIH in accordance with the funding agreement)?	
4.38 Is the most recent audit report qualified?	
4.39 Does the Audit Management Letter identify material recommendations?	
4.40 Has the Auditor (or any other source) identified payments that have been made to related parties as described in the OATSIH funding agreement?	
4.41 Does the organisation maintain appropriate insurance?	

Risk Management Actions	
Risk Rating	
Assessment date	
Assessor	
Management Structure	
Indicator	Risk management actions
1.1 The organisation has assessed the competencies required by Board members.	
1.2 The Board has been informed of its responsibilities, as required under the organisation's constitution and of its statutory and funding obligations.	
1.3 There are formal processes in place to support effective internal reporting.	
1.4 There are formal processes in place to support effective planning within the organisation.	
1.5 The organisation has formal processes in place to support effective engagement with the community it represents.	
1.6 There is evidence of a clear separation of roles and responsibilities between the Board/CEO/management/corporate support/and program staff.	
1.7 There is evidence the organisation uses a merit based selection process to effectively manage key vacancies in a transparent and accountable manner.	
1.8 There is evidence the organisation has strategies in place to ensure continuity in service provision.	
1.9 There are systems in place to support informed decision-making in relation to operational and service provision.	
1.10 The organisation's systems and practice supports an integrated risk management approach at all levels of the organisation.	
Management Systems	
Indicator	Risk management actions
2.11 The organisation has a system in place to ensure its policies, procedures, guidelines, work instructions are current and available to staff.	
2.12 The organisation has a clear commitment to responding to and managing reports of suspected fraud and corruption.	
2.13 The organisation has systems in place to clearly identify and appropriately respond to and manage conflicts of interest.	
2.14 The organisation has systems in place to support continual improvement.	
2.15 The organisation has systems in place to ensure Board and staff have the required professional registrations, credentials and licensing required for their scope of practice.	
2.16 The organisation has a commitment to learning and development.	
2.17 The organisation has effective systems in place to manage safety and quality.	
2.18 The organisation has policies and procedures for the management of equipment and infrastructure.	
Control, Monitoring and Reporting	
Indicator	Risk management actions
3.19 There is a system in place to ensure the organisation complies with its legislative, regulatory and acquittal requirements eg. compliance register	
3.20 There is evidence that funding agreements are presented to and approved at Board Meetings.	
3.21 There is evidence the CEO, management and staff have participated in a performance appraisal in the previous 12 months.	
3.22 There is evidence the Board receives reports and recommendations for improvement relating to the organisation's performance including the performance of programs and services against agreed goals and targets.	
3.23 There is evidence the Board monitors the organisation's performance.	
3.24 The Board is provided with appropriate financial reports.	
3.25 There is evidence the organisation conducts internal audits.	
3.26 There is evidence the procedures for the management of complaints has been complied with.	

3.27 There is evidence the organisation takes into consideration why accidents and other unexpected events occur and what could be done to avoid or reduce the chance of the same or similar event occurring again in the future.	
3.28 There is evidence that all reports required by OATSIH to be submitted by the organisation over the previous 12 months were prepared in the required format, completed adequately and were submitted within the required timeframe.	
3.29 There is evidence the organisation held an AGM in the previous 12 months.	
Financial management	
Indicator	Risk management actions
4.30 Are there any actions or fines imposed on the organisation?	
4.31 Have Superannuation Guarantee Contributions been paid?	
4.32 Has the most recent BAS (Business Activity Statements) been paid?	
4.33 Have the Workers Compensation Insurance/Workcover premiums been paid?	
4.34 Has there been a material movement in the surplus or deficit?	
4.35 Is the organisation able to meet its financial obligations?	
4.36 Have employee entitlements been provided for (e.g. annual leave, long service leave)?	
4.37 Has the organisation met its financial reporting and acquittal requirements for the last 12 months (eg. Reports are signed and financial information is provided to OATSIH in accordance with the funding agreement)?	
4.38 Is the most recent audit report qualified?	
4.39 Does the Audit Management Letter identify material recommendations?	
4.40 Has the Auditor (or any other source) identified payments that have been made to related parties as described in the OATSIH funding agreement?	

Section One: Management Structure

Indicator 1.1

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
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Indicator	Rating
1.1 The organisation has assessed the competencies required by Board members.	Empty ▼

Guidance notes

This indicator focuses on whether the organisation has identified the specific skills and experience required by the Directors of the Board. The organisation needs to undertake a process to identify the competencies required by the Board in order to manage the challenges and opportunities facing the organisation.

Minimum criteria		Evidence notes
1.1.1	The organisation's Board charter specifies competencies required by Directors of the Board, including the specific competencies required by the Office Bearers, or	<input type="checkbox"/>
1.1.2	There is a document endorsed by the organisation specifying the competencies required by Directors of the Board, including the specific competencies required by Office Bearers, or	<input type="checkbox"/>
1.1.3	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section One: Management Structure

Indicator 1.2

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
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Indicator	Rating
1.2 The Board has been informed of its responsibilities, as required under the organisation’s constitution and of its statutory and funding obligations.	Empty ▼

Guidance notes
 This indicator focuses on the Board’s awareness of its accountabilities. It is not expected that the Risk Assessor will be across the Incorporation model, but rather will ensure that information on the role and responsibilities of the Board is included in the Board’s Induction Program. For example, information from the organisation’s Constitution or from ORIC’s website will be included in the Board’s Induction Program.

Minimum criteria		Evidence notes
1.2.1	Details of the Board’s constitutional, statutory and funding obligations are included in the Induction Program for the Board, and	<input type="checkbox"/>
1.2.2	Board training records indicate that 100% of current Board members have completed the Board Induction Program, or	<input type="checkbox"/>
1.2.3	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section One: Management Structure

Indicator 1.3

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
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Indicator	Rating
1.3 There are formal processes in place to support effective internal reporting.	Empty ▼

Guidance notes

This indicator focuses on internal communication requirements. Reporting requirements between the Board and the CEO need to be explicit and need to state under what circumstances the Board will be informed of events and in what timeframes.

Minimum criteria		Evidence notes
1.3.1	CEO and staff's position description include details of reporting lines, and	<input type="checkbox"/>
1.3.2	Program plans include details of reporting requirements to the Board through the CEO, or	<input type="checkbox"/>
1.3.3	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section One: Management Structure

Indicator 1.4

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
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Indicator	Rating
1.4 There are formal processes in place to support effective planning within the organisation.	Empty ▼

Guidance notes

This indicator focuses on organisational planning processes to support strategic, operational and individual staff work plans. There needs to be clear linkages between the strategic plan and other planning documents in the organisation. For example between the strategic plan and the annual operational/action plan.

Minimum criteria		Evidence notes
1.4.1	Is there a strategic plan? and	<input type="checkbox"/>
1.4.2	Is the strategic plan Board endorsed and has the Board had input into it? or	<input type="checkbox"/>
1.4.3	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section One: Management Structure

Indicator 1.5

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
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Indicator	Rating
1.5 The organisation has formal processes in place to support effective engagement with the community it represents.	Empty ▼

Guidance notes

This indicator focuses on the organisation's engagement with its community, including whether strategies for engagement are developed and reviewed periodically, and the strategies are documented. Progress reports against the strategic plan or the annual operational / action plan need to include action taken to engage the community it represents.

