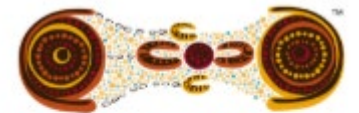


Board Governance in Aged Care

Online workshop: Navigating the aged care reforms

3 February 2026



NINTONE LIMITED



Acknowledgement of Country



We acknowledge Aboriginal and/or Torres Strait Islander Peoples as the Traditional Custodians of our land and its waters. Ninti One and CDCS wish to pay respects to Elders, past and present, and to the youth, for the future. We extend this to all Aboriginal and/or Torres Strait Islander people joining us online today.

The terms 'Aboriginal and/or Torres Strait Islander', 'Aboriginal', 'Indigenous' and 'First Nations' may be used interchangeably. Through the use of these terminologies, we seek to acknowledge and honour diversity, shared knowledge and experiences as well as the right of stakeholders to define their own identities.

Overview and objectives

Session objectives

1. Reaffirm the fundamental principles of Board governance, accountabilities and responsibilities
2. Identifying examples of both effective and ineffective Board practices
3. Understanding the specific Board and Board Director responsibilities relating to the:
 - Aged Care Act (2024)
 - Aged Care Rules (2025)
 - new risk-based regulatory model
 - strengthened quality standards
4. Be aware of the provider and responsible persons obligations that apply to all organisations, including those that apply and don't apply to NATSIFACP funded organisations, Aboriginal Community Controlled Organisations (ACCOs) and Local Government

Key governance principles

Sound Board governance requires the Board and Board Directors:

- To be clear on their **roles, responsibilities and accountabilities**
- To act in good faith, with due care and diligence to provide **stewardship** and **leadership** in decision-making
- To have access to the information needed to ensure that the services provide are **safe** and provide **high quality care**
- To have decision-making processes in place to ensure **accountability, transparency** and robust systems and processes of **planning** and **review**
- To act within its **constitution** to fulfil its **purpose (object)** in the best interests of **consumers, carers and staff**
- To ensure that effective **custodianship** of the assets and resources of the organisation are **established** and actively **maintained**.

Roles, responsibilities and accountabilities – Board (governing body)

General requirements:

- The ‘**owner**’– the ultimate point of accountability for **all aspects of the services provided** by the organisation
- Operates within its **legislative, regulatory and constitutional** requirements
- Sets the strategic direction of the organisation – its **Values, Vision, Mission and Strategic Goals**
- Sets the **limitations** within which the CEO operates to implement the strategic and operational requirements of the organisation
- Establishes and shapes the **culture** of the organisation
- Sets the organisations **appetite for risk** and identifies, monitors and evaluates risks and **risk management performance**
- Sets, oversees and directs the **financial performance** expectations for the organisation
- Sets the **policy** parameters within which all organisational processes are developed, maintained and implemented
- Actively engages in **stakeholder engagement** consistent with the organisations **Purpose, Values, Vision, Mission and Strategic Goals**.
- Oversees the **performance and remuneration** of the **CEO**

Roles, responsibilities and accountabilities – Board (governing body)

Aged care additional requirements:

- The Board has a direct **legal responsibility** to ensure that the services are delivered in a manner consistent with the **Statement of Rights**
- The Board is ultimately accountable for ensuring the Statement of Rights is **embedded into the organisational culture, corporate strategy** and operational **day to day service delivery**
- The Board is legally responsible for ensuring compliance with the Code of Conduct (Sect 174) across all of its service delivery operations (**tested at the level of every client interaction**)
- The responsibility exists at **individual** and **collective** level (individually and severally liable)
- The Board has the enforceable obligation to ensure that both the Code of Conduct and Statement of Rights are embedded within the organisation and are reflected in every interaction. The key responsibilities are:
 - Organisational compliance
 - Personal compliance
 - Worker compliance
 - Training and understanding
 - Monitor and evaluate compliance
- Both documents inform the culture of the organisation – the Board has the ultimate role in determining organisational culture

