

# Governance Solutions Toolkit

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# Governance Policies

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Governance Solutions Toolkit

# Harassment Policy: Sample

## Obligations

(NAME) recognises a moral and legal responsibility to provide a work environment for employees, contractors, customers and visitors that is free from harassment.

(NAME) considers harassment as unacceptable behaviour and it will not be tolerated under any circumstances.

Reports of harassment will be investigated promptly and confidentially.

## Definitions

### Harassment

This is any form of behaviour that:

- \* Is uninvited or unwelcome
- \* Often involves abuse of power
- \* Is likely to cause a hostile or uncomfortable workplace by humiliating someone, seriously embarrassing them, offending them or intimidating them; and
- \* May cause offence

### Sexual harassment

May consist of one or a combination of the following:

- \* Jokes, suggestions or comments of a sexual nature
- \* Offensive hand or body gestures
- \* Offensive staring or leering
- \* Distribution of material, telephone calls, emails, screen savers, images from the internet, photographs or other objects which may be offensive
- \* Unwelcome physical contact such as brushing against a person, patting, touching or fondling
- \* Unwanted advances, interest, propositions or demands
- \* Intimidation, abuse or assault
- \* Unwelcome comments about a person's sex life or physical appearance; and
- \* Indecent assault or rape (also a criminal offence)

### Racial Harassment

May consist of one or a combination of the following:

- \* Derogatory name calling
- \* Insults and racial jokes
- \* Ridicule of any individual for cultural differences
- \* Racist graffiti
- \* Verbal abuse or threats

- \* Unwelcome remarks or innuendos
- \* Taunting about a person's race, ethnic or national origin, creed or faith; and
- \* Physical attack

## Objectives

(NAME) will:

- \* Provide a workplace that is free from harassment
- \* Ensure compliance with legislative requirements
- \* Provide information, instruction, training and supervision to employees where necessary
- \* Provide support and assistance to employees

## Responsibilities

It is the responsibility of (NAME) to create a culture that recognises harassment as unacceptable behaviour and where everyone can realise their full potential

### **Management is responsible for:**

- \* Ensuring that all staff are aware of the appropriate and acceptable standard of behaviour at work
- \* Ensuring a supportive, comfortable and productive work environment
- \* Ensuring that staff are aware of their rights and responsibilities regarding harassment
- \* Intervening if staff member conduct creates an intimidatory, hostile or offensive work environment; adversely affects staff prospects; adversely affects an individual's work performance, health or job satisfaction or staff member's action results in resignation
- \* Take early action to deal with behaviour which may be offensive or intimidatory
- \* Handling complaints immediately, seriously and confidentially with due sensitivity; and
- \* Preventing the victimisation of anyone involved in a harassment complaint

### **Employees are to:**

- \* treat colleagues with respect and dignity
- \* ensure their behaviour does not constitute harassment or condone circumstances that may allow such to happen
- \* ensure individuals do not suffer from harassment
- \* ensure they do not act in an inappropriate manner towards other staff, contractors, clients or the public
- \* Report all known or observed harassment to their immediate supervisor or manager
- \* Actively contribute to a harassment free environment

## Application of the Policy

This policy is applicable to (NAME) in all its operations and functions including those situations where employees are required to work off site.

As a general rule, (NAME) will ensure the following:

- \* Any observed contravention of this policy should be immediately advised to the staff member's line manager or General Manager
- \* The offending staff member is to be counselled by the General Manager or line manager if the former is unavailable.
- \* Where necessary, a conciliation process between the relevant parties may be initiated by the General Manager.

Any persons found to have been the cause of harassment can expect to face disciplinary action, which may include summary dismissal.

Policy Authorised on behalf of (NAME) Board by:

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# Internal Audits Policy - Sample

Internal audits for the (NAME) are to be conducted periodically in accordance with the Internal Audit Schedule. The Internal Auditor is to conduct these audits with relevant staff members.

## Procedure

- The Internal Auditor shall audit the relevant department/program in accordance with the Internal Audit Schedule. An audit pro forma has been developed for each program

- Desktop/Shortcut to Quality/Administration/Standard Documents/ Internal Audit). The Internal Auditor is to print the required audit form and use it along with the relevant procedure to conduct the audit.

- All audit results are to be recorded on the audit form.

- The original audit form is to be filed, a copy of the audit is to be attached to an audit report and passed to the Team Manager.

- It is NOT the responsibility of the Internal Auditor to find solutions or action any opportunities for improvement or non-conformances. The Internal Auditor is to conduct the audit and report on the outcomes.

- The respective Team Manager is to address all opportunities for improvement or non-conformances that are highlighted in the audit report. This can be done with in the team or if the issues are major they must be highlighted in the Team Managers' meetings.

- All actions/follow ups must be documented and feedback is to be given to the Internal Auditor.

- If necessary a follow up audit is scheduled at an agreed time to review the issues and ensure that the changes have being implemented successfully.

# Media Policy - Sample

## Policy

In accordance with the Statement of Purposes (NAME) acknowledges that it has a responsibility to "promote a better understanding of cultural diversity and a greater awareness of the needs of the target group".

In order for the organisation to effectively promote awareness and publicise the needs of the client group(s) it is imperative that effective use of, and response to the media occurs. NIRC acknowledges that its use of print and electronic media will be in both a proactive and reactive manner.

