GOVERNANCE POLICY AND PROCEDURE

Version 2.0: June 2026

GOVERNANCE POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to demonstrate Bilingual Care's commitment to sound governance by establishing a rights-based, risk aware and outcomes-focused governance structure and systems that ensures the Leadership Team and responsible persons:

- discharge their legal duties
- have clear guidance on their roles and responsibilities in managing quality, risk, compliance, financial integrity, and consumer outcomes
- have effective oversight of service delivery, risk management and organisational performance
- promote safe, ethical, and person-centred care for consumers that upholds consumer's rights, and
- support continuous improvement and responsiveness to regulatory audits, complaints processes, and incident reporting requirements,
- uphold the *Aged Care Code of Conduct*, and
- ensures Bilingual Care delivers safe, quality care in accordance with the *Aged Care Act 2024 (Cth)*, *Aged Care Rules 2025*, *Statement of Rights* and the *Strengthened Aged Care Quality Standards*.

This policy applies to the Leadership Team, responsible persons (directors, executives and managers), advisory bodies, committees, workers and subcontracted providers involved in the planning, delivery and oversight of funded aged care services. It meets relevant legislation, regulations, and Standards.

Applicable Strengthened Aged Care Quality Standards

- *Standard 1. The Person*
- *Standard 2. The Organisation*
- *Standard 5. Clinical Care*

While Standard 2 specifically focusses on organisational governance, Bilingual Care recognises that effective governance systems apply across the entire organisation and encompass all Standards.

Definitions

Aged Care Worker[1] - An individual employed or otherwise engaged (including as a volunteer) by the registered provider to deliver funded aged care services.[1]

[1] Australian Government, Aged Care Act 2024 (Cth), s152, accessed 08 October 2025, Aged Care Act 2024 - Federal Register of Legislation

Clinical Care - health care that encompasses the prevention, treatment and management of illness or injury, as well as the maintenance of psychosocial, mental, and physical wellbeing.[2]

Clinical Governance -

- an integrated component of corporate governance comprising risk governance, financial governance, other business governances (e.g. human resources).
- a systematic approach to maintaining and improving quality of care. It involves the relationships and responsibilities of the governing body, clinicians, organisational leaders/managers/executives, consumers, carers and other stakeholders in developing high standard quality care and clinical safety for consumers requiring this care.
- being accountable to consumers in the delivery of health services via integrated systems, processes, strong leadership and culture which are the core of providing safe, effective, accountable and holistic carewhilst promoting continuous improvement.[3]

Director Identification Number (DIN) - A director ID is a unique identifier given to a director who has verified their identity with the Australian Business Registry Service[4].

Governance - the process by which organisations are directed, controlled, and held to account. It encompasses authority, accountability, stewardship, leadership, direction, and control exercised in the organisation.

Responsible Person – under the *Aged Care Act 2024 (Cth)*, someone that is:

- a member of the group of persons (governing body) who are responsible for the executive decisions of the entity at that time
- any other person who has authority or responsibility for (or significant influence over) planning, directing, or controlling the activities of the entity at that time
- if, at that time, the entity conducts an aged care service:
    - any person who is responsible for the nursing services provided by the service (must hold a recognised qualification in nursing) and
    - any person who is responsible for the day-to-day operations of the service
    - whether or not the person is employed by the entity
- if, at that time, the entity proposes to conduct an aged care service:
    - any person who has responsibility for overall management of the nursing services provided by the service, and who is a Registered Nurse and
    - any person who is likely to be responsible for the day-to-day operations of the service

Policy

Bilingual Care commits to governance that upholds the rights of all consumers and ensures any actions are consistent with delivering care and services that respect and support the individual, including dignity, choice, independence, culturally safe and inclusive practice, privacy, and the ability to raise concerns without fear.

Bilingual Care has effective systems and processes in place to guide and support its overall

[2] Aged Care Quality and Safety Commission 2019, *Introduction to Clinical Governance*, Factsheet, Australian Government, accessed 02 February 2026, https://www.agedcarequality.gov.au/providers/clinical-governance/about-clinical-governance

[3] Aged Care Quality and Safety Commission 2019, *Introduction to Clinical Governance*, Factsheet, Australian Government, accessed 02 February 2026, https://www.agedcarequality.gov.au/providers/clinical-governance/about-clinical-governance

[4] *About Director ID*, Australian Business Registry Services, November 2021

direction, effectiveness, supervision processes and internal and external accountability.

Accountable and transparent governance arrangements ensure Bilingual Care:

- complies with relevant legislation, regulations and contractual arrangements
- monitors and manages organisational risks
- establishes a leadership culture that values honesty, integrity and trust (open disclosure)
- supports and develops its staff
- engages meaningfully with consumers and their families/supporters about what matters to them, and
- delivers quality and safe services to its consumers.