Minimum criteria		Evidence notes
1.5.1	Strategies to support community engagement are included in the strategic and annual operational/action plans, and	<input type="checkbox"/>
1.5.2	There is evidence the community engagement strategies have been implemented, or	<input type="checkbox"/>
1.5.3	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section One: Management Structure

Indicator 1.6

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
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Indicator	Rating
1.6 There is evidence of a clear separation of roles and responsibilities between the Board/CEO/management/corporate support/and program staff.	Empty ▼

Guidance notes

This indicator focuses on how delegations of authority are communicated to management and staff. Delegations may include but not be limited to who has the delegated authority to:

- approve staff timesheets
- approve staff requests for leave or professional development
- approve staff use of service vehicles
- approve staff undertaking higher duties
- approve supervisory arrangements
- approve purchase orders
- approve new suppliers
- approve payment of invoices, approve reimbursement of petty cash
- approve electronic funds transfer
- approve variations to contracts
- approve engagement of external consultants, etc.

All delegations need to include details of associated powers and limitations relating to the delegation, e.g. the power and limitations relating to approve staff timesheet would include: approving as per the organisations' TOIL procedures and in accordance with respective staff's employee contract.

Minimum criteria		Evidence notes	
1.6.1	HR and financial management delegations are outlined in staff position descriptions, or	<input type="checkbox"/>	
1.6.2	Delegations are outlined in a Delegations Register, or	<input type="checkbox"/>	
1.6.3	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>	

Risk mitigation strategies

Notepad

Section One: Management Structure

Indicator 1.7

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
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Indicator	Rating
1.7 There is evidence the organisation uses a merit based selection process to effectively manage key vacancies in a transparent and accountable manner.	Empty ▼

Guidance notes

This indicator focuses on the level of transparency and accountability in HRM practices. The template for position descriptions needs to include a section for listing the qualifications or technical skills, knowledge and experience required by the position.

The HRM procedures need to include the requirements for staff position description to be reviewed at regular intervals and upon vacancy of the position. It is recommended that the annual review of the position description is undertaken as part of the annual staff performance review process. Whilst this is the preferred option, in order to meet this criteria it is acceptable if there is evidence that position descriptions are reviewed upon vacancy of a position.

As part of the appointment process, applicants should be required to provide evidence of qualifications and other competencies as outlined in the position description. Professional registrations and licenses should be sighted annually at the time of the annual staff performance review. This requirement should be reflected in HRM procedures and credentialing register.

Minimum criteria		Evidence notes
1.7.1	All position descriptions include the required qualifications and competencies to carry out the responsibilities of the respective position, and	<input type="checkbox"/>
1.7.2	Are position descriptions regularly reviewed (eg annually) including prior to advertising?, and	<input type="checkbox"/>
1.7.3	Human Resource policy includes recruitment and selection procedures that support merit based selection through an open and transparent process, and	<input type="checkbox"/>
1.7.4	There is evidence that the organisation has managed the appointment of staff in accordance with the organisation's recruitment and selection policy, or	<input type="checkbox"/>
1.7.5	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section One: Management Structure

Indicator 1.8

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
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Indicator	Rating
1.8 There is evidence the organisation has strategies in place to ensure continuity in service provision.	Empty ▼

Guidance notes

This indicator focuses on the capacity of the organisation to provide continuity in service provision. Strategies to support service continuity may include but not limited to:

- formal arrangements with locum services
- partnership arrangements with other agencies
- brokerage service arrangements
- referral processes, etc.

Clients should be advised of any temporary changes in service provision.

In assessing this risk indicator, give consideration to the vacancies which have occurred over the previous 12 months; the period in which these positions were vacant; and the responsibilities of these positions in terms of their importance in providing the funded service and maintaining effective governance during the period in which the positions were vacant', and Board and manager/staff meeting minutes reflect action taken to implement succession plan/service provision continuity strategy where required (eg where clinical and/or key management position has been vacant)

Minimum criteria		Evidence notes
1.8.1	Strategies are in place to support continuity in service provision, and	<input type="checkbox"/>
1.8.2	There is evidence that action has been taken to implement the succession plan/service provision continuity strategy where required, or	<input type="checkbox"/>
1.8.3	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section One: Management Structure

Indicator 1.9

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
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Indicator	Rating
1.9 There are systems in place to support informed decision-making in relation to operational and service provision.	Empty ▼

Guidance notes

This indicator focuses on the extent to which the Board has been provided with organisational performance data to support informed decision making. Indicators 1.9, 3.22 and 3.23 are linked. It is recommended these three indicators be addressed together. Minutes of Board meeting need to reference performance reports tabled, including program acquittal reports, results of client surveys, etc.
 Note 1.9 and 3.22 and 3.23 are linked

Minimum criteria		Evidence notes
1.9.1	Board meeting minutes indicate there is periodic consideration of the following issues: 1 WH&S/OHS Report 2 HRM Report 3 Complaints Management Report 4 Stakeholder feedback report 5 Progress report against annual Operational/ Action Plan 6 Progress report against Strategic Plan and	<input type="checkbox"/>
1.9.2	The organisation conducts regular senior management team meetings and key decisions are documented in the minutes, and	<input type="checkbox"/>
1.9.3	There is evidence that indicates staff are provided with relevant information to support decision making, or	<input type="checkbox"/>
1.9.4	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section One: Management Structure

Indicator 1.10

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
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Indicator	Rating
1.10 The organisation's systems and practice supports an integrated risk management approach at all levels of the organisation.	Empty ▼

Guidance notes

Consistent with AS/ISO 31000 requirements, this indicator focuses on the extent to which risk has been integrated into all levels of planning. As part of the strategic planning or operational / action planning process, the organisation should undertake a risk assessment process to identify areas where the organisation needs to implement strategies to manage real or perceived risks. In undertaking a risk assessment, the process would include:

- Identification of all real and or potential risks to the organisation or program
- Assessment of each identified risk in terms of the likelihood of the risk occurring
- Assessment of each identified risk in terms of the consequences to the organisation if the risk occurred.
- For those risks identified as high or extreme, strategies to manage the risk or reduce the likelihood of the risk occurring or reduce the consequences to the organisation if the risk occurred need to be considered and included in the strategic / operational / program plan.

At a minimum a risk assessment process should be undertaken in relation to the primary health care / substance use / BTH program and the client transport service as part of the annual planning process.
Score as medium if (a) and (b) but not (c). Score as high if none, or if item (a) or (b) are missing.

Minimum criteria	Evidence notes
1.10.1 The organisation has a risk management policy, and	<input type="checkbox"/>
1.10.2 It is considered at program level, and	<input type="checkbox"/>
1.10.3 It is considered during the annual planning cycle, and	<input type="checkbox"/>
1.10.4 It is undertaken at organisational/strategic level, or	<input type="checkbox"/>
1.10.5 Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Two: Management Systems

Indicator 2.11

2.11	2.12	2.13	2.14	2.15	2.16	2.17	2.18
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Indicator	Rating
2.11 The organisation has a system in place to ensure its policies, procedures, guidelines, work instructions are current and available to staff.	Empty ▼

Guidance notes

This indicator focuses on what the organisation has in place to ensure staff understand the organisation's requirements. A system needs to be in place to ensure policies, procedures, guidelines, instructions, templates, forms etc. are reviewed within a 1 – 3 year timeframe. The review date of documents needs to be recorded on the document or on a list which details the title of all approved documents together with the next review date for each document. It is recommended that the review dates of documents are spread over the 1-3 year period in order to make the process of document review more manageable and achievable as an internal process.

In assessing this indicator consider whether there is evidence to indicate that there are systems to support staff accessing policy & procedures relevant to their work eg are they on an Intranet or in some other easily accessible place? Staff should be consulted to verify their awareness of policies and procedures.