## Procedure

As such the following outlines a clear manner in which the organisation can utilise the media in order to achieve its stated aims:

1. All media inquiries are to be directed to the CEO.
2. Where media statements are required immediately, the CEO will respond. The Chairperson or authorised delegate may also respond to media inquiries following consultation with the CEO.
3. Staff/BOM must not communicate with media on behalf of the organisation without prior authorisation from the CEO.
4. Confidentiality and privacy of clients should always be respected. Verbal consent from clients should be sought prior to any photographs, films or interviews for media activities. The CEO or her/his delegate is responsible for seeking this consent.
5. (NAME) will seek to promote positive coverage of its achievements, challenges and future vision. E.g. new service developments.
6. All media releases and events will aim to educate and inform the public about issues facing migrants living in the community. Emphasis will be on promoting the rights of clients, creating positive community attitudes.
7. (NAME) will endeavour, where possible and appropriate to convey all media releases in a culturally and linguistically appropriate manner i.e. utilising ethnic media.
8. (NAME) will not provide endorsements of any political party, but will comment in a qualitative manner on the merits and deficiencies of any policy initiative.
9. (NAME) has a responsibility to work with consumers to promote the provision of well resourced, high quality services which are responsive to the expressed needs of consumers.
10. Under no circumstances shall staff/Board of Management members engage in media activities to air concern/grievances regarding the operation of (NAME).

# Occupational Health and Safety Policy - Sample

(NAME) recognises and is committed under Victorian legislation to provide and maintain a safe, healthy and comfortable work environment for its staff, consumers and other visitors.

(NAME) believes that a well-managed health and safety program is an integral part of good management practice.

The (NAME) has a comprehensive OH & S Policy. Staff have an obligation to ensure that they are thoroughly familiar with its content. It is strongly suggested that the policy be carefully read and understood.

## (NAME) Commitment to OH & S

In fulfilling its responsibilities, (NAME) will:

- Comply with all statutory rules and accepted codes and practices relating to health and safety.
- Set short and long term goals and specific responsibilities in the management of health and safety.
- Develop OH & S policies, procedures and guidelines.
- Ensure all line managers understand and take responsibility for the health and safety process in each program area.
- Provide information, instruction, training and supervision to ensure that staff are aware of safe work practices, emergency procedures and any risks to health and safety in their work environment.
- Consult with staff and OH & S representative on issues relating to health and safety.

(NAME) will ensure that management or delegates have practical knowledge of a take responsibility for:

- Hazard identification, risk assessment and risk control.
- Health and safety legislation, regulations and recognised standards.
- Specific health and safety issues within the workplace.
- Investigation of all diseases, injuries, near misses and accidents and formulate appropriate preventative action
- Regularly monitor and review the implementation of and compliance with OH & S policies.

(NAME) is committed to providing:

- Safe equipment and working procedures including adequate ventilation, safe electrical connections, appropriate resources, clear passageways, etc.
- Good facilities for the welfare of workers such as ergonomically sound furniture, kitchen and dining area, washrooms, first aid kit.



## Staff Responsibilities and Involvement in OH & S

The OH & S Act places obligations on employees to take care of their own health and the health and safety of others who may be affected by their acts or omissions at the workplace.

It also provides for the involvement of employees in dealing with health and safety issues through the establishment of Designated Work Groups, the election of health and safety representative and the establishment of health and safety committees. (NAME) encourages and supports staff involvement through such mechanisms.

Staff will receive information, instruction and ongoing supervision on likely hazards stresses of the job.

If a staff member is inexperienced in the use of a piece of equipment, training will be provided.

All staff are expected to:

- Practice safe working habits.
- Report unsafe working conditions or equipment.
- Keep their immediate work area in a safe and orderly condition.
- Take care of others.
- Cooperate with (NAME) in meeting the requirements of the OH & S Act.
- Accord the health and safety of non-employees, visitors, etc. a high priority.
- Immediately report any hazards or faulty equipment to the Team Manager/CEO.

TEAM MANAGERS HAVE THE OVERALL RESPONSIBILITY FOR TRAINING IN AND IMPLEMENTATION OF THIS HEALTH AND SAFETY POLICY.

Staff should discuss any OH & S concerns with their line manager.

The observations and suggestions of all staff will be valued. Every effort will be made to address all issues.

## OH & S Representative

(NAME) aims to support the functioning of the elected OH & S Representative.

Staff are encouraged to elect a workplace OH & S Representative.

(NAME) is obliged to and will:

- Consult with the Health and Safety Representative on all proposed changes to the workplace and equipment and practices used in the workplace that may affect health and safety and welfare of staff.
- Provide the health and safety representative with access to any information on actual or potential hazards and the health, safety and welfare of staff.
- Permit health and safety representative to take such time off work with pay as is necessary for performing their functions or taking part in approved training courses.
- Provide such facilities and assistance as are necessary.

## Training

(NAME) has a commitment to providing training on a yearly basis for all staff in safe work practices.

All team managers will be trained in the principles of OH & S management together with the appropriate hazard controls that are relevant to their area.

Such training and information will include:

- A legislative overview relevant to the workplace (including employer responsibility).
- Consultative processes and issue resolution.
- Hazard identification, risk assessment and risk control.
- Incident and accident investigation.