Roles, responsibilities and accountabilities - Directors



Actively **contribute** to fulfilling the Boards responsibilities



Understand the business of the organisation, its policies and decision-making processes



Actively support the **achievement** of the organisations **goals and objectives**



Accept the **collective decision** of the Board and advocates for this externally



Ensure **currency in knowledge** in both their field of expertise and matters requiring Board decision



Attend Board meetings on a regular basis and participate at committee level to support the work of the Board



Act **honestly, in good faith, in the best interests of the organisation** and in accordance with the **constitution, legislative and regulatory requirements**



Model the behaviours that are reflective of the organisations values in how you perform your role as an individual and as a Board

Roles, responsibilities and accountabilities - Directors

Aged care additional requirements:

- Adhere to the **Code of Conduct** and actively emulate and **promote the values** of the organisation in undertaking their role
- Embed the **Statement of Rights**
- Directors are now **personally accountable** – the Act establishes **individual liability**
- **Ignorance is not a defence** – Directors must acquire and maintain knowledge of aged care
- **Due diligence is an active process**
- **Systems must work** – policies and procedures is not enough, active verification of effectiveness is required
- Delegate tasks but you **can't delegate your accountability**
- **Suitability matters** – responsible persons declarations is an **ongoing** process
- For Co-ops only, Board directors are required to undertake **governance training** within 6 months of commencement on the Board (Rule 157-15)

Effective Board processes

What are the processes that typify a highly functioning, effective Board?

- Clear statement of how governance will be administered within the organisation – including a **governance framework** (including corporate and clinical governance), Board and management level **committee structures** and **Board Charter** (or Board Manual)
- **Transparent communication processes** between the Board, CEO, senior personnel, staff and key stakeholders
- **Clear focus on core Board functions** – strategy, risk management, financial and resource stewardship, regulatory compliance, performance monitoring, quality and safety.
- **Strong leadership**
- **Behaviour aligned to core values** and activities consistent with purpose
- Models, promotes, supports and advocates the **organisations culture**
- Actively seeks **diversity and inclusion** in decision-making processes
- Directors maintain an **objective perspective to decision-making**
- Highly developed understanding of **fiduciary and governance responsibilities**

Effective Board processes

What are the processes that typify a highly functioning, effective Board?

- Works **effectively and collaboratively** with the CEO and senior management team
- Speaks with **one voice outside the room**
- Accepts **individual and collective accountability** for actions and decisions
- Is **outspoken about its commitments and holds itself to account** for achieving them
- Actively **seeks partnerships and strategic alliances** to achieve shared objectives
- Is recognised by others in operating with **integrity, honesty and due diligence** in exercising its responsibilities
- Has well developed, **clearly delineated committee structures** and communication processes in place to support decision-making
- Has structures and processes in place to **support continuous improvement**
- Ensure services are **culturally safe and accessible to diverse population groups**

Ineffective processes

What are some of the practices that typify an underperforming Board?

- **Decision-making processes are not transparent** – consider publishing Board meeting decisions/actions
- **Cumbersome committee structures** – either too many committees or overlapping responsibilities between them. Also watch for similarly titled management committees and Board committees
- **Inconsistent messaging** – mixed messages about what the Board decision was; undermining of collective decision
- **Perception of Board Director conflict of interest** and failure to declare and withdraw from decision-making process
- **Blurred lines between management and the Board** – no point of separation in decision-making process, Board involvement in operational decisions, CEO deferring to Board on matters within their delegation, Board Directors soliciting alternative lines of communication within the organisation, Board Director involvement in sorting out operational issues, advocating for particular staff perspectives
- **Absence of clear focus on core Board functions** - strategy development, policy setting, risk management, fiduciary responsibilities, regulatory compliance, CEO performance monitoring and evaluation
- Absence of Board performance **evaluation processes**
- **Lack of adherence to a consistent approach to training and development** or participation in provider obligations training

Ineffective processes

What are some of the practices that typify an underperforming Board?