Minimum criteria		Evidence notes
2.11.1	The organisation has a system in place to ensure all staff have access to the organisation's policy and procedural documents, and	<input type="checkbox"/>
2.11.2	There is a system in place to ensure all documents are reviewed within a one-three year timeframe, and	<input type="checkbox"/>
2.11.3	There is evidence of a version control system, and	<input type="checkbox"/>
2.11.4	Where documents are reviewed and modified there is a system in place to ensure that the previous approved version of a document is archived, or	<input type="checkbox"/>
2.11.5	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Two: Management Systems

Indicator 2.12

2.11	2.12	2.13	2.14	2.15	2.16	2.17	2.18
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Indicator	Rating
2.12 The organisation has a clear commitment to responding to and managing reports of suspected fraud and corruption.	Empty ▼

Guidance notes

This indicator focuses on the Board's awareness of its accountabilities. The Anti-fraud and Corruption procedures needs to include provision for alternative avenues for reporting in instances where the person suspected of fraud is also the person responsible for responding to or managing the investigation process.

Scoring instructions:
 Low = all criteria met
 High = only 2.12.1 and 2.12.3 are met
 Extreme = criteria 2.12.1 or 2.12.3 are not met

Minimum criteria		Evidence notes
2.12.1	The organisation has an anti-fraud and corruption policy and procedure, and	<input type="checkbox"/>
2.12.2	Details of the policy and reporting requirements are included in the Board of Directors and Staff Induction Programs, and	<input type="checkbox"/>
2.12.3	The policy includes avenues for reporting to an external agent in instances where a member of the Board or staff is suspected of committing fraud, or	<input type="checkbox"/>
2.12.4	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Two: Management Systems

Indicator 2.13

2.11	2.12	2.13	2.14	2.15	2.16	2.17	2.18
------	------	------	------	------	------	------	------

Indicator	Rating
2.13 The organisation has systems in place to clearly identify and appropriately respond to and manage conflicts of interest.	Empty ▼

Guidance notes

This indicator focuses on the extent the organisation is transparent and accountable in managing real or perceived conflicts of interest. Definitions of the various types of conflicts of interests should be included in the conflict of interest procedures and should include definitions relating to pecuniary (financial) interest, familial interest and conflicts relating to association or representation on Boards of other entities.

Conflict of interests may stem from:

- property or land Directors/Staff may own or manage which the organisation operates from or uses
- equipment or other items Directors/Staff might hire or sell to the organisation
- political parties or other organisations that Directors/Staff may be a member of which may have dealings with the organisation
- companies, businesses or trusts that Directors/Staff may be involved in which have or may have dealings with the organisation
- other organisations that Directors/Staff may work for which may compete with the organisation for funds or community support
- a Director having a relative or close associate who is employed by the organisation
- a Staff member having a relative or close associate who is on the Board of the organisation; etc.

All declared conflicts of interests, should be documented and held by the organisation.

To support transparency and accountability, a Register of Declared Conflicts of Interest should be maintained by the organisation and available to members on request.

Meeting procedures should require the Chairperson to prompt Directors to review the agenda and to declare any perceived or real conflicts of interests prior to the commencement of the meeting.

Options for managing declared conflicts of interest include:

- (1) Director participates in the discussion of the item but refrains from voting but does not leave the meeting while the matter is being decided upon
- (2) Director participates in the discussion of the item, refrains from voting and leaves the meeting while the matter is being decided upon
- (3) Director removes themselves from the meeting for the duration of the item and neither participates in the discussion or any voting in relation to the item.

Minimum criteria		Evidence notes
2.13.1	The procedures for managing conflicts of interest includes clear definitions on what constitutes conflict of interest and the requirement for all Board members and staff to declare any conflicts of interest upon election to the Board or appointment as a staff member, and	<input type="checkbox"/>
2.13.2	Declaring conflicts of interest is a standing item on the agenda of Board of Directors meetings, and	<input type="checkbox"/>
2.13.3	A Declaration of conflict of interest register is in place, and	<input type="checkbox"/>

2.13.4	There is evidence that where a conflict of interest is noted in the minutes that the details are noted in the declaration of conflict of interest register, including details of the declared conflict, date declared, name of meeting conflict of interest declared, respective agenda item the declaration of conflict relates to, Director's name and details of action taken in response to the declaration of conflict of interest, or	<input type="checkbox"/>	
2.13.5	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>	

Risk mitigation strategies

Notepad

Section Two: Management Systems

Indicator 2.14

2.11	2.12	2.13	2.14	2.15	2.16	2.17	2.18
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Indicator	Rating
2.14 The organisation has systems in place to support continual improvement.	Empty ▼

Guidance notes

This indicator focuses on what the organisation has in place to support continual improvement in all aspects of its operations. The aim should be to build continual improvement into the culture and practice of an organisation which requires the participation of all staff.

Managers at all levels of the organisation need to encourage and support staff in making suggestions for improvement. Where staff have made suggestions for improvement decisions relating to the suggestion should be provided to staff in the spirit of transparency and accountability.

Minimum criteria		Evidence notes
2.14.1	There is a process in place to support continual improvement, and	<input type="checkbox"/>
2.14.2	A continual improvement register is in place to record suggestions for continual improvement arising from audit recommendations, staff suggestions, client and other stakeholder feedback, and suggestions for improvement (corrective or preventive action) arising from accidents and other events, complaints, near misses etc., and	<input type="checkbox"/>
2.14.3	A process is in place to respond to suggestions for improvement and to track what action has been taken where the continual improvement has been approved, or	<input type="checkbox"/>
2.14.4	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Two: Management Systems

Indicator 2.15

2.11	2.12	2.13	2.14	2.15	2.16	2.17	2.18
------	------	------	------	------	------	------	------

Indicator	Rating
2.15 The organisation has systems in place to ensure Board and staff have the required professional registrations, credentials and licensing required for their scope of practice.	Empty ▼

Guidance notes
<p>This indicator focuses on what the organisation has in place to ensure Board and staff have the required licences and credentials as per their position responsibilities. Examples of require staff registrations and licences for health services includes but is not limited to:</p> <ul style="list-style-type: none"> • professional registrations for Register Nurses, Psychologists, GPs, Social Workers • Immunisation Endorsement • Medicare Provider Number • Prescriber Number • vehicle licenses • radiation licence • Medical Indemnity Insurance • Working with Children check • Police checks

Minimum criteria	Evidence notes
2.15.1 Are there procedures in place for staff or persons working with children and vulnerable persons if applicable under the relevant legislation? and	<input type="checkbox"/>
2.15.2 A system is in place which tracks the date required licences / credentials were last checked and the date they are to be next checked to ensure currency, and	<input type="checkbox"/>
2.15.3 There is a system in place to ensure that registrations, licences and credentialing are monitored on a monthly basis and to ensure that evidence of updated registrations, licenses and credentials are provided to the organisation, and	<input type="checkbox"/>
2.15.4 Internal audits include the requirement to check that a copy of required registrations, licences and credentials are held on the respective Board / staff file, or	<input type="checkbox"/>
2.15.5 Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Two: Management Systems

Indicator 2.16

2.11	2.12	2.13	2.14	2.15	2.16	2.17	2.18
------	------	------	------	------	------	------	------

Indicator	Rating
2.16 The organisation has a commitment to learning and development.	Empty ▼

Guidance notes

This indicator focuses on the organisation's commitment to supporting a learning environment for the Board and staff. View evidence of Board training being identified and undertaken. View evidence of staff performance appraisals taking place. View the staff performance appraisal form for evidence that training needs are identified and discussed as part of this process. View evidence of a staff training plan. View the staff performance appraisal form for evidence that training undertaken is assessed or reviewed in some way.