## Occupational Stress

(NAME) recognises that hazards in the workplace are not just physical or chemical but can also exist in the way the organisation functions and the way in which its work is organised. Occupational stress is a major concern and one that (NAME) aims to minimise through good practice in management and operation of the organisation.

Staff are encouraged to do whatever is in their control to identify and manage potential stress risks.

## Smoke Free Workplace

The (NAME) shall be smoke-free in all public and individual work areas.

THE FOLLOWING AREAS SHALL BE SMOKE-FREE:

- a) Public areas, visitor reception areas.
- b) All work sites.
- c) All rooms in which meetings are regularly conducted, or in which meeting is in progress.
- d) Organisational Vehicles.

SMOKING IS ALLOWED ONLY IN:

- a) Designated areas.

A smoking policy aims to provide a healthy and safe workplace for employees, clients and visitors.

It also promotes and supports healthy choices in the workplace.

A smoke-free workplace policy will ban all smoking in the workplace or restrict smoking to a designated area that is enclosed and directly ventilated to the outside.

## Office Safety

All work performed in offices at the (NAME) will be conducted using safe work practices.

Office and administrative areas will be maintained free of recognized hazards.

Safe Work Practices:

- a. Guard the sharp edges of furniture to prevent personal injury.
- b. Practice good housekeeping. Keep floors free of items that might cause tripping. Keep waste cans out of the way; do not overfill them.
- c. Prevent slipping accident by cleaning up spills immediately.
- d. Report all defects such as loose tiles, broken steps, railings and doors immediately to the Health and Safety Representative/Finance and Administration Manager Officer.
- e. Keep razor blades, tacks, and other sharp objects in closed containers.
- f. Use the proper tool for the job at hand (e.g. a staple remover to remove staples).
- g. Do not overload electrical outlets. Do not plug a multiple outlet strip-- an extension cord with multiple electrical receptacles--into a second multiple outlet strip.
- h. Report immediately, any damaged electrical cords, broken switches, loose connections, or bare wires to the Health and Safety Representative/Finance and Administration Managers Officer.
- i. Unplug any office machine that smokes, sparks, or delivers an electrical shock. Have it inspected by the appropriate repair personnel.
- j. Avoid overloading the top drawers of filing cabinets to avoid the possible tipping of the cabinet when the drawers are opened. Open one drawer of the file cabinet at a time to prevent tipping. File cabinets should be placed where their use will not interfere with office traffic patterns.
- k. Keep file and desk drawers closed when not in use to help prevent tripping accidents.
- l. Be sure to use proper lifting techniques. Make arrangements with personnel skilled in moving to shift furniture and other heavy objects.
- m. Use only safety step stools or ladders for climbing. Don't stand on swivel chairs or use them as step stools.
- n. Be careful with flammable liquids. Only the quantity needed for use should be in the work place. They should be kept and used in a ventilated area, away from excessive heat or ignition sources.
- o. Office doors shall be free of obstructions at all times to permit exits in case of an emergency.
- p. If it is necessary to run a cable or electrical cord across the floor, a cable cover must be used to protect the wiring and prevent tripping.
- q. Do not cover air vents or obstruct airflow from registers. Do not place furniture, equipment, or materials in locations that will interfere with air movement around thermostats.
- r. Report any observed pest control problems to the Health and Safety Representative Finance and Administration Managers Officer:

- The (NAME) offices and program environment will be as safe, non-institutional, accessible, comfortable and welcoming as possible.
- (NAME) will also be mindful of creating an environment that will be non-threatening: consumers and staff have the right to be free from physical, emotional and verbal abuse.
- Staff should be sensitive to the needs and different behaviours of others without compromising the above.
- Noise should be kept to a minimum in situations where the office is a shared environment.
- Good facilities including a staff room and/or kitchen area and appropriate food stuffs (milk, sugar, tea and instant coffee) will be provided for staff amenities for rest periods and meals breaks. Any foodstuffs above and beyond what is mentioned in this policy will be purchased at staff members expense e.g. percolated coffee, biscuits and cakes.

## Children in the Workplace

The (NAME) has a flexible policy regarding children in the workplace.

In the event that a staff member is required to bring her/his children to work due to an emergency, she/he is encouraged to do so however approval needs to be sought from your supervisor/team manager. The staff member is responsible for the children and must keep them occupied and not distract other staff members. If children are not well they should not be brought into the office so as to minimise infection in the workplace. Staff can access carers leave for this purpose.

In extraordinary circumstances where the children need to be brought in for an extended period prior approval needs to be sought from the Team Manager or CEO.

## Workplace Violence

- Violence in the workplace is totally unacceptable.
- All clients and staff have the right to feel safe and to participate in programs and services in a non-threatening environment. - A client who is violent will be asked to leave the workplace immediately. The incident may require making a report to the Police, if the act of violence amounted to a criminal offence.
- A staff member who is violent or abusive will be subject to disciplinary action as outlined in this manual.
- Any behaviour, which constitutes a crime, is subject to legal remedy and criminal or civil justice.

## Procedures for Infection Control of Infectious Diseases (Including Hepatitis B and HIV/AIDS)

Cases of infectious diseases such as HIV and Hepatitis B in workplaces will be very rare.