- **Inconsistent approach to external/internal communication** – eg Board Chair external stakeholder/community communique, CEO internal and transactional communications with individuals/organisations (Need Communications policy/procedure)

Remember:

- **Talk privately, support publicly** – between Board and CEO, Board Directors, CEO and Board Chair
- **Board Chair** (and the Board) has a strong role to play in **representing the organisation in the community** and with key stakeholders. Promotion of core organisational values; strategic intent; unswerving commitment to safe, quality care; reputational management etc. are all crucial to building credibility and confidence
- **Make it explicit what the organisation has said it values and wants to achieve.** Then commit to achieving it. Take every opportunity to publicly reconfirm the message and recommit.
- When times get tough **keep the communication happening!**
- A poor **financial performance outcome requires an explanation** – be upfront with stakeholders about what occurred and the steps taken to turn it around. Enlist funder support, emphasise the provider obligation to provide safe quality care and the consumers right to expect it

The new requirements – in brief

- Royal Commission into Aged Care Quality and Safety (2021) resulted in 148 recommendations with around 60 of these being represented in the **New Aged Care Act (2024)**
- In addition to the Act, a new **risk-based regulatory model** and new **Strengthened Quality Standards** have been implemented
- For Boards, there are a **range of additional responsibilities** - some of which have been progressively implemented as part of the broader Aged Care Reform process (especially since 2022). Most new legislative and regulatory provisions now apply to all aged care providers with variation dependent on service type (categories 1-6).
- For **NATSIFACP** services there are some exemptions that apply – specifically, the liquidity and investment standard and some annual and quarterly financial reporting requirements
- For **ACCOs**, with the exception of independent board director and clinical experience requirements at Board level, most universal provisions remain
- For **Co-ops** the same exemption applies in respect of majority independent non-executive directors but Boards are required to have a director with relevant clinical experience.

The new requirements – in brief

- A broader range of exemptions apply to **local and state government entities** mainly in Board composition, Advisory Bodies, financial and prudential standards and financial reporting.
- **Small organisations** (<5 Board members and <40 clients) are automatically exempt from the Board composition requirements
- Organisations can apply under Sect 159 for exemption for either the requirement for majority independent non-executive directors or the requirement for one director to have clinical experience
- NATSIFACP residential providers with 30 or fewer places located in MMM5-7 can apply for exemption from the 24/7 RN requirement

Summary:

- For NATSIFACP providers that are not LGAs, ACCOs or Co-ops the only exemptions that apply relate to the financial obligations (Liquidity Standard and Investment Standard – applicable to category 6 services only) and some financial reporting processes. Board composition requirements remain in place
- ACCOs and Co-ops have other exemptions relating to Board composition (Sect 159), while local and state government entities have a far boarder range of exemptions that apply.

The new requirements – key governance requirements: Governing body membership

Governing body membership – majority of independent non-executive members (ACCOs, Co-ops and LGAs exempt); at least one member with experience in clinical care (LGAs, ACCOs exempt, Co-ops not exempt)

- **Provider constitution** – the object statement needs to be specific to providing care or needs to clearly state ‘to act in the best interests of older people’ if a subsidiary to an organisation that is not an Approved Provider
- **Statement of Rights** – Providers need to ensure that actions are consistent with the statement – specifically consumer independence, autonomy, empowerment, freedom of choice; equitable access; quality and safe care; information privacy; person-centred communication; advocates, support persons and social connections
- **Code of Conduct** – no change to the code but specific requirement of providers to act in a way that’s respectful, kind and consistent with the code; also, a requirement to support, equip and prepare workers to comply with the code
- **Suitability of responsible personnel** – ensure all *responsible persons* (Board Directors, CEO, senior management staff) are assessed against the ‘suitability matters’ requirements every 12 months or when circumstances change

