

# Annual Report 2022 - 2023



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## Executive Team Report

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In 2023, our organisation reached important milestones that underscored our dedication to quality, compliance, and continuous improvement within the disability sector.

In May, we successfully completed our major NDIS audit—a rigorous and extensive process that validated our commitment to meeting the highest standards of service and care. This achievement was a testament to the dedication and professionalism of our staff in upholding our mission.

This year also brought the release of the new NDIS Workforce Capability Framework by the NDIS Quality and Safeguards Commission. The framework outlines the skills, knowledge, and attitudes expected of all workers funded under the NDIS, offering clear and practical examples of what “good” looks like in the support we provide to participants. We worked diligently to integrate this framework into our processes, setting a strong foundation for our staff to deliver consistently high-quality, person-centered care.

In addition, new Industrial Relations and Work Health and Safety laws came into effect, including Positive Duty and Psychosocial Hazard regulations. Our team proactively adjusted processes and provided comprehensive training to ensure compliance, reinforcing our commitment to a safe, respectful, and supportive workplace for all.

We also successfully completed our Out of Home Care accreditation and prepared for the implementation of the NDIA’s new PACE system, positioning us to enhance our service delivery even further.

This year also saw the introduction of a new skills framework for the disability industry, redefining qualifications to align more closely with the evolving needs of our sector. The main qualification changed from a Certificate IV to the Certificate III. Through our strong partnership with Wodonga TAFE, we gained a comprehensive understanding of the expanded skill sets available in the new Certificate III and Certificate IV levels. Many of our staff undertook this training, enhancing their expertise and strengthening the quality of support we provide to our clients.

A significant transition came in June 2023 when we moved from our long-standing Head Office on Borella Road. This relocation marked a new phase for our organisation as we worked from new sites. Understandably, the move brought mixed feelings among staff, as leaving a familiar environment can evoke both excitement and nostalgia. Many staff were enthusiastic about the possibilities ahead, while others feel a strong connection to our former office, which has been home to countless memories and achievements over the years.

Recognizing the importance of staff well-being during this period of change, we implemented regular check-ins to offer a space for open communication, allowing staff to voice their thoughts, concerns, and emotions. We dedicated resources to support both the practical and emotional aspects of the move, including clearly communicated relocation guidelines, well-developed floor plans, and logistical assistance.

While 2023 was a year of substantial growth and change, it also brought challenges, including the departure of some valued staff members who moved on to new opportunities. Their contributions have left a lasting impact, and as a team, we have worked hard to continue our mission, embracing change and turning it into opportunity. The resilience and dedication of our team shine through as we remain steadfast in putting our customers at the centre of all we do.

With each of these changes and achievements, we are reminded of our shared commitment to providing exceptional support to the community we serve. Our journey through 2023 exemplifies the adaptability and dedication of our staff, who continually rise to challenges and demonstrate what it means to serve with excellence.



# Audit, Finance and Risk Committee Report

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## ROLE

The role of the Sub-Committee is to assist the Board in fulfilling its corporate governance responsibilities in regards to audit, financial management and risk management including:

- Monitor the financial performance of Aspire and escalate significant issues to the Board
- Provide advice on matters which could have a significant financial impact upon the business of Aspire, and to consider the organisation's position in relation to same.
- Oversight that there are adequate financial management systems and internal control structures to discharge their corporate governance and financial management responsibilities.
- Oversight and performance monitoring of the external and internal audit functions.
- Complies with accounting policies and standards, applicable laws and regulations and with Aspire's policies and procedures.
- Strengthen the oversight of risk management through the monitoring of internal control systems and an annual review of the risk management framework

## MEMBERSHIP

**Chair – Michael ter Haar** (Audit, Finance and Risk Committee) from 19 Nov 2020

**Member - Wolfgang Schwarz** (Audit, Finance and Risk Committee) from 26 Nov 2019

**Member – Belinda Fenn** (Audit, Finance and Risk Committee) from 09 Dec 2021

**Member – David Kirkby** (Audit, Finance and Risk Committee) from 16 Feb 2023

## MAJOR TASKS FOR 2022/23

### Audit Finance and Risk Committee

- Reviewed and Endorsed 2021-22 Financial Statements
- Reviewed the Draft Budget 2022-23
- Reviewed Year End External Audit Closing Report and management letter 2021-22



# Quality Assurance, Safeguarding and Clinical Governance Committee Report

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This Committee's major focus is to encourage and facilitate direct input from Aspire participants to enhance the Board's knowledge and understanding of the human rights impacts of the services and supports delivered to participants.

## ROLE

The role of the Committee is to:

- Oversee development, implementation and evaluation of Clinical Governance and Quality Assurance systems
- Oversee development and review of policies pertaining to Clinical Governance and Quality Assurance
- Review serious clinical issues arising from practice or data analysis in accordance with policies
- Make recommendations to the Board related to operational or strategic issues related to Clinical Governance, Quality Assurance and Safeguards
- Review, monitor and report on performance against relevant key performance indicators

## MEMBERSHIP

Board members of the Quality Assurance, Safeguarding and Clinical Governance Committee are:

**Chair** – Susan Hanson from 1 December 2020

**Member** – Belinda Fenn from 1 December 2020

**Member** - Alison Palmer from September 2022

**Member** – Elissa Baillie to December 2022

During this year former Board member, Lizzie Pogson accepted an invitation to join this Committee as a community representative. This has given the QASCG access to Ms Pogson's many years of experience in supporting the disability community.

## MAJOR TASKS FOR 2022/23

- Reviewing the Scope, Terms of Reference and Membership of the QASCG to encompass the full range of Aspire Services including Family Support and Out of Home Care
- Continue the QASCG Committee's focus on both opportunities and barriers to participants exercising true choice and control
- Continuing support for the Customer Advisory Network as a model for committee membership and participation by Aspire participants
- Supporting organisational preparation for the NDIS Accreditation review

### Key Achievements

- Supporting the Board to engage with significantly expanded and improved management reporting on key aspects of Quality Assurance and Safeguarding.
- Endorsing the Aspire Quality Framework in December 2022
- Providing the Board with updates on key learnings from reports released by the Disability Royal Commission
- Expanding membership to reflect the full scope of Aspire's Services.