Minimum criteria	Evidence notes
2.16.1 Training needs of the Board are identified and documented, and <input type="checkbox"/>	
2.16.2 Individual staff performance and learning plans are negotiated annually based on meeting the organisation's strategic and operational goals, and <input type="checkbox"/>	
2.16.3 Staff training opportunities are discussed as part of the annual process of negotiating their respective performance and learning plan, and <input type="checkbox"/>	
2.16.4 There is evidence that indicates Board and staff have participated in ongoing training, or <input type="checkbox"/>	
2.16.5 Other (specify) equivalent evidence must address all components above. <input type="checkbox"/>	

Risk mitigation strategies

Notepad

Section Two: Management Systems

Indicator 2.17

2.11	2.12	2.13	2.14	2.15	2.16	2.17	2.18
------	------	------	------	------	------	------	------

Indicator	Rating
2.17 The organisation has effective systems in place to manage safety and quality.	Empty ▼

Guidance notes

This indicator focuses on the organisation's capability in meeting industry standards. If the organisation has received conditional accreditation/certification it would be important to check that the areas the review team identified as requiring to be actioned as soon as possible have been undertaken or that there is a process being undertaken to close these areas for improvement.

Minimum criteria		Evidence notes
2.17.1	There is an effective safety management system in place which includes as a minimum, nominated OH&S Officer and Annual WHS audit, and	<input type="checkbox"/>
2.17.2	Fire and emergency protocols are in place, and	<input type="checkbox"/>
2.17.3	Where applicable, there are systems in place to ensure safe food preparation/certification in accordance with local standards, and	<input type="checkbox"/>
2.17.4	There is an effective quality management system/certification	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Two: Management Systems

Indicator 2.18

2.11	2.12	2.13	2.14	2.15	2.16	2.17	2.18
------	------	------	------	------	------	------	------

Indicator	Rating
2.18 The organisation has policies and procedures for the management of equipment and infrastructure.	Empty ▼

Guidance notes
<p>This indicator focuses on how the organisation manages maintenance of equipment and infrastructure. The Assets Register maintained by the external accountant may only be for the purposes of calculating depreciation of assets. The Asset and Infrastructure Management Register required to meet this indicator records and tracks compliance requirements relating to :</p> <ul style="list-style-type: none"> • calibration of equipment • validation of clinical and other equipment • maintenance checks of assets such as photocopiers and other equipment • vehicle maintenance checks • replacement of equipment, where applicable

Minimum criteria			Evidence notes
2.18.1	There is a system in place to identify critical equipment, and	<input type="checkbox"/>	
2.18.2	There is a system in place to manage the maintenance of identified critical equipment, and	<input type="checkbox"/>	
2.18.3	There is evidence of suitable maintenance of identified critical equipment is occurring in accordance with legislation, standards and manufacturer specifications, or	<input type="checkbox"/>	
2.18.4	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>	

Risk mitigation strategies

Notepad

Section Three: Control, Monitoring and Reporting

Indicator 3.19

3.19	3.20	3.21	3.22	3.23	3.24	3.25	3.26	3.27	3.28	3.29
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Indicator	Rating
3.19 There is a system in place to ensure the organisation complies with its legislative, regulatory and acquittal requirements eg. compliance register	Empty ▼

Guidance notes
<p>This indicator focuses on how the organisation is monitoring compliance with its legislative and contractual requirements . The range of compliance requirements may include but not be limited to:</p> <ul style="list-style-type: none"> • ATO requirements – lodgement of Business Activity Statement; PAYG payments, superannuation payments, etc. • WHS/OHS legislation – conducting environmental safety audits; appointment of WHS/OHS Officer/s, etc. • Incorporation of Associations Act – advising relevant government agencies of appointment of Directors to the Board, convening the AGM, appointment of the external auditor, etc. • Contractual requirements – progress reporting and financial reporting to funding bodies, submission of OATSIH SAR, etc. • Accreditation standards requirements - checking of currency of staff registrations and credentials with professional bodies, submission of progress against continual improvement plans, etc • Fair Work Act • Workers Compensation obligations

Minimum criteria		Evidence notes
3.19.1	The compliance system documents Board responsibilities, and	<input type="checkbox"/>
3.19.2	All legislative, regulatory, acquittal and other mandatory requirements are included on the compliance system, and	<input type="checkbox"/>
3.19.3	Evidence that the compliance requirements are monitored and there is appropriate Board oversight, or	<input type="checkbox"/>
3.19.4	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Three: Control, Monitoring and Reporting

Indicator 3.20

3.19	3.20	3.21	3.22	3.23	3.24	3.25	3.26	3.27	3.28	3.29
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Indicator	Rating
3.20 There is evidence that funding agreements are presented to and approved at Board Meetings.	Empty ▼

Guidance notes

This indicator focuses on the Board's involvement in contractual negotiations with funding bodies. Evidence of the Board of Directors being informed of contractual negotiations may be included in the CEO report prepared for the Board meeting or previous Board meetings where the contract has been on the agenda.

Minimum criteria		Evidence notes
3.20.1	Board minutes indicate funding agreements have been tabled at Board meetings for discussion, and where mandated approved by the Board, or	<input type="checkbox"/>
3.20.2	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Three: Control, Monitoring and Reporting

Indicator 3.21

3.19	3.20	3.21	3.22	3.23	3.24	3.25	3.26	3.27	3.28	3.29
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Indicator	Rating
3.21 There is evidence the CEO, management and staff have participated in a performance appraisal in the previous 12 months.	Empty ▼

Guidance notes
<p>This indicator focuses on how the organisation is monitoring staff performance. The focus of the staff performance review is to:</p> <ul style="list-style-type: none"> • acknowledge staff’s contribution to the organisation’s goals • monitor and evaluate staff’s performance against the agreed performance plan • assess staff’s professional development needs • and where training has been undertaken assess the extent to which the skills and knowledge gained through training have been applied in practice.

Minimum criteria	Evidence notes
3.21.1 There is evidence that all staff have participated in a performance appraisal in the previous 12 months, or	<input type="checkbox"/>
3.21.2 Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Three: Control, Monitoring and Reporting

Indicator 3.22

3.19	3.20	3.21	3.22	3.23	3.24	3.25	3.26	3.27	3.28	3.29
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Indicator	Rating
3.22 There is evidence the Board receives reports and recommendations for improvement relating to the organisation's performance including the performance of programs and services against agreed goals and targets.	Empty ▼

Guidance notes

This indicator focuses on what performance data is reported to the Board. Indicators 1.9, 3.22 and 3.23 are linked. It is recommended that these three indicators be addressed together. Performance goals and targets relating to services and programs need to be established at the planning phase. The goals and targets need to be achievable and measurable. Requirements for monitoring and reporting on performance against these goals and targets also need to be determined at the planning phase.

Minimum criteria	Evidence notes
3.22.1 Senior management team meetings are held to monitor the organisation's performance in terms of effectiveness of services and programs, and	<input type="checkbox"/>
3.22.2 The CEO provides performance reports to the Board which includes recommendations at quarterly or six monthly intervals outlining the organisation's performance against strategic and operational goals and funding body requirements, or	<input type="checkbox"/>
3.22.3 Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Three: Control, Monitoring and Reporting

Indicator 3.23

3.19	3.20	3.21	3.22	3.23	3.24	3.25	3.26	3.27	3.28	3.29
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Indicator	Rating
3.23 There is evidence the Board monitors the organisation's performance.	Empty ▼

Guidance notes

This indicator focuses on what processes are in place to support the Board's monitoring of the organisation's performance. Where the organisation's performance does not meet the expected goals and targets, there should be evidence of consideration of the issues and discussion of potential areas for improvement and evidence of corresponding action taken, where applicable.