The new requirements – key governance requirement: Governing body membership

- **Consumer Advisory Body (CAB)** – at least offer (in writing) to establish a CAB every 12 months (LGA exempt); requirement to consider CAB reports and feedback; requirement to respond to the CAB in writing in response
- **Quality Care Advisory Body (QCAB)** – mandatory (LGA exempt); comprises of at least one key personnel with experience in providing aged care; a staff member directly involved in the delivery of aged care or clinical care (if that is part of the service mix); Board must consider reports and feedback from QCAB and respond in writing; minimum QCAB report to be provided 6 monthly.
- **Staff qualifications, skills and experience** – Ensure staff have appropriate skills, qualifications and experience to undertake their appointed role; ensure opportunities are provided to develop capability to provide care and services
- **Cultural safety** – all services, all organisations – legal requirement in the Statement of Rights and particularly quality standard 1. Provider obligation to ensure culturally safe, culturally appropriate trauma-aware and healing-informed assessments and aged care services.

The new requirements – key governance requirements: Cultural safety

Cultural safety – all services, all organisations – legal requirement in the Statement of Rights and particularly quality standard 1. Providers have an obligation to:

- ensure **culturally safe, culturally appropriate trauma-aware and healing-informed** assessments and aged care services.
- Have their **identity, culture, spirituality and diversity** valued and supported
- Services delivered in an **accessible manner** by workers with appropriate qualifications, skills and experience
- Deliver **flexible, culturally safe aged care** to older Aboriginal and/or Torres Strait Islander people close to their family, country, island home and community
- Incorporate cultural safety into **all aspects of aged care service delivery and quality systems**
- Implement **trauma aware, healing informed approaches** to professional practice
- Facilitate greater understanding and respect for individual and collective cultures, histories, knowledges, traditions, stories, and values
- **Continuously measure and improve** structures and behaviours necessary for cultural safety

The new requirements – key governance requirements: Financial and prudential standards

- **Financial and prudential management standard** – requires providers to have the appropriate governance systems and strategies in place and make financial and prudential decisions that are fair, reasonable and in the best interests of people receiving care. Applies to NATSIFACP, ACCOs, Co-ops and Support at Home providers for first time
- **Liquidity standard** – exempt
- **Investment standard** – exempt
- **Managing provider and worker risk** – includes banning orders (individuals deemed in breach of the suitability requirements) and penalties on providers engaging banned individuals in contravention to the order; monitoring and investigations (authorised Officers powers to enter, search and seize); Worker Screening (new screening check requirement for risk assessed roles – eg CEO, Board directors, direct care staff and staff having more than incidental contact with consumers)
- **Workforce** – The board has a **direct legal responsibility** to ensure staff are suitably qualified, skilled and trained and given opportunity to develop their capability . This is not simply a management function - the governing body must actively oversee and ensure these requirements are met. (linked to Standard 7 but also Statutory Duty)

The new requirements – key governance requirements: Associated providers

Associated providers – It is incumbent on the Board to know and ensure that organisations engaged to support the delivery of aged care services comply with the same requirements that apply to the contracting organisation, including:

- **Quality and safety of care** - Ensure care delivered by associated providers meets required standards
- **Compliance with Quality Standards** - Associated providers must deliver care consistent with the Strengthened Quality Standards (where applicable)
- **Statement of Rights** - Ensure associated providers act in accordance with the Statement of Rights
- **Risk management** - Monitor and manage risks associated with third-party delivery
- **Statutory duty** - The provider's duty under Section 179 applies to care delivered by associated providers
- **Culturally safe services** – as specified in the Statement of Rights and Standard 1 in particular
- **Suitability and responsible persons** - declarations and notification requirements
- **Continuous Improvement** – Section 147 prescribes that it is a condition of registration that the provider demonstrates the capability for and commitment to continuous improvement towards the delivery of high-quality care **and** have a Continuous Improvement Plan.

The new requirements – governance reporting: The list

- **Prudential Compliance Statement** (annual)
- **Financial Declaration Statement** (annual)
- **Audited Income and Expenditure Report** (annual)
- **Child Safety Compliance Statement** (annual) (CHSP only)
- **Quarterly Financial Report** - (quarterly) - NATSIFACP exempt unless category 6 – NB the \$10 prpd nutrition supplement is claimable through this process)
- **Provider Operations Report** (annual) – My Aged Care requirement for lodgement of services provided by the organisation and to the department by 31 October each year (NATSIFACP interim requirement to submit Service Activity Reports (SAR) bi-annually in lieu of GPMS access)
- **Governing Body Statement** (annual) – applies to service categories 4-6.
- **Complaints and Feedback Management Report** (annual)
- **Vaccination records** - staff and residents (annual) – Category 6 only
- **24/7 RN Coverage Report** (monthly) – Category 6 only
- **SIRS notifications** (as required on time P1 24 hours; P2 30 days)
- **Notification of certain matters** – requirement of key personnel to notify and disclose change in circumstances against suitability matters requirements within 14 days

The new requirements – governance reporting and accountability: exemptions

- **Aged Care Financial Report** (annual) - exempt
- **General Purpose Financial Report** (annual) – exempt
- **Care Minutes Performance Statement** (annual) – exempt
- **Quality Indicators Report** (quarterly) – exempt
- **Financial Support Statement** (annual) – exempt

The new requirements – what guidance can the Board access in transitioning to the new Act?

- **The new regulatory model – guidance for NATSIFACP providers** - [here](#)
- **NATSIFACP Manual** – The manual is current post 1 November 2025 - [here](#)
- A **Provider Handbook (draft)** is also accessible online. Importantly, it provides tailored guidance specific to service category (1-6) and worker/provider organisation/ governing body perspectives and will be updated after the Aged Care Rules come into force - [here](#)
- A **Sector Change Plan** has been published and updated to align training and guidance resources to the transition period and following the commencement of the new Act and Rules - [here](#)
- A **Provider Operational Readiness – Priority Actions List** has been published to guide what providers need to do after 1 November 2025 - [here](#)
- **eLearning for aged care providers** – a package of learning modules for providers about the new Act, including ALIS [here](#) and [here](#)
- A **comprehensive set of resources** is available to assist providers in understanding the new requirements and is a useful starting point - [here](#)

New Risk-based Regulatory Model

New Regulatory approach:

- A new **regulatory model** will be implemented to support the new Act
- The new model changes:
 - how providers enter, remain and exit the sector
 - provider obligations and reporting
 - regulatory oversight of the sector
 - how complaints and feedback are managed
 - how information is available to older people
- The new model also supports the introduction of the new **Strengthened Quality Standards**, the inclusion of **NATSIFACP and CHSP programs within the new Act** and the changes to the previous Home Care Package (HCP) Program and Short-Term Restorative Care Program into the new **Support at Home** program
- The new regulatory model describes the responsibilities and **stronger working relationships** expected between the Aged Care Quality and Safety Commission, Department of Health, Disability and Ageing and aged care providers – [here](#)
- The provider obligations and reporting changes have been covered earlier in this presentation. An overview of the **change to regulatory requirements for providers** is also available – [here](#)

New strengthened quality standards

- The introduction of new quality and safety standards has been driven by the need to **emphasise the importance of older people being placed at the centre of their care, increase consumer protections and embed a Statement of Rights.**
- The new Standards reflect:
 - Alignment with the new Act
 - Person-centred approach
 - Increased measurability and detail
 - Focus on clinical care and nutrition
 - Improved protections
 - Clear language and less duplication
 - Enhanced levels of provider guidance to support compliance
- For providers, the **standards apply in a manner specific to the service category of the services provided**; are focussed on **outcomes of care and the experience of care**; and support a **continuous improvement** approach to **regulatory compliance**. The overriding consideration for providers is that the services provided are:
 - **Safe** (including culturally safe)
 - **High quality**, and
 - **Meet the needs and preferences** of the people under their care

New Strengthened Quality Standards

The new standards incorporate seven areas of focus:

1. The individual
2. The organisation
3. The care and services
4. The environment
5. Clinical care
6. Food and nutrition
7. The residential community



New strengthened quality standards

Preparing for the new standards:

- It is important that providers continue the process of ensuring compliance with the new standards
- There are many **on-line resources** available to assist Boards, senior management, staff, consumers and carers in preparing. A particularly useful high-level tool is the **provider checklist** - [here](#)
- A **quick reference guide** – [here](#) and fact sheets – [here](#) are available to provide a ready reference guide to the requirements of each standard

Standard 2: The organisation

- **This standard incorporates the new provider obligations**, including those of particular relevance to the Board. Specifically, the new standard includes the following criteria:

2.1: Partnering with older people

2.2: Quality and safety culture

2.3: Accountability and quality systems

2.4: Risk management

2.5: Incident management

2.6: Feedback and complaints

2.7: Information management

2.8: Workforce planning

2.9: Human resource management

2.10: Emergency and disaster management

New strengthened quality standards

What are the things you need to have in place for Standard 2: The organisation?

- This standard reflects the **responsibility of the governing body to set strategic priorities and encourage a culture of safety, quality and inclusion**. A key focus is the governance, decision-making and information systems in place to deliver **safe, quality, effective and person-centred care**
- For each criterion (on the previous slide) it is necessary to be able to demonstrate that you have the necessary **documentation, understanding and observable processes** in place to meet the requirement

New requirements included in this standard include:

- Inclusiveness of people of **diverse cultural and linguistic backgrounds** including First Nations people
- Inclusiveness of people living with **dementia** (need to demonstrate that you are continually reviewing people with dementia)
- Carrying out strategic business planning (**strategic planning and business planning**)
- Board **investment in improving quality care and safety**
- Board **proactively engages**, listens to and consults with workers, consumers and supporters

New strengthened quality standards

New requirements included in this Standard include (cont.):

- Board has strong focus on **continuous improvement and risk management** processes
- Board regularly **reporting to older people, their supporters and workers** about care systems and performance
- Ensuring all aged care workers receive **competency-based training**
- Ensuring a psychologically **safe workplace and service environment**
- Creating, testing and reviewing **emergency and disaster management** plans

Clarified expectations applying to this standard include:

- Supporting **older people being involved in partnership** with their care
- Understanding that those partnerships need to **meet diverse needs and support access**, including for First Nations people
- Active consideration of a **quality indicator data and feedback** from consumers, supporters and workers
- Using and maintaining **policies and procedures** that are readily **accessible and used** by workers and relevant people

Compliance and enforcement

What are the implications if we approach the 'red zone' in the new Model?

- The Act imposes a new **statutory duty** on **directors** and other **responsible persons** for the executive decisions of aged care providers. This includes those who have authority or responsibility for (or significant influence over) **planning, directing or controlling** the activities of the provider.
- **Provider obligations** - *Enforcing obligations* include requirements to agree; undertakings and enforceable undertakings; provider governance responsibilities; suitability of personnel; regulatory notices; sanctions; suspension; revocation of registration. (some exemptions apply eg ACCOs and Local Govt)

Compliance and enforcement

There has been a strengthening of the penalties that apply in the event of infringement of particular provider responsibilities. These **penalties** can **apply** to both the corporate entity and individuals (responsible persons), including the **Board** and **individual Board Directors**

The requirements apply to both **registered providers** (approved providers currently) and **associated providers** (associated providers engage in the provision of services under an “arrangement” with a registered provider)

There are two types of obligations applying to responsible persons – Statutory Duty and Other Obligations:

1. Statutory duty:

- Sect 179 - A registered provider must ensure, so far as is reasonably practicable, that the conduct of the provider does not cause adverse effects to the health and safety of individuals to whom the provider is delivering funded aged care services while the provider is delivering those services.
- Sect 180 - A person who is a responsible person of a registered provider [...] must exercise due diligence to ensure that the provider complies with the provider’s duty under section 179.

Note that a person **may be found liable to pay a civil penalty** under the Aged Care Act 2024 relating to a duty under this section **whether or not** the registered provider has been found liable to pay a civil penalty under section 179

Compliance and enforcement

2. Other obligations:

All responsible persons (not just certain responsible persons) have obligations to:

- comply with the **Aged Care Code of Conduct**
- notify the regulator as to any **changes in their suitability** as a responsible person (for example where the person is subject to a banning order, a bankrupt or has been the subject of adverse findings by other regulators)
- comply with the **whistleblower protections** in the Act where a **protected disclosure** is made to the responsible person, which includes ensuring that the discloser's identity is preserved and not taking any steps which would victimize the person who made the disclosure
- Complete the **annual suitability assessment** - It is a criminal offence if NATSIFACP providers fail to consider the suitability of responsible persons at least once every 12 months. It is also a criminal offence if responsible persons do not inform the NATSIFACP provider within 14 days of any changes in circumstances concerning suitability matters.

Compliance and enforcement

What are the penalties?

- There are several **enforceable provisions** in the Act ranging from **failure to notify certain matters** through to serious **breaches of the statutory duty**. Importantly, this includes **civil penalty provisions** enforceable against responsible persons with a maximum penalty of **500 penalty units (\$165,000)** where the conduct **results in death or serious injury a person under the provider's care**. In the event of conduct amounting to a 'serious failure' (ie where the conduct exposes a person to a risk of death or serious injury or illness and involves a '**significant failure**' or **systemic pattern of conduct**), the maximum penalty is **150 penalty units (\$49,000)** per offence.
- The Commissioner has powers to initiate **court proceedings** and/or conduct a **formal investigation** into potential breaches of the Act. The Commissioner has powers to make **banning orders** against responsible persons and to prosecute responsible persons where the **whistleblowing protections** provided to those who make qualifying disclosures apply.
- Penalties range from **30 penalty units** for a failure to notify a change in circumstances of a '**suitability matter**' to **500 penalty units** for engaging in conduct that does not comply with the **statutory duty requirement** or the conduct has resulted in the death, injury or illness of an individual to whom the statutory duty is owed by the registered provider. (the current value of 1 penalty unit is \$330)

Key takeaways

Critical success factors:

1. **Personal accountability** - Directors are individually liable
2. **Clinical integration** - clinical governance is non-negotiable
3. **Consumer focus** - rights-based approach drives decisions
4. **Proactive compliance** - risk management prevents failures
5. **Continuous learning** - ongoing development essential
6. **Cultural leadership** - Board sets organisational tone
7. **Transparency** - public accountability is mandatory

Questions and discussion

Reflective questions:

- How prepared are we for the new personal accountability regime?
- Does our board have the right mix of skills, especially clinical expertise?
- Do we have the necessary and appropriate committee structures in place?
- Are we getting sufficient information to give us confidence that we are providing safe, quality care?
- Do we have the processes in place to meet our fiduciary and prudential responsibilities?
- Are our risk management systems robust enough?
- How well do we engage with consumers and families?
- What gaps exist in our governance framework?
- How can we build a stronger quality and safety culture?

Where to from here?

Board checklist:

- Board composition meets new requirements
- Clinical governance framework documented
- Risk management system updated
- Consumer advisory processes established
- Quality reporting processes operational
- Plan for Continuous Improvement in operation
- Director training plan implemented
- Policies align with new Act
- Incident management system robust
- Public reporting capability ready
- Board evaluation process in operation

Thank you!



This presentation was created by Mark Diamond of Diamond Consultants for the NATSIFAC Program Regulation Support Hub