

## **Request for closure of recommendation**

Division:	Residential and Flexible Aged Care Division	
ANAO / Internal Audit	Internal Audit of Prudential Risk and Compliance	
Audit Number and Name:	2017-18 - Internal Audit of Prudential Risk and Compliance	
Recommendation Rating: High/Moderate/Low	Moderate	
<b>Recommendation Number and</b>	Recommendation 1:	
Description:	define the intelligence requirements for the prioritisation	
	framework to include broader environmental scanning; and	
	• define the information triggers for HSN and how this information	
	will be integrated into HSN processes and meetings.	
Original Completion Date:	28/02/2019	
Reason for Closure:	Recommendation finalised	
Evidence for closure:	AS approved the risk profiling strategy document.	
	Risk Profiling Strategy V0.3 updated 19 December 2018.	
Delegate (FAS):	Jaye Smith	
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Future follow up action	External Accountability Comments: External Accountability recommends closure for this recommendation.
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ARC Outcome	Endorsed/Not Endorsed
	ARC Meeting Date: 14 March 2019



## Request for closure of recommendation

Division:	Aged Care Reform and Compliance
ANAO / Internal Audit	Internal
Audit Number and Name:	Internal Audit of Prudential Risk and Compliance
Recommendation Rating: High/Moderate/Low	Moderate
Recommendation Number and Description:	Recommendation 2: Prudential Regulation and Compliance Section (PRCS) should: - define a stakeholder communication plan between PRCS and the Health State Network (HSN) relating to communication of financial and related risks; and - develop documentation to evidence decision making throughout the provider investigation process to increase visibility of the process.
Original Completion Date:	1 October 2018
Reason for Closure:	Define a stakeholder communication plan between PRCS and HSN A communication management plan has been developed between the now Prudentia and Home Care Compliance Section (PHCCS) in the Aged Care Compliance Branch in
	Aged Care Reform & Compliance Division and the now Aged Care Domain Branch in the Health Grants & Network Division relating to roles and responsibilities and the communication of financial and related risks. The plan formalises the methods and timing of the provision of information. The communication plan has been agreed to by Directors in the Health State Network.
	Develop documentation to evidence decision making throughout the provider investigation process to increase visibility of the process.
	A standard suite of documents have been developed to be used in the management of cases of possible of non-compliance with the prudential standards. The documents are: • Case Management Plan,
	<ul> <li>Analysis of submission in respect of a Notice for Information;</li> <li>Compliance Case Closure Report</li> </ul>
	The Analysis of Information and the Case Closure documents require the departmental officer to complete an analysis of the information received and to outline the recommended action and the reasons for the recommendation. In completing the documents the officer will reference the evidence matrix where applicable.
Evidence for closure:	Attachment A: Communication management plan Attachment B: Case management suite of document templates: Case Management Plan Analysis of submission in respect of a Notice for Information Compliance Case Closure Report Elements of an Offence – Evidence Matrix
Delegate (FAS):	Maria Jolly

Future follow up action	External Accountability Comments:
	External Accountability recommends closure for this recommendation.

ARC Outcome	Endorsed/Not Endorsed
	ARC Meeting Date: 14 March 2019



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Division:	Residential and Flexible Aged Care Division
ANAO / Internal Audit	Internal Audit of Prudential Risk and Compliance
Audit Number and Name:	2017-18 - Internal Audit of Prudential Risk and Compliance
Recommendation Rating:	Moderate
High/Moderate/Low	
<b>Recommendation Number and</b>	Recommendation 3:
Description:	PRCS should:
	• define recordkeeping guidelines for major systems and spreadsheets that are utilised by PRCS; and
	<ul> <li>review system access for both PRCS and HSN based on the information requirements defined in Recommendation 1 to enable relevant staff can access and update information as needed.</li> </ul>
Original Completion Date:	28/02/2019
Reason for Closure:	Recommendation finalised.
Evidence for closure:	Attachment A: Department's record keeping guidelines.
	Attachment B: Email confirming advice on TRIM structures to store all
	Product 3 related documents.
	Attachment C: Prioritisation framework as defined in Recommendation 1.
Delegate (FAS):	Jaye Smith
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Future follow up action	External Accountability Comments:
	External Accountability recommends closure for this
	Recommendation.
	Department's Recordkeeping guidelines are being utilised (available
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	to all staff on the Intranet).
	Email to all relevant staff indicating the location and structure in
S S	OTRIM with user guides to store all Product 3 related documents to
	be utilised by all relevant staff has been communicated.
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\$	requirements. The strategy document acts as the prioritisation
ALC: NOT STREET, STREE	framework used for risk profiling and includes a component of
	broad environmental scanning in terms of taking into account
	aspects of the residential aged care sector that will influence
	prioritisation.
	Less complex financial risk criteria has been outlined in a process
	document to be shared with HSNs. The process document takes
	into account the current information sharing process that feeds into
	risk profiling,

ARC Outcome	Endorsed/Not Endorsed
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