Minimum criteria		Evidence notes
3.23.1	Board minutes indicate the Board regularly considers the organisation's performance in terms of the extent the organisation is meeting its strategic and operational goals, including funding body requirements, and	<input type="checkbox"/>
3.23.2	Where applicable, the Board minutes reflect consideration has been given to how the organisation could potentially make changes to services and programs in order to improve outcomes for clients, and	<input type="checkbox"/>
3.23.3	There is evidence that action has been taken by the organisation in response to the Board's recommendations, or	<input type="checkbox"/>
3.23.4	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Three: Control, Monitoring and Reporting

Indicator 3.24

3.19	3.20	3.21	3.22	3.23	3.24	3.25	3.26	3.27	3.28	3.29
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Indicator	Rating
3.24 The Board is provided with appropriate financial reports.	Empty ▼

Guidance notes

This indicator focuses on the extent the Board is monitoring financial management. Note: these financial statements and reports must be evidenced and there must be documentation of the discussion and consideration by the Board in relation to the financial performance of the organisation in order to assign a "low" risk rating against the risk criteria.

Minimum criteria		Evidence notes
3.24.1	Board papers include: -monthly bank reconciliation reports -monthly and year-to-date income and expenditure reports against budget -ageing debtors report -all 3rd party transactions and a cash flow position, or	<input type="checkbox"/>
3.24.2	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Three: Control, Monitoring and Reporting

Indicator 3.25

3.19	3.20	3.21	3.22	3.23	3.24	3.25	3.26	3.27	3.28	3.29
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Indicator	Rating
3.25 There is evidence the organisation conducts internal audits.	Empty ▼

Guidance notes
<p>This indicator focuses on what internal monitoring is occurring within the organisation. Examples of audits would include but not be limited to:</p> <ul style="list-style-type: none"> • annual financial audit • client record audit • complaints management audit • computer security audit • cold chain management audit • doctor's bag audit • emergency trolley audit • fire safety and emergency evacuation audit • HR record audit • hand washing audit • infection control processes audit • safety equipment audit • S8 Medications audit • perishable materials expiry dates audit • WH&S/OHS audit

Minimum criteria	Evidence notes
3.25.1 An internal audit program has been established which details the area, scope, frequency and dates when audits will be undertaken. Included on the audit program are audits relating to all services and programs, including corporate support and administration areas, and	<input type="checkbox"/>
3.25.2 Audit tools have been developed to support the conducting of internal audits, and	<input type="checkbox"/>
3.25.3 Audit outcomes are documented and include recommendations for improvement in response to identified issues, and	<input type="checkbox"/>
3.25.4 There is evidence of audit reports being tabled at the Clinical Team Meeting or Senior Management Meeting for determination of action to be taken in response to the recommendations raised in the audit report and who will take the action and in what timeframe, and	<input type="checkbox"/>
3.25.5 There is evidence that the required action to address the issues identified through the audit has been taken within the agreed timeframes, or	<input type="checkbox"/>
3.25.6 Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Three: Control, Monitoring and Reporting

Indicator 3.26

3.19	3.20	3.21	3.22	3.23	3.24	3.25	3.26	3.27	3.28	3.29
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Indicator	Rating
3.26 There is evidence the procedures for the management of complaints has been complied with.	Empty ▼

Guidance notes
<p>This indicator focuses on what processes are in place to monitor how the organisation is managing complaints. The organisation's complaints management procedures need to include:</p> <ul style="list-style-type: none"> • the timeframe in which the organisation will acknowledge receipt of a complaint (for example, by the next working day) • and the timeframe in which the complaint will be resolved within (for example, 20 working days).

Minimum criteria		Evidence notes
3.26.1	The organisation's complaints system indicates complaints have been responded to and resolved in accordance with the organisation's guidelines and timeframes, and	<input type="checkbox"/>
3.26.2	There is evidence the organisation has considered, taken action and analysed complaints in order to avoid or reduce the chance of the same or similar complaint occurring again in the future, or	<input type="checkbox"/>
3.26.3	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Three: Control, Monitoring and Reporting

Indicator 3.27

3.19	3.20	3.21	3.22	3.23	3.24	3.25	3.26	3.27	3.28	3.29
------	------	------	------	------	------	------	------	------	------	------

Indicator	Rating
3.27 There is evidence the organisation takes into consideration why accidents and other unexpected events occur and what could be done to avoid or reduce the chance of the same or similar event occurring again in the future.	Empty ▼

Guidance notes

This indicator focuses on the extent to which the organisation learns from adverse events and takes action to avoid or reduce the chance of the same or similar event occurring again in the future. Accidents or adverse events includes but is not limited to:

- WH&S/OHS incidences
- vehicle accidents
- adverse clinical events which may have impacted on clients staff or other stakeholders whilst engaged in interactions with the organisation.

Minimum criteria	Evidence notes
3.27.1 There is a requirement for the organisation to document full details of an accident, near miss or other potential adverse event and to investigate the underlying cause and effect of the event on the organisation, and	<input type="checkbox"/>
3.27.2 There is evidence the organisation has considered, analysed and where necessary implemented changes in response to the event in order to avoid or reduce the chance of the same or similar event occurring again in the future, or	<input type="checkbox"/>
3.27.3 Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Three: Control, Monitoring and Reporting

Indicator 3.28

3.19	3.20	3.21	3.22	3.23	3.24	3.25	3.26	3.27	3.28	3.29
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Indicator	Rating
3.28 There is evidence that all reports required by OATSIH to be submitted by the organisation over the previous 12 months were prepared in the required format, completed adequately and were submitted within the required timeframe.	Empty ▼

Guidance notes

This indicator focuses on how the organisation is monitoring compliance with OATSIH reporting requirements. Reports include those as specified under the OATSIH Funding Agreement, including any additional reports that may be required under any Special Conditions clause, and any Risk Management/ Remediation plan reporting required.

Minimum criteria		Evidence notes
3.28.1	Included on OATSIH file in relation to the respective organisation are copies of required reports submitted by the organisation, and	<input type="checkbox"/>
3.28.2	The reports are in the required format, and	<input type="checkbox"/>
3.28.3	The reports were submitted in the negotiated timeframe, and	<input type="checkbox"/>
3.28.4	OATSIH has assessed the information contained in the reports to be adequate, in terms of meeting OATSIH reporting requirements, or	<input type="checkbox"/>
3.28.5	Other (specify) equivalent evidence must address all components above.	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Three: Control, Monitoring and Reporting

Indicator 3.29

3.19	3.20	3.21	3.22	3.23	3.24	3.25	3.26	3.27	3.28	3.29
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Indicator	Rating
3.29 There is evidence the organisation held an AGM in the previous 12 months.	Empty ▼

Guidance notes

This indicator focuses on the organisation's compliance with AGM requirements. The minutes of the AGM should be documented and an attendance list of the members who attended the meeting should be documented. If "No" provide details

Minimum criteria		Evidence notes
3.29.1	An AGM has been held in the previous 12 months?	Empty ▼
3.29.2	Have members accepted the result of the election of the new board, the audited financial statements and any changes to the constitution of the organisation?	Empty ▼
3.29.3	Has the result been contested?	Empty ▼
3.29.4	Has the regulatory body been informed of the directors elected by the AGM?	Empty ▼

Risk mitigation strategies

Notepad

Section Four: Financial Management

Indicator 4.30

4.30	4.31	4.32	4.33	4.34	4.35	4.36	4.37	4.38	4.39	4.40	4.41
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Indicator	Rating
4.30 Are there any actions or fines imposed on the organisation?	Empty ▼

Guidance notes

This indicator focuses on the risks to the entity associated with any external actions in relation to compliance with existing legislation and regulations. If there were no fines or actions in the last 12 months, rate as "low". If there were fines or actions against the entity in the last 12 months, or fines and actions are currently pending, rate as "high".

