Org2.10 Internal Audit Schedule

Purpose

1. P4 Movement has implemented a policy that outlines the requirement to undertake periodic reviews of participant and patient records, eEmployee records, P4 Movement policies and procedures, P4 Movement Governance documents and Committee Terms of Reference.

Alignment with Practice Standards

1. Module 2: Provider Governance and Operational Management

Legislative Alignment

1. Privacy Act 1988 (Cth)
2. Health Records and Information Privacy Act 2002 (NSW)
3. Privacy and Personal Information Protection Act 1998 (NSW)

Key Responsible Executive

General Manager

For More Support

General Manager

Policy Statement

1. P4 Movement recognises the critical importance of maintaining accurate and up-to-date participant and patient records to ensure the delivery of high-quality allied therapies. As part of our commitment to excellence, participant and patient records must undergo internal auditing on an annual basis.

2. P4 Movement's internal audit schedule for policies, procedures, governance documents and committee terms of reference aims to ensure compliance, effectiveness, and alignment with P4 Movement's organisational objectives. Regular audits will be conducted to assess adherence, identify areas for improvement, and uphold the highest standards of governance. This proactive approach reinforces accountability, transparency, and continuous enhancement of our internal processes.

Procedures

1. Participant and Patient Records:
    a. Designated personnel within P4 Movement shall conduct an annual review of all participant and patient records to ensure compliance with established protocols and regulatory requirements. For the avoidance of doubt, participant and patient records must be reviewed annually and this can be done on a periodic or rolling basis. When a participant record is audited, a Case Management note should be added to the participant record to acknowledge that it has undergone internal review.
    b. The annual review shall encompass a comprehensive assessment of the accuracy, completeness, and currency of participant records, including but not limited to assessment reports, treatment plans, progress notes, and any relevant communications. The participant record shall also be reviewed to ensure that a participant Agreement, Support Plan, Consent Form and valid Schedule of Support is retained on file.
    c. Any discrepancies, inaccuracies, or deficiencies identified during the internal audit shall be promptly documented and addressed in accordance with established procedures.

2. Employee Records:
    a. The Head of Human Resources shall conduct an annual review of all employee records. For the avoidance of doubt, employee records will be reviewed annually on the employee's work anniversary. When an employee record is audited a management note should be added to the employee's profile in Employment Hero to acknowledge that it has undergone internal review.

3. Policies and Procedures:
    a. It is the responsibility of the GM to ensure policies and procedures are reviewed at a minimum, once every two years.
    b. Once a review has taken place the version of the policy or procedure is updated with the date of last review. The changes are also notated on the policy.
    c. The Continuous Quality Improvement Committee review all policies on a rolling basis and provide recommendations to the Board for any updates to the policies or procedures.

4. Governance Documents:
    a. It is the responsibility of the GM to ensure governance documents are reviewed at a minimum, once every two years.
    b. Once a review has taken place the version of the policy or procedure is updated with the date of last review. The changes are also notated on the policy.

5. Committee Terms of Reference
    a. It is the responsibility of the GM to ensure the Committees Terms of Reference are reviewed at a minimum, once every two years.
    b. Once a review has taken place the version of the policy or procedure is updated with the date of last review. The changes are also notated on the policy.

References to other P4 Movement policies and external sources

1. Org1.3 Delegations of Authority
2. Org1.5 Continuous Quality Improvement
3. Org2.2 Information Management
4. Org2.9 Internal Auditing of Participant Records
5. CS1.4 Privacy and Confidentiality
6. CS3.5 Participant Record Management
7. CS4.3 Management of Participants NDIS Supports

Summary of attachments

1. Nil

Version Control

1. 1 April 2026 - New Policy Creation