However, it is important to re-emphasise basic hygiene and first aid procedures. These are relevant to many diseases and should be generally applied - not only to deal with the HIV or Hepatitis virus.

Standard (Universal) precautions should be applied to all staff regardless of their infection status. These precautions should be regarded as good hygiene practices and routinely adhered to as the basic level of infection control.

They include:

- The routine washing of hands using soap and running water (including before and after the routine use of gloves).

- The use of protective barriers such as latex gloves when dealing with body fluids, appropriate disposal of soiled material and needles/syringes.
- And the cleaning of surfaces that have been in contact with bodily fluids.

The MRC NE has posted signs emphasising the need for staff and members of the public to wash hands carefully using soap and water:

- Before eating, drinking and smoking.
- Before preparing food/beverages.
- After using nasal tissues/handkerchiefs.
- After using the toilet.
- After touching animals or their environment.
- After contact with any bodily fluids.

Staff are encouraged to provide this information to their clients.

Team Managers should ensure that the workplace has its first aid cupboard stocked with a supply of 70% alcoholic chlorhexidine solution for disinfectant purposes. - First aid boxes should also include disposable plastic or latex gloves and one-way mouthpieces suitable for mouth-to-mouth resuscitation.

- All staff should be reminded of the need for care in dealing with blood/body fluids and cases of external bleeding.

The following routine precautions should be observed when assisting any client or another staff member who has sustained a cut or similar injury involving a blood spill or when dealing with any other body fluid such as vomit, saliva, urine and faeces:

- Use disposable latex gloves when handling blood or other body fluids. Thoroughly wash lower arms and any other parts of the body in contact with or splashed by blood or fluids. After removing gloves, thoroughly wash hands. Use soap and running water when washing. - Wipe down benches or other items in contact with blood or body fluids with cold water and detergent and then with an approved disinfectant, for example household bleach (sodium hypochlorite), freshly diluted to 0.5%.
- Wash/sponge carpeted areas with soap and cold water. - Place disposable items and wastes after contact with blood or body fluids in a plastic bag and seal for disposal. - Thoroughly wash instruments (e.g. scissors) in cold tap water to remove any blood. Instruments can be effectively sterilised by soaking them for 30 minutes in household bleach.

If concern remains after dealing with spilt blood etc., then contact the MRC NE OH & S Officer.

## **Client and Staff confidentiality and Infectious Diseases**

It is important that all employees understand what giving/receiving confidential information regarding a client or another staff member's medical condition or information of a personal nature means.

There is no legal obligation for persons infected with a contagious/infectious disease, such as HIV or Hepatitis B, to inform the workplace. However, some staff may choose to inform Team Managers of their condition.

The Team Manager must respect the confidentiality of such advice.

## First Aid

The (NAME) recognises that in accordance with Occupational Safety and Health Legislation it has a responsibility to provide first aid assistance to staff that sustain an injury while on (NAME) premises.

To achieve these responsibilities, the (NAME) shall, as far as is reasonably practicable, provide services such as:

- a) Trained and certificated first aiders.
- b) First aid supplies.
- c) Emergency/evacuation procedures.

All workers will be provided with practical instruction about the following:

- First aid facilities in the workplace
- The location of the first aid kit
- The names and work locations of trained first aiders
- Procedures to be followed when first aid is required

### First Aid Kit

- A First Aid Kit is kept in NMRC centre(s) site.
- The Corporate Services staff members are responsible for ensuring it remains stocked and up to date.
- Kit contents must be replenished as soon as possible after use.
- Monthly inventory checks should be made and recorded to determine if the contents are as listed and have not deteriorated.

All first aid injuries and treatments must be recorded and reported immediately to the OH & S Representative.

## Environmentally Sustainable Workplace

Sustaining the environment means organising ways of working ways minimise environmental damage. This includes minimising the use of non-renewable energy and resources.

Staff at (NAME) are encouraged to become actively involved in protecting their working environment and the health of the planet and to limit the use of resources such as paper, electricity and plastic in the workplace.

Care should be taken that products used at (NAME) are, wherever possible, environmentally friendly. Chemical cleaners and insecticides should be avoided. Plastic containers and bags should be used sparingly.

(NAME) will recycle all glass, plastic and paper waste where possible. Staff are encouraged to re-use and recycle as many resources as possible.

Staff are encouraged to minimise paper use through recycling paper in the workplace and using both sides of paper before disposal.

(NAME) will, wherever possible, purchase products with high recycle content.

(NAME) will conserve energy through:

- Checking energy ratings before buying new equipment.
- Turning off lights, office equipment when not in use (this also helps reduce greenhouse emissions).
- Reduce water use by installing dual flush cisterns.

In the kitchen staff are encouraged to use ceramic mugs not plastic cups.

## Infectious Waste Collection and Disposal

All staff are advised that the handling of discarded syringes and potentially infectious waste should not be undertaken unless appropriate training has been completed.

Untrained staff should report the finding of discarded waste to the OH & S Representative as soon as possible.

In the event of a need stick injury, staff should follow these procedures:

1. Immediately wash the area with an approved antiseptic.
2. Flush area under running water for 3-4 minutes.
3. Squeeze the injury and cause it to bleed.
4. Report the injury immediately after above steps have been completed.
5. Seek medical advice.

## Fire Emergency

Every employee must know the location of fire extinguishers and fire blankets and be familiar with the fire alarm system.

1. The first person to observe a fire should: 1. Immediately sound the fire alarm by activating nearest fire alarm pull station.
2. Report fire to the Fire Brigade 000.
3. If possible, use available fire extinguishers to extinguish or contain the fire. If the fire is fuelled by a natural gas or LP gas leak, the gas supply should be shut off prior to extinguishing the fire.
4. Immediately evacuate area should initial firefighting attempts fail. Shut off gas supplies, etc. Close door to area to contain fire.

## General Emergency Guidelines

In the event of an emergency situation these two guidelines are as follows:

### 1. Assess Risk to Yourself and Others

a) Think before acting.

### 2. Protect Yourself and Others

b) If necessary, remove yourself and others from the area.

c) Immediately remove any contaminated clothing and wash any part of body contaminated by chemicals or radioactive materials. Do not spread the contamination to clean areas.

d) Attend to anyone injured.

e) Close off area to personnel (e.g. close doors, post warnings).

f) Turn off any potential ignition sources.

g) Cover spilled powders with suitable liquids to reduce dust.

h) Notify the Radiation Safety Office.

## Staff Identification

All staff are required to wear (NAME) identification badges, which displays the name of the staff member plus the (NAME) logo. Badges must be worn at all times when in contact with clients and agencies related to (NAME) business.

## Staff Movement Board

Each (NAME) site will be have available a Staff Movement Board. All staff leaving the building will be required to enter their estimated time of return to the site and reason for absence e.g. Meeting, sick leave, annual leave etc. This will assist staff providing reception services to the relevant centre.



# Policy Making Policy - Sample

The development of (Name of Organisation) policy shall follow set procedures to ensure the efficacy of the process and the overall policy framework.

There shall be three levels of policy making:

1. Board Level Policy
  2. Operational Policies
  3. Public Position Policies
- 

## 1. Board Level Policy

This shall include:

- a) Strategic policies defining the outcomes sought from all operational effort.
- b) Governing process policies defining the Board's own operating practices and its relationship with the CEO and staff.
- c) CEO Delegation Policies defining the limits of the Board's delegation of responsibility to the CEO.
- d) Compliance policies defining the organisation's commitment to meeting the requirements of specified legislation.

## 2. Operational Policies

These policies are to be developed by the CEO in consultation with staff, defining day-to-day operational frameworks/guidelines for staff.

All operational policies shall be consistent with the principles, boundaries and definitions outlined in the Board level policies.

The CEO will establish procedures for the development of all operational policies, and as such procedures will ensure adequate and appropriate consultation with the relevant sub-Board and all staff who may be affected by the policies.

## 3. Public Position Policies

Procedures:

### a. Board Level Policies

- \* The Board at a formally constituted Board Meeting will approve all Board level policies.
- \* The need for new policies and policy review can be notified by individual Board members, the CEO, staff members, or members of the organisation.

- \* Whenever possible, policies should be developed in response to the potential for future use or in advance of an event rather than in response to an event, crisis or problem.
- \* Except in special circumstances, a policy cannot be introduced and approved by the Board at the same Board meeting.
- \* A Sub Board or Board working party, including staff and/or the CEO when required by the Board, will research and draft new policies. These will then be circulated to all Board members, staff and other interested parties for comment prior to presentation to the Board for approval.
- \* All policies will be subject to review to be carried out by an approved policy review working group or sub Board.
- \* All Board level policies shall be freely available to all Board members, the CEO and staff.

#### **b. Operational Policies**

- \* The CEO is responsible for the development of all operational policies, in consultation with staff, sub Boards or Board working groups where applicable.
- \* The CEO will consult with staff in relation to establishment of or changes to policies and procedures which impact upon their work.
- \* Operational policies shall be freely available to Board members, staff, volunteers, members and specified agents in the event of a policy review or audit sanctioned by the Board.
- \* All operational policies shall be reviewed annually.

# Prevention of Discrimination Policy - Sample

## Obligations

(NAME) recognises a moral and legal responsibility to provide a work environment for employees, contractors, customers and visitors that is free from discrimination.

(NAME) considers discrimination as unacceptable behaviour and it will not be tolerated under any circumstances.

Reports of discrimination will be investigated promptly and confidentially.

## Definitions

The Equal Opportunity Act 1995 makes discrimination in employment unlawful on the following grounds:

- \* Age
- \* Impairment
- \* Industrial activity
- \* Lawful sexual activity
- \* Marital status
- \* Physical features
- \* Political belief or activity
- \* Pregnancy
- \* Race
- \* Religious belief or activity
- \* Sex
- \* Parental status or status as carer
- \* Personal association

Discrimination is likely to be most evident in:

- \* The recruitment process
- \* Ongoing work practices and/or attitudes

## Objectives

(NAME) will:

- \* Provide a workplace that is free from discrimination
- \* Ensure compliance with legislative requirements
- \* Provide information, instruction, training and supervision to employees where necessary
- \* Provide support and assistance to employees

## Responsibilities

It is the responsibility of (NAME) to create a culture that recognises discrimination as unacceptable behaviour and where everyone can realise their full potential

Management is responsible for:

- \* Ensuring that all staff are aware of the appropriate and acceptable standard of behaviour at work
- \* Ensuring that unlawful discrimination is prevented by maintaining a supportive, comfortable and productive work environment
- \* Ensuring that staff are aware of their rights and responsibilities regarding unlawful discrimination
- \* Intervening if staff member conduct creates an intimidatory, hostile or offensive work environment; adversely affects staff prospects; adversely affects an individual's work performance, health or job satisfaction or staff member's action results in resignation
- \* Take early action to deal with behaviour which may be discriminatory
- \* Handling complaints immediately, seriously and confidentially with due sensitivity; and
- \* Preventing the victimisation of anyone involved in a discrimination complaint

Employees are to:

- \* treat colleagues with respect and dignity
- \* ensure their behaviour does not constitute unlawful discrimination or condone circumstances that may allow such to happen
- \* ensure individuals do not suffer from unlawful discrimination
- \* ensure they do not act in an inappropriate manner towards other staff, contractors, clients or the public
- \* Report all known or observed discrimination to their immediate supervisor or manager
- \* Actively contribute to a discrimination free environment

## Application of the Policy

This policy is applicable to (NAME) in all its operations and functions including those situations where employees are required to work off site.

As a general rule, (NAME) will ensure the following:

- \* Any observed contravention of this policy should be immediately advised to the staff member's line manager or General Manager
- \* The offending staff member is to be counselled by the General Manager or line manager if the former is unavailable.
- \* Where necessary, a conciliation process between the relevant parties may be initiated by the General Manager.

Any persons found to have been the cause of discrimination can expect to face disciplinary action, which may include summary dismissal.

Policy Authorised on behalf of (NAME) Board by:

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# Privacy Policy- Sample

The practice and principles that govern and guide privacy and confidentiality as applied to the services and business practices of **(your organization)** are based upon and fulfil the obligations set forth in the following Acts of Parliament.

1. Privacy Act 1998 – Commonwealth.
2. Information Privacy Act 2000 – Victoria
3. Health Records Act 2001 – Victoria

**(your organization)** manage privacy issues based upon the 11 Health Privacy Principles (HPP's) laid down in the Health Records Act 2001 – Victoria, the 10 Information Privacy Principles (IPP's) laid down in the Information Privacy Act 2000 – Victoria and the 10 National Privacy Principles (NPP's) as laid down in the Privacy Act 1998 – Commonwealth. This policy sets forward a guide to these principles.

## 1. Collection.

Collect only personal information (including health information) that is necessary for performance of functions and advise individuals that they can gain access to that information, under the conditions laid down in the Acts.

## 2. Use and Disclosure.

Personal information (including health information) is only used for the primary purpose for which it was collected or a secondary purpose the person would reasonably expect. Any other secondary purposes require consent.

## 3. Data Quality.

Personal information (including health information) is kept accurate, complete and up to date.

## 4. Data Security and Retention.

Reasonable steps are taken to ensure personal information (including health information) is protected from misuse, loss, unauthorised access, disclosure or modification. Health information can only be destroyed or deleted according to process laid down in the Health Records Act.

## 5. Openness.

This Privacy Policy is made available to anyone who asks for it. Management encourages the open discussion of the principles contained herein and encourages anyone to contact their supervisor, the Resource Manager or Chief Executive Officer in relation to any questions regarding privacy and confidentiality.

6. Access and Correction.

Individuals have the right to seek access to personal information (including health information) that is held about them and to correct information that is incorrect, misleading, incomplete or not up-to-date. Access is provided and correction is undertaken in accordance with the provisions in the Acts.

7. Identifiers.

A number, or other unique identifier will only be assigned to a person if the assignment is reasonably necessary to carry out the function efficiently. The agency recognises that data matching diminishes privacy and the adoption and sharing of unique identifiers shall only be allowed under the limits and purposes prescribed in the Acts.

8. Anonymity.

Where it is lawful and practicable individuals will be given the option of not identifying themselves.

9. Transborder Data Flows.

The agency will take reasonable steps to ensure that personal information (including health information) is only transferred across state and national borders in accordance with the Acts. A key consideration being to take reasonable steps to ensure a person's privacy is not diminished by such transborder data flows.

10. Sensitive Information.

Sensitive information such as an individual's racial or ethnic origin, political views, religious beliefs, sexual preferences, membership of groups or criminal record, shall not be collected except where absolutely necessary and allowable under provisions set out in the Acts.

11. Transfer or Closure of NMRC.

Where Health Information is concerned, in the event the agency is closed or transferred, notice will be given of the closure or transfer to past service users.

12. Making Information Available to Another Health Provider.

In accordance with the Acts, Health Information shall be made available to another health provider if requested by the individual.

# Risk management policy: Sample

## Policy

The Board has developed a policy to assist the embedding of risk management into our organisation. To achieve our agreed objectives and outcomes, the following risk management policy has been adopted:

(insert the name of your organization) will develop an organisational culture that optimises our ability to achieve our strategic objectives while ensuring appropriate management of risks.

## Aim

The aims of our risk management policy are to:

- promote employee, stakeholder, and public safety;
- protect personnel, assets and intellectual property;
- encourage better quality service delivery;
- minimise loss and insurance costs, and
- improve contingency planning for dealing with risks and their impact.

## Principles

**Operating principles that support this risk management policy are summarised below.**

We will actively:

- identify and rank all strategic risks;
- ensure risk management becomes part of day-to-day management;
- provide staff with the policies and procedures necessary to manage risks;
- ensure staff are aware of risks and how to manage them; and
- monitor our strategic risk profile and implement a continuous improvement approach to risk management.

# Governance Tools

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Governance Solutions Toolkit



## 10 Signs of a Strategic Board

	Rate Your Board 0 = Nil Skill 2 = Excellent skills	Recommended Remedial Action
1. Simultaneous focus on strategic behaviour as well as on financial outcomes.		
2. Engages early in the strategy process.		
3. Embeds 'strategic conversations' into the Board agenda at every meeting.		
4. Has systems in place to provide appropriate intelligence to the Board in order to make a meaningful contribution to strategic review.		
5. Recognise strategic capabilities in Board and CEO selection and develops strategic thinking skills of Board and CEO.		
6. Encourages informal dialogue between Directors and between Directors and management.		
7. Involves all Board members in strategy setting.		
8. Holds regular strategy workshops – outside the normal Board meeting calendar – involving the Board and management.		
9. Has a 3 year strategic planning timeframe.		
10. Fosters a culture where: - Board, management and stakeholders are joint participants in the strategy process - Board can ask incisive questions without being seen as a threat to management		



## Annual Report Checklist

This checklist can be used to provide insight into what a truly accountable annual report might look like. The key to an annual report that makes a difference is when the annual report is not reporting against how "busy" the organization has been. It reports against vision, strategy and key stakeholder expectations. Use this checklist as a guide, and whilst you do not have to incorporate everything suggested, at least make a conscious choice to NOT include something, rather than ignore the possibility.

Content	Person responsible for collating information	Include? (Yes/No)
Vision/Mission Statement		
How we use our Vision/Mission Statement		
Summary of key outcomes for year.		
Summary of key strategies this year (What we said we would do)		
Summary of achievements against strategies (What we actually did)		
Summary of key strategies for next year (What we plan to do)		
Summary of outlook and issues for next year		
Summary of Performance Targets for next year		
Why these targets were selected		
Benchmarks against other like organizations		
Programs and Department Reports		
Systems and Processes		
Managing Risk		
Staff		
Board and Governance <ul style="list-style-type: none"> <li>• Accountability/Evaluation</li> <li>• Functions</li> <li>• Committees</li> <li>• Succession Planning</li> <li>• Induction</li> <li>• Conflict of Interest</li> <li>• Remuneration/Expenses</li> <li>• Policies</li> </ul>		



## Conflict of Interest: Checklist for Chair

1. Following the opening of the meeting, ask all Board members to declare any perceived conflict of interest arising out of any issues on the agenda.

**Record response:**

**Name of Board member:**

**Conflict issue:**

2. Note the disclosure of the conflict of interest and the decision of the Board on how to deal with this conflict.

**Record response:**

3. Confirm that, if a conflict of interest exists that provides a personal, material benefit to a Board member, that the named Board member will refrain from voting unless otherwise decided by the Board.

**Record response:**

4. Ensure the minutes record the declaration of interests declared at this meeting.

**Record response:**

**Date:**



## Duties and Responsibilities of Directors

*As a Director:*

- *I am entitled to receive all internal information concerning the organization's affairs.*
- *I have a right to retain or obtain documents.*
- *I have a duty to act:*
  - *in good faith and in the best interests of the organization;*
  - *with care and diligence; and*
  - *to avoid a conflict in the position of a Director including a conflict of interest.*
- *I have a duty prohibiting the misuse of information obtained as a Director.*

### **Compliance**

*As a Director I regularly review the above and satisfy myself that those duties and responsibilities are carried out appropriately.*

Review by \_\_\_\_\_

Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

Next review \_\_\_\_/\_\_\_\_/\_\_\_\_



## Model Set of Standards for Directors

<b><i>Each Director recognizes and agrees to uphold the following standards of behavior:</i></b>	<b><i>Action</i></b>
S1. To take personal responsibility for contributing impartially to the decisions of the Board, with no thought given to personal gain.	
S2. To actively seek adequate knowledge about the business of the organization.	
S3. To provide positive input into the development of organizational policy.	
S4. To provide strong support for the long term strategies of the organization.	
S5. To accept the need to sufficiently prepare for Board meetings and decisions, and to insist on sufficient information to enable informed debate and decision making.	
S6. To perform the assignments delegated by the Board.	
S7. To delineate and state personal positions vs organizational positions on controversial matters to better enable the Board to make informed decisions for the betterment of the Not for Profit organization.	
S8. To devote sufficient time to the duties of a Director.	
S9. To uphold high ethical standards at the Board level.	
S10. To tender a resignation if unable to uphold any of the above Standards of Behaviour.	



# Sample Board Charter

## 1. PURPOSE OF CHARTER

The Board Charter sets out the role, composition and responsibilities of the Board of Directors (“the Board”) of .....

The conduct of the Board is also governed by the Constitution of ....., a copy of which is located at [\(website\)](#)

A number of operational matters relating to the Board such as number of meetings per year, notification of interests, and election of directors are governed by the Constitution and are not reproduced here.

## 2. PURPOSE OF THE BOARD

The Board has two broad purposes, compliance and performance:

### **COMPLIANCE: conform with or exceed all legal requirements**

#### **Legal**

- monitor constitution
- comply with directors’ responsibilities
- comply with laws
- monitor insurance requirements

#### **Accountability**

- monitor financials
- compliance audits

### **PERFORMANCE: assist the organization to perform to its best potential**

#### **Strategy and policy**

- approve Vision/mission and ensure it is embedded into the organizations operations
- approve strategic plan and policies and monitor regularly

#### **Accountability**

- overall performance of the organization
- board evaluation, succession planning
- report outcomes to stakeholders
- manage CEO

#### **Public Relations**

- represent and participate
- keep stakeholders informed



- project a strong and positive image
- promote the vision
- facilitate cohesion
- protect the interests of stakeholders
- speak with one voice regarding Board decisions

**Risk management**

- Ensure up-to-date and effective risk profile and management strategy
- monitor critical risks

The Board, while meeting its responsibilities, is mindful of the organizations mission and the objects of the organization as embodied in its Constitution.

### 3. ROLES AND RESPONSIBILITIES

The Board has delegated authority for the operations and administration of the organization to the Chief Executive Officer (CEO).

The functions of the Board are to:

Provide effective leadership and collaborate with the Executive management team in:

- articulating the organization's values, vision, mission and strategies
- developing strategic (direction) plans and ordering strategic priorities
- maintaining open lines of communication and promulgating through the organization and with external stakeholders the values, vision, mission and strategies
- developing and maintaining an organization structure to support the achievement of agreed strategic objectives

Monitor the performance of the CEO against agreed performance indicators

Review and agree the business (action) plans and annual budget proposed by the Executive management team

Monitor the achievement of the strategic and business plans and annual budget outcomes

Establish such committees, policies and procedures as will facilitate the more effective discharge of the Board's roles and responsibilities

Ensure, through the Board committees and others as appropriate, compliance obligations and functions are effectively discharged

Initiate a Board self-evaluation program and follow-up action to deal with issues arising and arrange for directors to attend courses, seminars and participate in development programs as the Board judges appropriate

Ensure that all significant systems and procedures are in place for the organization to run effectively, efficiently, and meet all legal and contractual requirements

Ensure that all significant risks are adequately considered and accounted for by the Executive management team.



Ensure that organization has appropriate corporate governance structures in place including standards of ethical behaviour and promoting a culture of corporate and social responsibility.

The Board has no operational involvement in the conduct of organization's business activities and delivery of services. Its role is confined to setting and reviewing policy.

#### **4. MEMBERSHIP AND TERM**

The Constitution provides for a maximum of ..... directors and a minimum of .... directors (so that a quorum can be formed to transact business at meetings).

The Board consists only of non-executive directors, the majority of whom are independent. That is, no member of the Board may be a member of the paid staff of the organization.

Directors are free from any interest and any business or other relationship which could, or could reasonably be perceived to, materially interfere with the director's ability to act in the best interests of the organization.

Membership of the Board shall be disclosed in the annual report including whether a director is independent or not independent.

The Board has not adopted a tenure policy, but according to the Constitution, each director must be re-elected by the membership after ..... years on the Board.

#### **5. BOARD/CEO relationship**

The roles of the President and CEO are strictly separated.

The CEO is responsible for:

- policy direction of the operations of the organization
- the efficient and effective operation of the organization
- bringing material and other relevant matters to the attention of the Board in an accurate and timely manner.

The CEO is not a member of the Board.

#### **6. BOARD CULTURE**

The Board actively seeks to have an 'engaged culture' which is characterised by candour and a willingness to challenge. The following table is used to provide evidence of an engaged culture [taken from *Increasing Director Performance* (Australian Company Director, Vol 20 No 8 2004)]:

##### **Agendas**

- The agendas of the Board limit presentation time and maximise discussion time.
- There are lots of opportunities for informal interactions among Board members.

##### **Norms**

- Board members are honest yet constructive.





- Members are ready to ask questions and willing to challenge leadership.
- Members actively seek out other members' views and contributions.
- Members spend appropriate time on important issues.

#### **Beliefs**

- “If I don’t come prepared, I will be embarrassed.”
- “If I don’t actively participate, I won’t be fulfilling my responsibility.”
- “I’ll earn the respect of fellow Board members by making valuable contributions and taking responsibility for what I do.”
- “If I can’t carry my load, or if I can’t agree with what’s going on, I should resign.”

#### **Values**

- The Board serves the community by actively participating in governance.
- The Board is responsible to various stakeholders.
- Board members are personally accountable for what goes on at the organization.
- the Board is responsible for maintaining the organization’s stature in the sector.
- Board members respect each other.

### **7. REPORTING**

Proceedings of all meetings are minuted and signed by the President or the chairman of the meeting.

Minutes of all Board meetings are circulated to directors and approved by the Board at the subsequent meeting.

Resolutions are first put to the Board in draft form (as a “Board Paper”) and, once passed, are recorded in a Resolutions Register.

### **8. REVIEW OF CHARTER**

The Board will review this charter annually to ensure it remains consistent with the Board’s objectives and responsibilities.

### **9. PUBLICATION OF THE CHARTER**

Key features of the charter are to be outlined in the organization Annual Report.  
A copy of the charter is available at [\(website\)](#)