Minimum criteria		Evidence notes
4.30.1	Does the organisation have any current, pending or outstanding legal actions or claims raised against it? If yes, specify details in the Notepad below.	Empty ▼
4.30.2	Has the organisation received any penalties/fines by the ATO in the last 12 months?	Empty ▼

Risk mitigation strategies

Notepad

Section Four: Financial Management

Indicator 4.31

4.30	4.31	4.32	4.33	4.34	4.35	4.36	4.37	4.38	4.39	4.40	4.41
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Indicator	Rating
4.31 Have Superannuation Guarantee Contributions been paid?	Empty ▼

Guidance notes
If paid late, score as high. If not paid, score as extreme.

Minimum criteria		Evidence notes
4.31.1	Select Yes or No and tick the relevant evidence below:	Empty ▼
4.31.2	OATSIH Acquittal documentation Part 2 or Part 3 (c).	<input type="checkbox"/>
4.31.3	OATSIH Acquittal documentation, Part 1 Follow Up Action Notes.	<input type="checkbox"/>
4.31.4	Superannuation Guarantee Reconciliation documentation.	<input type="checkbox"/>
4.31.5	Other (specify)	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Four: Financial Management

Indicator 4.32

4.30	4.31	4.32	4.33	4.34	4.35	4.36	4.37	4.38	4.39	4.40	4.41
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Indicator	Rating
4.32 Has the most recent BAS (Business Activity Statements) been paid?	Empty ▼

Guidance notes

If paid late, score as high. If not paid, score as extreme.

Minimum criteria		Evidence notes
4.32.1	Select Yes or No and tick the relevant evidence below:	Empty ▼
4.32.2	Copy of BAS Cover Sheet for date of lodgement.	<input type="checkbox"/>
4.32.3	BAS Reconciliation documentation.	<input type="checkbox"/>
4.32.4	Other (specify)	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Four: Financial Management

Indicator 4.33

4.30	4.31	4.32	4.33	4.34	4.35	4.36	4.37	4.38	4.39	4.40	4.41
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Indicator	Rating
4.33 Have the Workers Compensation Insurance/Workcover premiums been paid?	Empty ▼

Guidance notes

If paid late, score as high. If not paid, score as extreme.

Minimum criteria		Evidence notes
4.33.1	Select Yes or No and tick the relevant evidence below:	Empty ▼
4.33.2	OATSIH Acquittal documentation Part 2 or Part 3.	<input type="checkbox"/>
4.33.3	OATSIH Acquittal documentation, Part 1 Follow Up Action Notes.	<input type="checkbox"/>
4.33.4	Record of Workers Compensation Insurance/Workcover premiums being paid (Annual Reconciliation).	<input type="checkbox"/>
4.33.5	Has there been any workers compensation claims in the last 12 months (does not affect rating)?	Empty ▼
4.33.6	Other (specify)	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Four: Financial Management

Indicator 4.34

4.30	4.31	4.32	4.33	4.34	4.35	4.36	4.37	4.38	4.39	4.40	4.41
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Indicator	Rating
4.34 Has there been a material movement in the surplus or deficit?	Empty ▼

Guidance notes
 Of sufficient importance or relevance as to have possible significant influence on an outcome. In assessing this risk indicator give consideration to the comparison between last year's cash position with the current year's cash position. If there is an increased deficit over the previous year, and the increase is 10% or more of total income this criteria must be rated as EXTREME. 0-5% of revenue (low), 5-7.5% (medium), 7.5%-10% (high), 10% plus (extreme).

Minimum criteria		Evidence notes
4.34.1	Is the closing balance of retained earnings OR reported surplus/deficit material when compared to the current turnover? Select Yes or No and tick the relevant evidence below:	Empty ▼
4.34.2	OATSIH Acquittal documentation Part 2 Q. 1	<input type="checkbox"/>
4.34.3	OATSIH Acquittal documentation Part 2 Q. 2	<input type="checkbox"/>
4.34.4	Other (specify)	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Four: Financial Management

Indicator 4.35

4.30	4.31	4.32	4.33	4.34	4.35	4.36	4.37	4.38	4.39	4.40	4.41
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Indicator	Rating
4.35 Is the organisation able to meet its financial obligations?	Empty ▼

Guidance notes

In assessing this risk indicator, where there has been a significant change in the equity (i.e. more than 10%) of the organisation, the organisation should be able to identify the cause. For instance, where a cause for a large decline in equity cannot be explained in the Risk Indicator should be scored as 'medium', as it indicates that something is happening, which the organisation should be able to explain. Definition of equity is "The residual interest in the assets after deduction of its liabilities".

If:

current assets and total assets <1.0 = in current year = extreme
current liabilities total liabilities

OR

current assets <1.0 in both last two financial years = extreme
current liabilities

OR

current assets <0.8 in current financial year = extreme
current liabilities

OR

current assets OR total assets <1.0 in current FIN year = medium
current liabilities total liabilities

otherwise = low

Minimum criteria	Evidence notes
4.35.1 Has there been a change in the organisation's equity from the previous year? Select Yes or No and tick the relevant evidence below:	Empty ▼
4.35.2 Organisation's Audited Financial Statements	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Four: Financial Management

Indicator 4.36

4.30	4.31	4.32	4.33	4.34	4.35	4.36	4.37	4.38	4.39	4.40	4.41
------	------	------	------	------	------	------	------	------	------	------	------

Indicator	Rating
4.36 Have employee entitlements been provided for (e.g. annual leave, long service leave)?	Empty ▼

Guidance notes
This indicator focuses on the Board's awareness of its accountabilities. If no, score as 'high'

Minimum criteria		Evidence notes
4.36.1	Select Yes or No and tick the relevant evidence below:	Empty ▼
4.36.2	OATSIH Acquittal documentation.	<input type="checkbox"/>
4.36.3	OATSIH Acquittal documentation, Part 1 Follow Up Action Notes.	<input type="checkbox"/>
4.36.4	Audited Financial Statements.	<input type="checkbox"/>
4.36.5	Other (specify)	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Four: Financial Management

Indicator 4.37

4.30	4.31	4.32	4.33	4.34	4.35	4.36	4.37	4.38	4.39	4.40	4.41
------	------	------	------	------	------	------	------	------	------	------	------

Indicator	Rating
4.37 Has the organisation met its financial reporting and acquittal requirements for the last 12 months (eg. Reports are signed and financial information is provided to OATSIH in accordance with the funding agreement)?	Empty ▼

Guidance notes

All entities provided with grant funding by OATSIH have obligations for financial and acquittal reporting that are included in their funding agreement. If these obligations are met, rate as "low". If these obligations are not met, rate as "high".

Minimum criteria		Evidence notes
4.37.1	Select Yes or No and tick the relevant evidence below:	Empty ▼
4.37.2	OATSIH organisation file.	<input type="checkbox"/>
4.37.3	Other (specify)	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Four: Financial Management

Indicator 4.38

4.30	4.31	4.32	4.33	4.34	4.35	4.36	4.37	4.38	4.39	4.40	4.41
------	------	------	------	------	------	------	------	------	------	------	------

Indicator	Rating
4.38 Is the most recent audit report qualified?	Empty ▼

Guidance notes

If the qualification relates to solvency or the auditors inability to verify records, rating must be EXTREME. If qualifications relate to matters other than solvency or auditors inability to verify records then rate as "High". This is in relation to the complete entity and not just OATSIH funding. When this is not possible it is to be done in relation to OATSIH funding.

