**Document Control Register** – please note that the yellow highlighted text below is generally instructions for providers when using / adding to this document

Start Date:

Last Updated:

Remember:

* You need to review policies and related documents at regular review intervals, eg annually / no less than every three (3) years) or when legislation, regulations, standards or current practice change. This task is included in the Compliance Calendar. It is also very useful to do a review of the policies when you train / retrain staff on them – that way they remain up-to-date
* In reviewing policies and related documents you should include internal and external stakeholders
* Most policy documents and registers / plans should be approved by your governing body.

All documents are kept in insert soft copy location of documents and if have hard copy, where it is kept.

Archived documents – copies are kept for 7 years in ??

The numbering system used below is an **example only**. We have numbered the documents we have provided but some organisations may already have some document system in place. Regardless, you will need to allocate numbers and add them to all your adapted and adopted documents and then update this register. The auditor will use this as a key resource when requesting your documents to review.

Remember all documents require footer with Number, Date, Page x of y.

| **No** | **Document Title** | **To be Approved by** (Director / Governing Body) | **Issue Date** | **Revision Approval** | **Next Review Date\*** | **Changes Made**  (Include summary of changes made at each review date) |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Policies and Procedures** | | | | | | |
| P1 | Service Delivery Model |  |  | Initial |  |  |
| P2 | Company Profile and Structure |  |  | Initial |  |  |
| P3 | Incident Management Policy and Procedures |  |  | Initial |  |  |
| P4 | Feedback and Complaints Management Policy and Procedures |  |  | Initial |  |  |
| P5 | Risk Management Policy and Procedures |  |  | Initial |  |  |
| P6 | Safe Practice and Environment Policy and Procedures |  |  | Initial |  |  |
| P7 | Privacy and Information Management Policy and Procedures |  |  | Initial |  |  |
| P8 | Dignity of Risk and Duty of Care Policy and Procedures |  |  | Initial |  |  |
| P9 | Consent Policy and Procedures |  |  | Initial |  |  |
| P10 | Substitute Decision Makers and Duty of Care for Participants with Reduced Decision Making Capacity Policy and Procedures |  |  | Initial |  |  |
| P11 | Quality and Continuous Improvement Program |  |  | Initial |  |  |
| P12 | Conflict of Interest Policy and Procedures |  |  | Initial |  |  |
| P13 | Delegations Policy and Procedures |  |  | Initial |  |  |
| P14 | Management of Injured Workers Policy and Procedures |  |  | Initial |  |  |
| P15 | Participant Rights and Responsibilities Policy and Procedures |  |  | Initial |  |  |
| P16 | Advocacy Policy and Procedures |  |  | Initial |  |  |
| P17 | Human Resource Management Policy and Procedures – Note: this is a ‘shell’ for your consideration – you will need to access these P&P yourselves |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Section 2: Registers and Plans** | | | | | | |
| R1 | Strategic Plan – will require you to develop a plan based on the Introduction and resource links provided |  |  | Initial |  |  |
| R2 | Human Resource Register |  |  | Initial |  |  |
| R3 | Compliance Calendar |  |  | Initial |  |  |
| R4 | Annual Training Plan |  |  | Initial |  |  |
| R5 | Incidents and Complaints Register |  |  | Initial |  |  |
| R6 | Disclosure of Interests Register |  |  | Initial |  |  |
| R7 | Quality Improvement Plan |  |  | Initial |  |  |
| R8 | Quality Improvement Projects Register |  |  | Initial |  |  |
| R9 | Document Control Register |  |  | Initial |  |  |
| R10 | Risk Management Register |  |  | Initial |  |  |
|  |  |  |  |  |  |  |
| **Section 3 Forms / Documents / Checklists** | | | | | | |
| F1 | Incident and Complaint Report |  |  | Initial |  |  |
| F2 | Incident Investigation Form |  |  | Initial |  |  |
| F3 | New Participant Intake Checklist |  |  | Initial |  |  |
| F4 | NDIS Service Agreement |  |  | Initial |  |  |
| F5 | NDIS Support Plan |  |  | Initial |  |  |
| F6 | NDIS Induction Checklist |  |  | Initial |  |  |
| F7 | Governing Body Meeting Agenda |  |  | Initial |  |  |
| F8 | Senior Management Meeting Agenda |  |  | Initial |  |  |
| F9 | Team Meeting Agenda |  |  | Initial |  |  |
| F10 | Community Safety Checklist |  |  | Initial |  |  |
| F11 | In-Rooms Safety Checklist |  |  | Initial |  |  |
| F12 | Quality Improvement Activity Record Form |  |  | Initial |  |  |
| F13 | Goal Attainment QI Activity Form |  |  | Initial |  |  |
| F14a | Participant Survey Form |  |  | Initial |  |  |
| F14b | Participant Survey - Interviewer Instructions |  |  | Initial |  |  |
| F14c | Participant Survey - Summary of Results form |  |  | Initial |  |  |
| F15 | NDIS Support Plan Audit form |  |  | Initial |  |  |
| F16 | NDIS Participant’s Service Agreement Audit form |  |  | Initial |  |  |
| F17 | NDIS Employment Checklist |  |  | Initial |  |  |
| F18 | Training Attendance Record |  |  | Initial |  |  |
| F19 | Participant Transition-Discharge Checklist |  |  | Initial |  |  |
|  | HR Forms need to be added eg position description templates, performance review forms |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Section 4 Standard Operating Procedures (SOPs)** | | | | | | |
| SOP1 | Participant Management in Case of AHP Unplanned Leave |  |  | Initial |  |  |
| SOP2 | Participant Support Plan Review Process |  |  | Initial |  |  |
| SOP3 |  |  |  | Initial |  |  |
|  |  |  |  |  |  |  |
| **Section 5 External Documents Offered to Participants (ED)** – these are examples only | | | | | | |
| ED1 | How to Make a Complaint - NDIS Quality and Safeguards Commission |  |  |  |  |  |
| ED2 | How to talk to Children About Cancer – Cancer Council |  |  |  |  |  |
| ED3 | NSW Falls Prevention Program Home Exercises – Clinical Excellence Commission |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\* Dates to be determined once audit date set – min every 3 years or if changes occur

AHP providers will need to supply:

1. Up-to-date Document Control Register
2. Policy documents – from Section 1 above
3. Any SOPs (Section 4)
4. Examples from 2 & 3 eg samples, completed tasks and Work-in-Progress of:

|  |  |
| --- | --- |
| * HR Register * Incidents and Complaints Register * Compliance Calendar * Register of Interests * Quality Plan * Quality Improvement Projects Register * Annual Training Plan | * Meeting minutes – demonstrating for example discussion / action on QI, Risks, compliance, complaints, incidents * Audits x 4 – or at least 2 completed * Performance reviews * Supervision timetable * Position descriptions |

1. At audit – these will likely only be asked for during the audit
   * Participant files – evidence of completeness, Service Agreements including consents, notes, risks, Support Plans
   * Access to participants / trusted advisors to interview
   * Access to staff to interview – knowledge of policies / processes, training participated, WHS, management if incidents / complaints
   * Training attendance records & materials used for training