Principles[5]

To support robust governance, Bilingual Care is committed to the following principles:

- being accountable, open and honest
- having a clear organisational purpose and clear outcomes for consumers
- actively including consumers and their families/supporters in decision-making processes (with consumer's consent)
- valuing collaboration with staff, government bodies, partner organisations (e.g. associated providers) and other stakeholders towards achieving the desired outcomes that consumers want
- making sure that the quality and safety of care that Bilingual Care delivers is the first priority
- building and fostering a strong governance culture driven by continuous improvement and
- having a diverse skills-based Board

Procedures

Organisational Structure

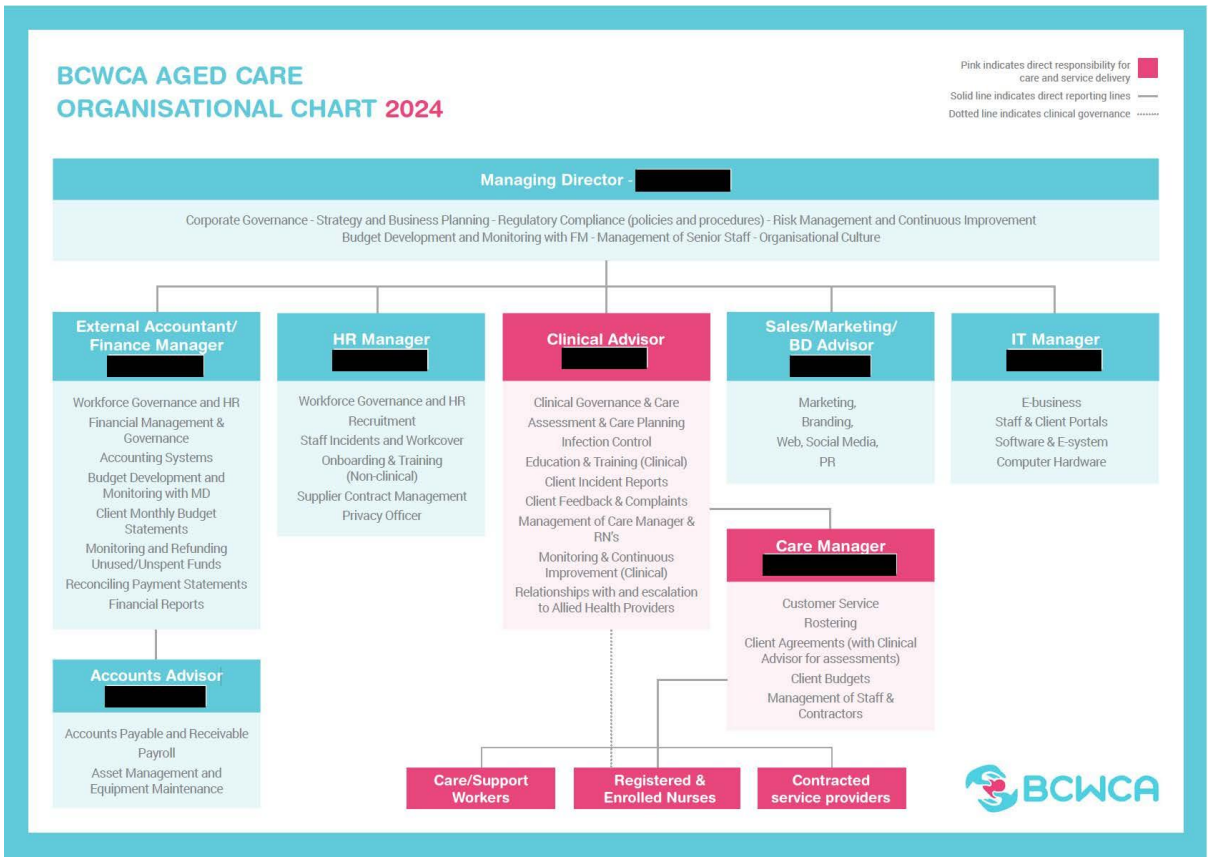
Bilingual Care Worker Cooperative of Australia, trading as Bilingual Care is a Registered Cooperative established in 2020.

Bilingual Care's organisational structure is set out in the chart below.

Bilingual Care has in place a Leadership Team to oversee the organisation, comprised of the Managing Director, Clinical Advisor and Finance Manager.

[5] Aged Care Quality and Safety Commission 2025, *Provider Governance Policy*, Australian Government, accessed 02 February 2026, https://www.agedcarequality.gov.au/resource-library/provider-governance-policy

Figure 1. Bilingual Care Organisation Chart



Bilingual Care's Leadership Team Requirements

Bilingual Care's Leadership Team has ultimate responsibility and influence over the care and service provided to consumers. Its members must:

- have diverse skills, experience, and expertise
- ensure there is the right culture in the service, as well as effective, organisation-wide governance systems relating to care and services, including clinical governance
- reflect the needs of the organisation and ensure all members can contribute to the Leadership Team's collective capability and effective functioning
- understand what good clinical care looks like in aged care delivery, to inform care delivery
- be familiar with their broader duties. For example, executive and non-executive Directors are expected to apply their full experience and expertise to their role to discharge their duties, including under Corporations law. These may include, for example, acting with reasonable care and diligence, preventing insolvent trading, and other statutory duties and
- be suitable, committed to their role, and prepared to take an active role in the Leadership Team's work.

To meet the requirements of the *Aged Care Act 2024 (Cth)*, Bilingual Care's Leadership Team must be comprised of:

- a **majority of independent, non-executive members**. Generally, executive members are employed by the organisation in an executive capacity, for example, the CEO or an equivalent role. In contrast, non-executive members are generally not employed by

the organisation and are not involved in the day-to-day management, and
- at least one member with **experience in providing clinical care**. This person must bring a clinical perspective to Leadership Team discussions and ensure the Leadership Team is informed of the significance of clinical trends and outcomes. It is expected that this person will apply their clinical knowledge through an organisation-wide lens and have clinical experience and qualifications that are relevant to the types of care and services Bilingual Care provides.

Bilingual Care must consider the independence of proposed members and whether their interests, positions, and relationships enable them to bring independent judgement on issues considered by the Leadership Team. Factors that may be considered in assessing a person's independence include whether they:

- have provided professional services to Bilingual Care or have a material business relationship with Bilingual Care (e.g., a supplier, consultant, or contractor for the organisation) which may impact their capacity to act independently
- have relationships or preferences that may mean they're influenced by other factors (e.g., have a family receiving care from Bilingual Care, or shares in the company) and
- can act objectively and independently in the best interests of consumers rather than in the interests of another party.

With respect to the member with clinical care experience, Bilingual Care must also consider the currency and relevance of their experience, including the context in which they have provided clinical care. This includes determining whether their experience provides them with sufficient understanding of:

- the types of clinical matters Bilingual Care faces
- the role and effective operation of clinical governance
- how the quality of clinical care can be monitored and verified and
- how improvement activities can be implemented to manage risks.

If for any reason Bilingual Care is unable to meet Leadership Team membership requirements, the Managing Director must apply to the Aged Care Quality and Safety Commission for a determination that one or both requirements do not apply.

Record Keeping

To demonstrate compliance with Bilingual Care's Leadership Team membership requirements, the Managing Director must keep a record of the following:

- the names of the members who are independent, non-executive members
- the names of the members who are not independent, non-executive members
- the names of the members, their relevant experience in aged care, clinical care, operational management, finance or other key areas, and details of that experience. This will be documented and monitored through Bilingual Care's *Leadership Team Skills Matrix*

Leadership Team Nominations and Appointments

Board members are appointed in accordance with Bilingual Care's Rules.

Governing Body (internal) members, other administrative and ancillary staff, and support workers are recruited as per Bilingual Care's *Onboarding and Induction Policy and Procedure*.

Responsible Persons

All Directors of Bilingual Care must hold a current and valid Director Identification Number

(DIN) provided by Australian Business Registry Services.

Bilingual Care must ensure all people engaged as Responsible Persons are assessed for suitability at least every 12 months, against the 'Suitability Matters' specified in Section 13 of the *Aged Care Act 2024 (Cth)*.

Bilingual Care must consider the suitability of all responsible persons:

- at the time of their initial engagement
- at least every 12 months from the date of engagement and
- upon notification of a potential change in the person's suitability.

The Managing Director is responsible for assessing responsible person suitability, using Bilingual Care's *Responsible Person Suitability Assessment Checklist*. Any suitability matters identified must be escalated to the Leadership Team using the same form.

Assessing Suitability

The following areas must be assessed when determining a responsible person's suitability:

- their experience providing, at any time, aged care, or other relevant forms of care
- whether a banning order or a NDIS banning order against the person is, or has at any time been, in force
- whether they have, at any time, been convicted of an indictable offence (noting that, as per the *Crimes Act 1914 (Cth)*, spent convictions do not need to be disclosed)
- whether a civil penalty order against them has been made at any time
- whether they are, or have at any time been, an insolvent under administration
- whether they are, or have at any time been, the subject of adverse findings or enforcement action by any of the following:
    - a Department of the Commonwealth or a State or Territory
    - the Australian Securities and Investments Commission
    - the Australian Charities and Not for Profits Commission
    - the Australian Competition and Consumer Commission
    - the Australian Prudential Regulation Authority
    - the Australian Crime Commission
    - AUSTRAC
    - another body established for a public purpose by or under a law of the Commonwealth
    - a State or Territory authority (including, but not limited to, a body that is equivalent to a body mentioned above) or
    - a local government authority
- whether they:
    - are, or have at any time been, the subject of any findings or judgment in relation to fraud, misrepresentation, or dishonesty in any administrative, civil, or criminal proceedings or
    - are currently party to any proceedings that may result in them being the subject of such findings or judgment
- whether they are, or have at any time been, disqualified from managing corporations under the *Corporations Act 2001 (Cth)*
- whether they meet the worker screening requirements prescribed under section 152 of the Aged Care Act 2024 (Cth), and
- any other matter specified in the *Aged Care Quality and Safety Commission Rules 2018 (Cth)*.

Someone who is impacted by any of the above matters is not necessarily unable to hold a

responsible persons role. In these instances, the Leadership Team will need to conclude, and demonstrate to the Aged Care Quality and Safety Commission, that they are 'reasonably satisfied' the person is suitable for the role, taking into consideration all matters identified.

Information that should be reviewed to make a suitability assessment includes:

- complaints involving the responsible person
- SIRS information
- staff performance
- the NDIS banning register
- police and insolvency checks and
- information provided directly by the person via a statutory declaration.

Bilingual Care must notify the Aged Care Quality and Safety Commission of all changes to responsible persons, or a responsible person's suitability, within 14 days of being made aware of the change. For more information see the *Compliance Policy and Procedure*.

Leadership Team Qualifications, Training, and Development

Bilingual Care must be managed by suitably qualified and experienced people with clearly defined responsibilities, authority, and accountability for the provision of supports to consumers.

Collectively, the Leadership Team must have the qualifications and experience to meet Bilingual Care's financial, legislative, regulatory, and contractual responsibilities, and to monitor and respond to quality and safeguarding matters associated with delivering Aged Care Support at Home services to consumers.

Upon appointment, all Board members receive an Induction, and during their tenure they can engage in professional development opportunities to support them in their role, as required.

As per Bilingual Care's *Onboarding and Induction Policy and Procedure*, all Leadership Team members must undergo Induction, receive ongoing training and development opportunities, and participate in annual performance reviews, to:

- ensure Bilingual Care's services are delivered in accordance with all relevant Standards, legislation, regulations, and policies and
- support continuous improvement in Bilingual Care's management practices.

The Managing Director must monitor the skills and knowledge required for the Leadership Team to effectively govern Bilingual Care and ensure they undertake relevant training to address any gaps. This includes considering their enrolment into the Aged Care Quality and Safety Commission's *Governing for Reform in Aged Care Program*.[6]

Monitoring Effectiveness

On a quarterly basis, during scheduled Leadership Team and Board meetings, the Leadership Team and Board will review the skills and knowledge required for them to effectively govern and manage Bilingual Care. Relevant training or professional development will be undertaken to address any gaps.

At the same meetings, the Leadership Team and Board will also review their own effectiveness by assessing:

[6] Aged Care Quality and Safety Commission 2026, *Governing for Reform in Aged Care*, Australian Government, accessed 20 February 2026, https://gfr.agedcarequality.gov.au .

- the effectiveness of their meetings
- the adequacy of their response and response time to important issues
- their awareness of their responsibilities (see below)
- the effectiveness of delegations of authority
- their leadership in Bilingual Care's strategic direction and
- their continuous improvement.

The Leadership Team and Board will obtain feedback from staff, consumers, and other stakeholders to inform the above reviews, where possible and appropriate.

Responsibilities

The Board

The Board is responsible for the overall governance and strategic direction of Bilingual Care, and for delivering accountable performance in accordance with the organisation's goals and objectives. Specifically, it is responsible for:

- providing strategic direction to the organisation and deciding upon the organisation's strategies and objectives in conjunction with the Managing Director
- monitoring the strategic direction of the organisation and the attainment of its strategies and objectives in conjunction with the Managing Director
- monitoring the operational and financial position and performance of the organisation generally
- driving organisational performance
- assuring a prudential and ethical base to the organisation's conduct and activities having regard to the relevant interests of its stakeholders
- assuring the principal risks faced by the organisation are identified and overseeing that appropriate control and monitoring systems are in place to manage the impact of these risks
- reviewing and approving the organisation's internal compliance and control systems and codes of conduct
- assuring that the organisation's financial and other reporting mechanisms are designed to result in adequate, accurate and timely information being provided to the Board
- appointing and, where appropriate, removing the Managing Director, monitoring other key executive appointments, and planning for executive succession
- overseeing and evaluating the performance of the Managing Director, and through the Managing Director, receiving reports on the performance of other senior executives
- reviewing and approving the Managing Director's and, in conjunction with the Managing Director, other senior executive's remuneration
- approving the organisation's budgets and business plans and monitoring major capital expenditures, acquisitions and divestitures, and capital management generally
- ensuring that the organisation's financial results are appropriately and accurately reported on in a timely manner in accordance with constitutional and regulatory requirements
- ensuring the organisation's affairs are conducted with transparency and accountability
- overseeing the design, implementation and periodic review of appropriate and effective policies and procedures for the organisation
- ensuring sound Board succession planning including strategies to assure the Board is comprised of individuals who can meet the responsibilities of the Board, and

- overseeing stakeholder engagement, reporting and information flows. [7]

It also has overall responsibility for ensuring Bilingual Care staff:

- have the appropriate qualifications, skills, and experience to provide the care and services Bilingual Care provides and
- are given opportunities to develop their capability to provide care and services.[8]

The **Leadership Team** is responsible for ensuring Bilingual Care provides services in accordance with:

- the requirements of the *Aged Care Act 2024 (Cth)* and all other relevant legislation and related legislative Rules, including:
  - *Aged Care Rules 2025 (Cth)*
  - *Strengthened Aged Care Quality Standards*
  - *Aged Care Code of Conduct*
  - *Statement of Rights*
  - *Worker screening*
  - *Serious Incident Response Scheme reporting*
  - *Consumer law*
  - *Australian Privacy Principles as defined in the Privacy Act 1988 (Cth)*
- relevant Commonwealth Department of Health, Disability and Ageing, and Aged Care Quality and Safety Commission policies, and
- the best interests of consumers.

Responsible Persons

The **Managing Director** is responsible for:

- ensuring Bilingual Care has appropriate systems and policies in place for its effective governance and management
- identifying, evaluating, and mitigating risks to Bilingual Care, its staff and consumers
- establishing and maintaining a healthy and safe work environment and
- monitoring Bilingual Care's compliance requirements and ensuring these are met.

The **HR Manager** is responsible for:

- implementing Bilingual Care's human resources policies, procedures and practices including the development of job descriptions for all staff
- ensuring all staff receive an orientation to the service and that appropriate ongoing training is provided and
- implementing a performance management process for staff which includes monitoring performance on an ongoing basis and conducting regular performance reviews.

The **Finance Manager** is responsible for:

- preparing a comprehensive annual budget and managing the service's finances
- ensuring that good recordkeeping, bookkeeping and accounting procedures are followed
- managing accounts receivable, including issuing invoices and statements and
- purchasing goods and services to support Bilingual Care's operations.

[7] Australian Institute of Company Directors (AICD), (2026) *Board of directors*, accessed 22 February 2026, https://www.aicd.com.au/board-of-directors.html

[8] These responsibilities extend to any person who is employed, hired, retained, or contracted by Bilingual Care (whether directly or through an employment or recruiting agency) to provide care or other services. They do not extend to visiting medical practitioners, pharmacists, and other allied health professionals who have been requested by, or on behalf of, a consumer but who are not contracted by Bilingual Care.

The **Managing Director** is responsible for:

- monitoring and overseeing Bilingual Care's day-to-day operations
- maintaining the service's integrity and service delivery quality
- supervising staff and providing feedback to improve efficiency and effectiveness
- ensuring the service has the adequate and suitable resources to complete its activities (e.g., people, material, equipment, etc.)
- ensuring staff support consumers to be actively involved in decision making that affects them, are empowered about their rights, and are taken seriously and
- maintaining relationships with consumers, carers, families, suppliers, community, industry, and government.

Leadership Team Oversight

Bilingual Care's Leadership Team meets monthly. A *Meeting Agenda* is circulated prior to every meeting and *Management Meeting Minutes* are kept by the Managing Director. Leadership Team meetings cover operational performance and financial data, IT and service quality information (including incidents and consumer feedback and complaints).

To ensure the Leadership Team fulfils its legislative and regulatory obligations for overseeing the safe, quality and effective delivery of aged care services, the following items are reviewed at each Leadership Team meeting:

Operational Governance

- Quality and safety systems
    - Does the organisation have documented processes that are compliant with the Aged Care legislation and relevant *Strengthened Aged Care Quality Standards*?
    - Have internal audits been completed to monitor implementation of procedures?
    - What is the status of the *Continuous Improvement Plan* and action items? Are there any areas that are outstanding or need attention?
    - Does data in relation to service utilisation, funding and cost structures vs budget highlight areas that need addressing?
    - Based on Bilingual Care's performance measures, are there any investment priority areas that are needed to deliver quality aged care services?
- Risk management and risk profile
    - Have risks increased or stabilised?
    - Are risk controls adequate and evidence-based?
    - Are there any new risks that need addressing?
    - Do any extreme/high risks require resourcing or escalation?
- Incident management, including SIRS incident trends
    - What is the Priority 1 and Priority 2 SIRS trends (consumers)?
    - Are there any WHS Notifiable Incidents and trends (staff)?
    - Are there systemic failures or repeated issues that need attention?
    - Have learnings from incidents been actioned?
- Feedback and complaints management
    - Are there systemic issues contributing to complaints or particular themes?
    - How quickly are feedback and complaints responded to, and how soon are matters resolved?
    - Are the feedback and complaints highlighting impact on rights, choice and quality of life?
- Information management

- Are systems meeting the needs of Bilingual Care's operations and regulatory requirements (e.g. can staff, health practitioners, consumers and supporters access the right information at the right time to support safe and quality care?)
    - Are there any reported barriers to accessing information (e.g., system downtime, poor integration, slow platforms)?
    - Have there been any privacy or data breaches, system outages or incident reports in relation to privacy, data or records management?
    - Are there potential cyber security risks?
    - Are digital systems progressively aligning with future-state interoperability expectations (e.g. health information exchange readiness), where applicable?
- Workforce planning and HR management
    - Can the workforce safely deliver services according to consumer needs?
    - Does Bilingual Care have an adequate skill mix, and training completion?
    - Is supervision occurring and highlighting any trends?
    - Is there a workforce turnover trend / high vacancies that needs to be addressed?
- Emergency and disaster management
    - Is the *Emergency and Disaster Management Plan* current and relevant?
    - Does individual consumer emergency planning and preparedness occur, where appropriate? Are there any trends or feedback that require attention?
    - Are there any new risks or emerging situations that my impact Bilingual Care's emergency and disaster preparedness?

Clinical Governance

- Are consumers receiving safe, effective, person-centred care? That is, consumers are actively working towards/achieving their goals?
- Are there any new patterns of concern emerging in relation to consumers clinical care?
- Is there an adequate number of staff with the right skills, experience and qualifications to support consumer's individual care needs?
- Are staff up to date with required training and are services being delivered on time and as per the consumer's agreed *Support Plan*?
- Are there any clinical risk indicators (falls, medications, wound risks) that need addressing?

Consumer Involvement

- Quality Care Advisory Body meetings have been held as scheduled, and information provided in Quality Care Advisory Body reports have been considered, actioned where required, and responded to
- Consumer Advisory Body meetings have been held as scheduled, feedback has been considered, actioned where required, and responded to (in writing)
- Are there feedback, complaints, incident data or emerging trends that indicate risk that consumers' voices are not being heard or that their rights under the *Statement of Rights* may not be upheld?
- Is information accessible and understandable to consumers and supporters?

Recognising that consumer's input to governance improves service outcomes, Bilingual Care involves them in its governance processes where possible. This may include involving them in service delivery and planning days and/or certain Leadership Team meetings (see Bilingual Care's *Feedback and Complaints Policy and Procedure*).

Actions and Decisions

Following the review of the reports, data and trends, the Leadership Team must take action, as appropriate. This may include:

- approving or directing corrective actions
- allocating resources to address risks or system gaps
- mandating policy or procedural improvements
- directing further training to improve workforce capability if required
- ensuring transparency by responding in writing to CAB recommendations

All decisions must be documented in the *Management Meeting Minutes*, including how consumer voices have shaped decisions. Action items will be tracked using Bilingual Care's *Continuous Improvement Plan*.

Annual Reports

Bilingual Care publicly summarises its program and financial performance on a yearly basis in its *Annual Report*. It is open to providing this information at any time when requested by consumers or their representatives, to demonstrate its commitment to transparent practices and open communication

Systems

Bilingual Care maintains organisational policies, procedures and forms that describe how it must operate, to ensure compliance with its regulatory obligations. This also ensures that all staff are following consistent processes, and understand the expectations, their roles and responsibilities when performing their duties. The policies and procedures are maintained and accessible to staff in Ezihealth. These are reviewed periodically (usually between 1 – 3 yearly), or sooner if changes are required/regulatory changes occur. See Bilingual Care's *Records and Information Management Policy and Procedure* for more information.

Ezihealth is used to record, monitor and report on service delivery.

Quickbooks is used for financial recordkeeping and reporting.

Government Portals

As an approved provider of Aged Care services, Bilingual Care must also provide regular information and reports to the Department of Health, Disability and Ageing. The primary systems for these reports include:

- GPMS
- Forms Administration Portal

Quality Care Advisory Body

Bilingual Care's Quality Care Advisory Body supports and informs the Leadership Team. Members of this advisory body must be appropriately skilled and experienced to assist with problem-solving and identifying areas for improvement in the service.

It must comprise:

- a member who is a responsible person of Bilingual Care and who has appropriate experience in the provision of aged care
- a member who is directly involved in the delivery of aged care (for example, the person

responsible for the delivery of care and services, quality manager, care coordinator or a personal care worker) or where clinical care is delivered, a member directly involved in providing clinical care (for example, the person responsible for nursing services, a registered nurse or allied health practitioner, etc) and
- a member who represents the interests of consumers, for example, a consumer or representative, a member of the Consumer Advisory Body (if established, see below), a member of an organised consumer advisory service, or a consumer advocate.

Each of the roles described above must be filled by a different person, such that the body is made up of no less than three people. It may also include others with an interest in the quality of aged care delivered by Bilingual Care.

The Quality Care Advisory Body must provide a written report to the Leadership Team at least every 6 months, about the quality of the aged care provided by Bilingual Care. If Bilingual Care operates more than one type of aged care service, the written report must cover each service. The body must also be able to, at any time, give feedback to the Leadership Team about the quality of the aged care provided by Bilingual Care.

Written reports must cover what has occurred during the preceding period (the report period) and include any concerns the body has about the quality of care provided by Bilingual Care over the reporting period, taking into consideration:
- feedback provided by consumers and staff about the quality of care that was provided to consumers
- complaints received about the quality of aged care that was provided and action taken to deal with them
- any regulatory action taken by the Aged Care Quality and Safety Commission in relation to the quality of aged care provided
- progress made in relation to Bilingual Care's plans for continuous improvement, particularly improvements made in the provision of aged care during the period
- any audit results and audit report given to Bilingual Care by the Aged Care Quality and Safety Commission
- information about Bilingual Care's staffing arrangements, including (as applicable):
    - the availability of allied health practitioners or other health support
    - the availability of registered nurses and
    - staff turnover and
- any reportable incidents that have occurred and action taken by Bilingual Care in response.

Reports may also provide:
- updates about quality over time. For example, the body may examine how a previous issue has been dealt with, and whether the intervention was successful and
- comparative data from previous report periods.

The Quality Care Advisory Body can also provide the Leadership Team with other reports (not related to the responsibilities above). This may occur, for example, where the Leadership Team has asked the Quality Care Advisory Body to report back on a particular topic.

The Leadership Team must consider reports or feedback from the Quality Care Advisory Body when making decisions about the quality of Bilingual Care's aged care.

The Leadership Team must also advise the Quality Care Advisory Body **in writing** how it has considered the report or feedback. This information should inform decision making about quality issues and areas of improvement. However, the role of the Quality Care Advisory Body does not replace the Leadership Team's responsibilities to analyse and assess the quality of

care provided. Advice received from the Quality Care Advisory Body should be considered as part of broader continuous improvement activities and in parallel with other information, including any feedback from the Consumer Advisory Body (where established) and routine reporting.

The Leadership Team and all staff must provide the Quality Care Advisory Body with any information it requests about the quality of Bilingual Care's aged care, to help it prepare its written reports. However, it is not expected that additional reports or summaries be generated specifically for this purpose.

It is expected that the Quality Care Advisory Body will focus on the macro issues and trends in Bilingual Care, not on individual complaints, feedback, incidents, or issues.

Detail about how Bilingual Care's Quality Care Advisory Body operates are set out in its *Terms of Reference*. This includes:

- its scope
- roles and responsibilities
- member nominations and appointments
- meeting frequency
- reporting regularity
- interaction with the Leadership Team
- confidentiality and information sharing requirements
- support provided by Bilingual Care, and
- payment and reimbursement of expenses.

Record Keeping

To demonstrate compliance with Bilingual Care's Quality Care Advisory Body requirements, the Managing Director must keep a record of the following:

- membership of the body (including names of each member, date each member commenced and ceased or resigned)
- details about how the body satisfies the membership requirements
- where the body meets and the dates meetings are held
- meeting minutes
- each written report given to the Leadership Team by the body
- details of any feedback given to the Leadership Team by the body about the quality of Bilingual Care's aged care and
- written advice provided to the body by the Leadership Team advising how its reports and feedback have been considered.

Consumer Advisory Body

At least once every 12 months, Bilingual Care must provide consumers and their representatives with the opportunity to establish one or more Consumer Advisory Bodies to give the Leadership Team feedback about the quality of aged care provided by Bilingual Care.

A written offer to establish a Consumer Advisory Body must be made every 12 months, regardless of whether a body already exists. In making the offer, Bilingual Care should actively engage and advise consumers and their representatives of the purpose and functions of the body and how they can be part of it.

There is no specified size or constitution for the Consumer Advisory Body. It can be as big or as small as the consumer interest within the organisation. Ideally, it should be comprised of a

majority of current consumers, with representation across the different types of aged care services Bilingual Care provides. It should also be representative of the demographics and diversity of consumers supported by Bilingual Care.

Bilingual Care may consider offering the opportunity more frequently, including if a consumer expresses interest in such a body or when new consumers enter the service.

Bilingual Care must support interested consumers and representatives to establish a body that gives them a voice on quality of care issues. This includes by:

- sending them written information (in a clear and understandable format) about the opportunity to form the body and its purpose, and how they can be involved
- holding meetings on how to join the body and what being a part of the body would involve
- identifying consumers who may be interested in being on the body and personally inviting them to join
- talking to staff about the body and encouraging them to discuss it with consumers
- engaging with consumer representatives who may like to act as a proxy for the consumer (where the consumer has substitute decision-making or the representative is actively involved in decisions about the consumer's care) and
- informing possible members about the valuable impact their role can have on the running of the organisation and the care and services delivered.

Detail about how Bilingual Care's Consumer Advisory Body will operate are set out in its *Terms of Reference*. This includes:

- its scope
- roles and responsibilities
- member nominations and appointments
- meeting frequency
- reporting requirements
- interaction with the Leadership Team
- confidentiality and information sharing requirements
- support provided by Bilingual Care, and
- payment and reimbursement of expenses.

The *Terms of Reference* will be reviewed at least annually or updated when a new CAB is established.

Where a Consumer Advisory Body cannot be established (for instance, due to lack of interest), the Leadership Team must identify and document the underlying cause. This information should be used to put additional supports or approaches in place to encourage consumers to become involved.

When established, the Consumer Advisory Body should be a source of meaningful engagement between its members and the Leadership Team. To support this, the Leadership Team may wish to consider:

- working with members to determine the matters that are important to them and the issues they want to focus on
- co-developing how the body will work to make sure it is meaningful to members
- the intersections between the Consumer Advisory Body, the Quality Care Advisory Body, and any other advisory bodies
- how members are supported to take an active role
- how the body will provide feedback to other consumers in the service
- how the members will have opportunities to engage with the Leadership Team

- how the Leadership Team will advise in writing how it considered any feedback received from the body and
- how any barriers to participation will be addressed.

Bilingual Care must support the Consumer Advisory Body in its operations. This might include coordinating meetings, circulating papers, drafting feedback, and providing general administrative support. Bilingual Care must also ensure:

- the body is informed of the matters and decisions the Leadership Team is considering and would value consumer input into
- Consumer Advisory Body meetings and discussions are captured and recorded, in line with members' preferences and
- feedback and advice from the Consumer Advisory Body are escalated to the Leadership Team.

The Leadership Team must consider feedback from the Consumer Advisory Body when making decisions about the quality of Bilingual Care's aged care services.

The Leadership Team will provide written advice to the Consumer Advisory Body about how feedback has been considered.

While it is not expected that all feedback will be directly implemented, this information should inform continuous improvements to care and services, with the view to resolve issues for consumers and others. This involves addressing issues raised and making genuine attempts to find solutions, and incorporating the views and wishes of consumers into decision-making.

Record Keeping

To demonstrate compliance with Bilingual Care's Consumer Advisory Body requirements, the Managing Director must keep a record of the following:

- each written offer made to consumers and representatives giving them the opportunity to establish a Consumer Advisory Body
- the dates each offer was given and
- if a Consumer Advisory Body is established:
    - where the body meets
    - meeting minutes
    - details of any feedback given to the Leadership Team and
    - any written advice to the body from the Leadership Team advising how its feedback has been considered.

Feedback and Complaints

Bilingual Care is committed to ensuring that consumers, their families and supporters, staff and other stakeholders have regular and safe opportunities to provide feedback or make complaints about any aspect of Bilingual Care's operations, including its governance, leadership decisions and oversight practices.

Feedback or complaints may be raised verbally, in writing, through routine service interactions, via advisory bodies, anonymously, or through any preferred communication method, as per Bilingual Care's *Feedback and Complaints Policy and Procedure*. All individuals are supported to speak up without fear of reprisal to encourage meaningful consumer voice, transparency, and effective organisational systems.

Along with broader feedback mechanisms such as the Consumer Advisory Body and Quality Care Advisory Body, feedback and complaints inform the Leadership Team's continuous

improvement activities and strengthen Bilingual Care's commitment to safe, high-quality and rights-based aged care.

At any time, a consumer, representative, staff member or other stakeholder may report governance-related concerns, misconduct or serious matters confidentially through Bilingual Care's whistleblower process. For more information see Bilingual Care's *Whistleblower Policy and Procedure*.

Media Enquiries

The nominated Media Spokesperson for Bilingual Care is the Managing Director.

If at any time staff are contacted by a media representative regarding a Bilingual Care consumer, other staff member or any matter related to Bilingual Care, they must refer the caller to the Managing Director. Staff must not provide any comments or opinions. It is appropriate to say something like, "I am not the best person to talk to, please contact our Managing Director".

Supporting Documents

Documents relevant to this policy and procedure include:

- *Clinical Governance Framework*
- *Compliance Policy and Procedure*
- *Continuous Improvement Policy and Procedure*
- *Feedback and Complaints Policy and Procedure*
- *Onboarding and Induction Policy and Procedure*
- *Records and Information Management Policy and Procedure*
- *Whistleblower Policy and Procedure*
- *Leadership Team Meeting Agenda*
- *Leadership Team Meeting Minutes*
- *Annual Report*
- *BCWCA Rules*
- *Responsible Person Suitability Assessment Checklist*
- *Board Terms of Reference*
- *Quality Care Advisory Body Terms of Reference*
- *Consumer Advisory Body Terms of Reference*

Monitoring and Review

This policy and procedure will be reviewed at least every three years by the Leadership Team. Reviews will incorporate staff, consumer, and other stakeholder feedback, where relevant.

Annual satisfaction surveys will assess consumer and staff satisfaction with Bilingual Care's governance processes and provide stakeholders with the opportunity to provide feedback on areas for improvement.

Bilingual Care's *Continuous Improvement Plan* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of Bilingual Care's service planning and delivery processes.

DOCUMENT CONTROL

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