Minimum criteria		Evidence notes
4.38.1	Select Yes or No and tick the relevant evidence below.	Empty ▼
4.38.2	AFS Audit Opinion.	<input type="checkbox"/>
4.38.3	Audit Management Letter.	<input type="checkbox"/>
4.38.4	OATSIH Acquittal documentation, Part 1 Follow Up Action Notes.	<input type="checkbox"/>
4.38.5	Other (specify)	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Four: Financial Management

Indicator 4.39

4.30	4.31	4.32	4.33	4.34	4.35	4.36	4.37	4.38	4.39	4.40	4.41
------	------	------	------	------	------	------	------	------	------	------	------

Indicator	Rating
4.39 Does the Audit Management Letter identify material recommendations?	Empty ▼

Guidance notes
 This indicator focuses on the risks associated with the annual audit of the entity by its external auditor. An audit management letter must be obtained from the external auditor at the conclusion of each annual audit. If there are no recommendations, or the recommendations are of no material consequence, rate as "low". If there are material recommendations, the entity has formulated a plan to remediate the issues concerned and has commenced or completed actions, rate as "high". If no actions have commenced, rate as "extreme".

Minimum criteria		Evidence notes
4.39.1	Select Yes or No. If yes, respond to the criteria below.	Empty ▼
4.39.2	Has the organisation remediated the material issues raised in the AML? If yes, score as low. If no, has the organisation commenced action to address the issues? If yes, score as high. If no score as Extreme.	Empty ▼
4.39.3	Audit Management Letter.	<input type="checkbox"/>
4.39.4	OATSIH Acquittal documentation, Part 1 Follow Up Action Notes.	<input type="checkbox"/>
4.39.5	Other (specify)	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Four: Financial Management

Indicator 4.40

4.30	4.31	4.32	4.33	4.34	4.35	4.36	4.37	4.38	4.39	4.40	4.41
------	------	------	------	------	------	------	------	------	------	------	------

Indicator	Rating
4.40 Has the Auditor (or any other source) identified payments that have been made to related parties as described in the OATSIH funding agreement?	Empty ▼

Guidance notes

The funding agreement identifies particular transactions and payments in respect to "related parties". If such payments have been identified, rate as "extreme". If no such payments have been identified, rate as "low".

Minimum criteria		Evidence notes
4.40.1	Select Yes or No and tick the relevant evidence below	Empty ▼
4.40.2	Audit Management Letter	<input type="checkbox"/>
4.40.3	OATSIH Acquittal documentation, Part 1 Follow Up Action Notes	<input type="checkbox"/>
4.40.4	Information received and noted on respective OATSIH Organisation File	<input type="checkbox"/>
4.40.5	Other (specify)	<input type="checkbox"/>

Risk mitigation strategies

Notepad

Section Four: Financial Management

Indicator 4.41

4.30	4.31	4.32	4.33	4.34	4.35	4.36	4.37	4.38	4.39	4.40	4.41
------	------	------	------	------	------	------	------	------	------	------	------

Indicator	Rating
4.41 Does the organisation maintain appropriate insurance?	Empty ▼

Guidance notes

This indicator relates to the risks to the entity if it is not appropriately covered by insurance for its identified business risks. If all nominated insurances are in place and premiums are paid, rate as "low". If the organisation is not covered by these policies, or the premiums are not up to date, rate as "high".

Minimum criteria	Evidence notes
4.41.1 Has the organisation paid professional indemnity, public liability, Directors insurance, vehicle, building and any other required insurance for the current financial year? This includes all major assets for the organisation.	Empty ▼

Risk mitigation strategies

Notepad

Help

Navigation



- Click on the links in the yellow bar at the top of the spread sheet to navigate through the sections. The section you are in will be highlighted as orange.
- Click on the indicator numbers link to move through the indicators in each section. These links will turn green when the risk rating has been applied.
- Click on the tabs at the bottom of the spread sheet to navigate through the sections.

Editing Text Fields:

- Use the TAB key or mouse to move from field to field.
- Start typing in a field to enter new text.
- Press F2 or 'double-click' to edit existing text in a field.
- Use Alt-Enter to create a 'paragraph return' or move to the next line when editing text.
- **Important Note:** Do not cut/copy 'n' paste into or between cells. This can cause corruption of the cell settings.

Printing sections of the RAP tool

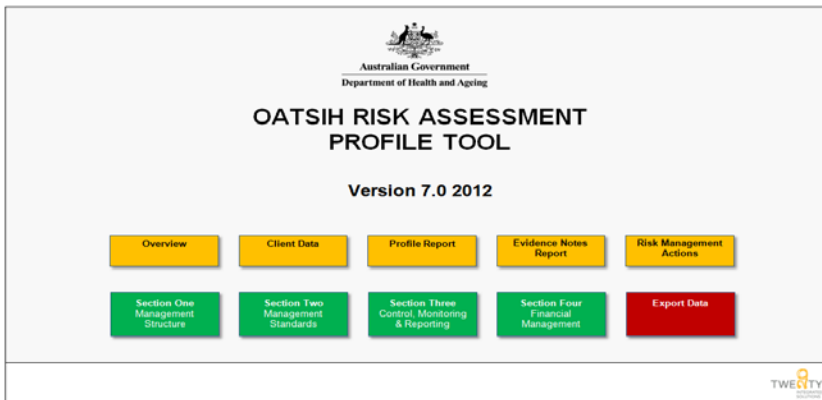
Printing a copy of the content in the RAP Tool: See following section *RAP Tool Risk Indicator* which provides the content of the RAP Tool.

Printing a copy of the completed RAP Tool: Each page in the RAP Tool has been designed to print to a standard A4 page.

Home page

The Home Page allows for navigation to each section of the RAP tool. Click on any of the coloured buttons to go to the corresponding section.

The Export Data button allows for the export of data recorded in the RAP Tool to another spreadsheet for reporting purposes. It is designed specifically for OATSIH use.



Client Data Form

This section requires organisational identification and contact information. The red 'x' will turn to a green '✓' when the item is complete.

The Accreditation Status section requires information about organisational accreditation. Use the dropdown list to select from the following options:

- Accredited
- Working towards accreditation
- Not Accredited
- Not applicable

Accreditation status

RACGP	Please select	✘
QIC	Please select	✘
ISO 9001	Please select	✘
Other	Please select	✘

The Funding Details section requires information about organisational funding from the Department of Health and Ageing. Use the dropdown list to select from the following options:

- Not applicable
- Less than \$200k
- \$200k-\$500k
- \$500-\$1m
- \$1m-\$2.5m
- \$2.5m-\$5m
- More than \$5m

Funding details

	Amount	Purpose	
OATSIH funding level	Please select		✘
DOHA Aged Care	Please select		✘
DOHA Community Care	Please select		✘
DOHA Rural Health	Please select		✘
DOHA Chronic Health	Please select		✘
Other	Please select		✘

The Risk Assessment Details section requires information about the previous and current risk assessment. The 'Agreement to participate' field must be completed to allow a score to be generated.

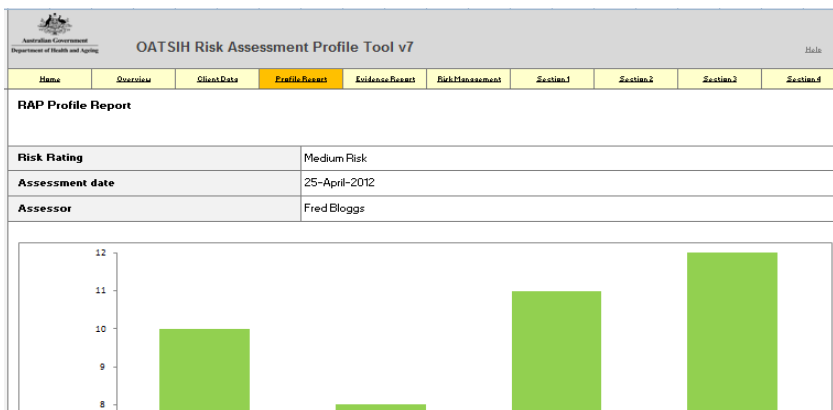
Risk assessment details

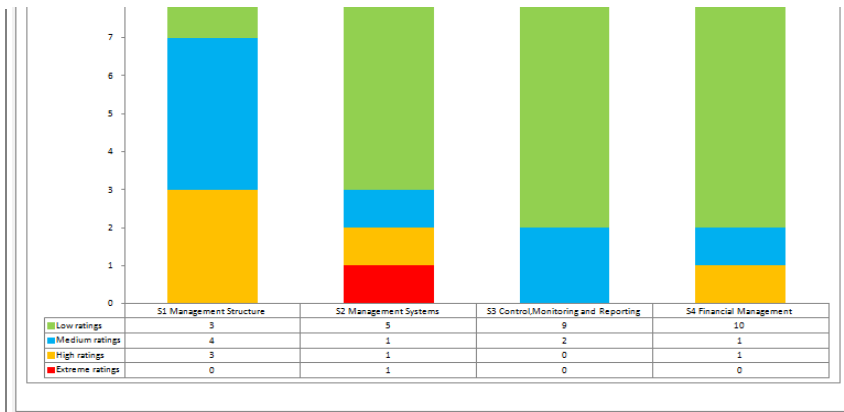
Agreement to participate	Yes	✔														
Risk Assessment Rating	Calculated upon completion															
Date of assessment		✘														
Date of previous assessment		✘														
Location of assessment		✘														
Reason(s) why onsite assessment did not occur (if applicable)		✘														
Names of participants	<table border="1"> <thead> <tr> <th>Name</th> <th>Position</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Name	Position													✘
Name	Position															
Name of lead risk assessor		✘														
Name of accompanying assessor		✘														
Previous working relationships of assessor and organisation		✘														

Profile Report

The Profile Report shows the overall risk rating for the organisation and the ratings given to each section during the audit. The report is not editable and is automatically generated based on the completion of the risk ratings for each indicator.

- The Profile Report will display the results graph as the ratings are applied to each indicator.
- The Rating, Date and Assessor fields are automatically calculated.
- The overall risk rating will not be shown until all 41 ratings have been completed.
- If the 'Agreement to participate' dropdown on the Client Data Form is set to 'no' the overall rating will automatically be set to Extreme.





Formula settings for determining overall risk rating

Risk Level	Low risk	Medium risk	High risk	Extreme risk
Low Risk	A Low risk rating will be returned unless the other statements in this table are 'true'			
Medium Risk	Up to 5	6-12	>12	
High Risk		1-5	6-12	>12
Extreme Risk				2 or more

Evidence Notes Report

The Evidence Notes Report displays the evidence sighted to support the rating given during the audit.

- The evidence fields are automatically populated with the comments made in the evidence notes fields for each criteria.
- The Rating, Date and Assessor fields are automatically calculated.
- Report can be 'selected' and copied into a Word document for further editing. Select the area within the red outline and select copy.

OATSIH Risk Assessment Profile Tool v7

v7.0.0

Home	Overview	Client Data	Profile Report	Evidence Report	Risk Management	Section 1	Section 2	Section 3	Section 4
------	----------	-------------	----------------	-----------------	-----------------	-----------	-----------	-----------	-----------

Evidence Report

Risk Rating	
Assessment date	
Assessor	

Management Structure

Indicator	Evidence
1.1 The organisation has assessed the competencies required by Board members.	
1.2 The Board has been informed of its responsibilities, as required under the organisation's constitution and of its statutory and funding obligations.	
1.3 There are formal processes in place to support effective internal reporting.	
1.4 There are formal processes in place to support effective planning within the organisation.	
1.5 The organisation has formal processes in place to support effective engagement with the community it represents.	
1.6 There is evidence of a clear separation of roles and responsibilities between the Board/CEO management/corporate support/and program staff	
1.7 There is evidence the organisation uses a merit based selection process to effectively manage key vacancies in a transparent and accountable manner.	

Risk Management Actions Report

The Risk Management Actions Report displays the recommended actions to be taken to address the risks identified during the audit.

- The risk management actions fields are automatically populated with the comments made in the risk mitigation field for each criteria.
- The Rating, Date and Assessor fields are automatically calculated.
- Report can be 'selected' and copied into a Word document for further editing. Select the area within the red outline and select copy.

OATSIH Risk Assessment Profile Tool v7

v7.0.0

Home	Overview	Client Data	Profile Report	Evidence Report	Risk Management	Section 1	Section 2	Section 3	Section 4
------	----------	-------------	----------------	-----------------	-----------------	-----------	-----------	-----------	-----------

Risk Management Actions

Risk Rating	
Assessment date	
Assessor	

Management Structure	
Indicator	Risk management actions
1.1 The organisation has assessed the competencies required by Board members.	
1.2 The Board has been informed of its responsibilities, as required under the organisation's constitution and of its statutory and funding obligations.	
1.3 There are formal processes in place to support effective internal reporting.	
1.4 There are formal processes in place to support effective planning within the organisation.	
1.5 The organisation has formal processes in place to support effective engagement with the community it represents.	
1.6 There is evidence of a clear separation of roles and responsibilities between the Board/CEO/management/corporate support/and program staff.	
1.7 There is evidence the organisation uses a merit based selection process to effectively manage key vacancies in a transparent and accountable manner.	
1.8 There is evidence the organisation has strategies in place to ensure continuity in service provision.	

Section One: Management Structure

Section One: Management Structure examines 10 risk indicators relating to the structural elements and processes in place in the organisation to manage key risks. The indicators for this section are presented as hyperlinks in green or red boxes. Green indicates a rating has been made and red indicates that no rating has yet been made. Click on the indicator number to go to that indicator.

- **Indicator:** A statement of the 'state or level' of something ie. behaviour that would indicate good practice to manage a risk.
- **Risk rating:** Use the drop down menu to select a rating (low, medium, high, or extreme). Only certain options exist for each indicator. If awarding a low risk rating to any of the indicators then the minimum criteria must be met and all relevant boxes checked and evidence noted.
- **Guidance notes:** Further detail for each indicator including any relevant instructions for assessing the risk.
- **Minimum criteria:** A statement of what might specifically demonstrate management of the risk. Check the box next to criterion demonstrated by the client.

Satisfactory management of the risk may also be achieved in ways other than the example minimum criteria.

Other examples of how the client manages the stated risk can be entered in the 'other' field.

- **Evidence notes:** Record what has been accepted as evidence of compliance with the criterion.
- **Risk mitigation strategies:** Ratings greater than 'low' require risk mitigation strategies to be identified. These are automatically transferred to the Risk Management Actions report.
- **Notepad:** a free-text field for recording notes relevant to the indicator. These notes are not transferred to a master report.

Section Two: Management Systems

Section One: Management Structure examines 8 risk indicators relating to the systems and processes in place in the organisation to manage key risks. The indicators for this section are presented as hyperlinks in green or red boxes. Green indicates a rating has been made and red indicates that no rating has yet been made. Click on the indicator number to go to that indicator.

Section Three: Control, Monitoring and Reporting

Section Three: Control, Monitoring and Reporting examines 11 risk criteria relating to the internal controls and reporting processes in place in the organisation to manage key risks.

Section Four: Financial Management

Section Four: Financial Management examines 12 risk criteria relating to the internal controls and reporting processes in place in the organisation to manage key risks. Responses are required against the following areas:

