[Service Letterhead]

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[Organisation Name]

Organisational Governance

Policy

Document Control

Policy Title	Organisational Governance Policy
Policy Number	P-XXX
Approval Date	DD/MM/YYYY
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Version Number	1.0
Responsible Officer	Chief Executive Officer
Accreditation Mapping Code	RACGP – Governance; Leadership; Risk; Quality Improvement NSQHS – Standard 1 Clinical Governance; Standard 2 Partnering with Consumers NSQPH – Clinical Governance; Partnering with Consumers QIC – Governance; Leadership; Risk Management; Quality Improvement; Service Delivery

1. Purpose

The purpose of this policy is to establish the overarching governance requirements, principles and accountabilities through which [Organisation Name] is directed, managed, monitored and held accountable.

[Organisation Name] requires governance arrangements that support lawful, ethical, transparent, culturally informed and accountable decision-making and provide assurance that the organisation is achieving its purpose, managing risk, using resources responsibly and meeting its obligations to Aboriginal and Torres Strait Islander people, families and communities.

This policy establishes [Organisation Name]'s commitment to:

- Aboriginal community control, self-determination and accountability to community;
- strong, ethical and accountable leadership;
- clear governance and management responsibilities;
- effective strategic and operational oversight;
- appropriate delegations and decision-making authority;
- responsible financial and resource stewardship;

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- effective management of organisational and clinical risk;
- a capable, accountable and culturally safe workforce;
- effective clinical governance;
- compliance with legal, regulatory, contractual, funding and accreditation requirements;
- transparent and evidence-informed decision-making;
- meaningful community and stakeholder participation;
- safeguarding people who access or interact with organisational services;
- continuity and resilience of critical organisational functions;
- monitoring organisational performance and outcomes; and
- continuous organisational learning and improvement.

These requirements support [Organisation Name] to remain accountable, culturally safe, sustainable and capable of delivering services that respond to community needs and priorities.

2. Scope

This policy applies to all persons involved in the governance, leadership, management, delivery or support of [Organisation Name], including:

- Board / Governing Body members;
- the Chief Executive Officer;
- executive and senior management;
- managers and team leaders;
- employees and healthcare practitioners;
- contractors and consultants;
- students, trainees and volunteers;
- committees and advisory groups; and
- other persons exercising authority or undertaking responsibilities on behalf of [Organisation Name].

All persons covered by this policy are expected to understand and comply with the governance requirements relevant to their role and act within their approved authority.

This policy applies across all organisational functions, programs, services, locations and service delivery arrangements.

3. Definitions

Organisational Governance – The systems, structures, relationships, responsibilities and processes through which [Organisation Name] is directed, controlled, monitored and held accountable.

Board / Governing Body – The body with ultimate responsibility for the governance, strategic direction and oversight of [Organisation Name].

Management – The Chief Executive Officer and other persons delegated responsibility for implementing organisational direction and managing day-to-day operations.

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Accountability – The obligation to take responsibility for decisions, actions and performance and provide appropriate information and assurance regarding those responsibilities.

Delegation – Formal authority assigned to a person or position to make specified decisions, approve activities or exercise particular functions.

Organisational Risk – An event, circumstance or uncertainty that may affect [Organisation Name]'s ability to achieve its objectives, meet its responsibilities or safely deliver services.

Assurance – Information or evidence that provides confidence that governance systems, controls and organisational processes are operating as intended.

Community Control – Governance arrangements through which Aboriginal communities participate in and exercise control over organisations established to meet community needs.

Conflict of Interest – An actual, potential or perceived conflict between a person's responsibilities to [Organisation Name] and their personal, professional, financial or other interests.

Related Party – A person or organisation with a relationship to [Organisation Name], its Board members or key management personnel that may influence, or reasonably be perceived to influence, a transaction or decision.

Safeguarding – Organisational arrangements intended to prevent and respond to abuse, neglect, exploitation, discrimination or other avoidable harm.

4. Policy Statement

[Organisation Name] is committed to maintaining strong, transparent, culturally informed and accountable governance that supports Aboriginal community control and ensures the organisation acts in the best interests of the communities it serves.

The Board / Governing Body retains ultimate accountability for organisational governance and is responsible for establishing strategic direction and providing appropriate oversight of organisational performance, risk, financial sustainability, compliance and executive leadership.

The Chief Executive Officer is accountable to the Board for implementing its strategic direction and maintaining effective systems, resources, controls and reporting arrangements for the day-to-day management of the organisation.

All governance and management decisions must:

- be consistent with the organisation's purpose, values, Constitution / Rule Book and strategic direction;
- respect Aboriginal community control, culture and self-determination;
- be made by persons with appropriate authority;
- comply with applicable legal, regulatory, contractual and organisational requirements;

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- appropriately consider risk, evidence, resources and community impact;
- be free from unmanaged conflicts of interest;
- be appropriately documented; and
- be capable of appropriate review and accountability.

[Organisation Name] will maintain governance arrangements proportionate to its size, complexity, risks and services and will periodically evaluate whether those arrangements remain effective.

5. Policy

5.1 Governance Structure and Authority

[Organisation Name] recognises that effective governance depends on clear, legitimate and transparent authority. The organisation will therefore operate in accordance with its Constitution / Rule Book, applicable governing legislation and approved governance arrangements.

The authority, composition, appointment or election, responsibilities and decision-making powers of the Board must be clearly established and maintained. Where the organisation has members, governance arrangements will support the lawful exercise of member rights and participation, including general meetings, elections and access to information where required.

Any changes to governance structure, constitutional arrangements or governing authority must occur through the appropriate organisational, member and regulatory approval processes so that the organisation remains accountable to its members, community and governing obligations.

5.2 Governance, Leadership and Accountability

[Organisation Name] requires clear accountability between governance and operational management so that strategic oversight and day-to-day decision making remain appropriately separated.

The Board is responsible for setting strategic direction, providing oversight and assurance, and holding the Chief Executive Officer accountable for organisational performance. The Chief Executive Officer is responsible for translating Board approved priorities into effective organisational systems, controls, responsibilities and operational activities.

These accountabilities must be reflected in organisational structures, position descriptions, delegations, Board and committee terms of reference and reporting arrangements. Significant risks, performance concerns, compliance issues or other matters requiring governance oversight must be escalated appropriately to ensure they are considered and acted upon at the right level.

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5.3 Aboriginal Community Control and Cultural Governance

[Organisation Name] recognises Aboriginal community control, self-determination and accountability to community as fundamental to effective governance.

Governance and organisational decision-making must respect Aboriginal and Torres Strait Islander cultures, identities, values, community structures and local priorities. The organisation will maintain appropriate mechanisms for community perspectives to inform strategic planning, service development, evaluation and organisational improvement.

The Board and executive leadership are expected to consider cultural safety, equity, accessibility and community impact when making significant decisions, ensuring governance remains responsive to the communities the organisation exists to serve.

5.4 Strategic Direction and Planning

[Organisation Name] recognises that effective governance requires a clear strategic direction that connects community priorities with organisational activity and resource allocation.

The Board will approve and periodically review the organisation's Strategic Plan, which must reflect the organisation's purpose, community priorities, operating environment, capacity and identified risks. Management is responsible for translating strategic priorities into measurable operational, business, program or service plans with appropriate responsibilities, measures and timeframes.

Progress against strategic and operational priorities will be routinely monitored and reported through governance structures. Where objectives are not being achieved, the organisation will identify contributing factors and take appropriate corrective or improvement action.

5.5 Board and Committee Governance

[Organisation Name] is committed to Board and committee arrangements that support informed, transparent and accountable decision-making.

The Board and its committees must operate under documented and approved governance arrangements that define their purpose, authority, membership, meeting requirements, decision-making processes, conflict of interest obligations, confidentiality, reporting and escalation responsibilities.

Meetings must be appropriately documented through agendas, minutes, decisions and action records. Board and committee members are expected to participate actively, exercise independent judgement, declare conflicts of interest and maintain confidentiality.

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The Board will also periodically review whether its collective skills, experience, cultural knowledge and governance capability remain appropriate to the organisation's needs. Induction, ongoing governance development, evaluation of Board effectiveness and succession planning will be supported to maintain strong and sustainable governance.

5.6 Chief Executive Officer and Executive Accountability

[Organisation Name] recognises that effective governance depends on a clear and accountable relationship between the Board and the Chief Executive Officer.

The Board is responsible for appointing the Chief Executive Officer, defining the role's authority and expectations and maintaining appropriate oversight of performance. The Chief Executive Officer is accountable for implementing strategic direction, managing organisational operations and providing the Board with accurate, relevant and timely information necessary to fulfil its governance responsibilities.

Executive management is accountable for maintaining effective systems within delegated areas of responsibility and for escalating significant risks or concerns. Appropriate succession and continuity arrangements will also be maintained for critical executive leadership roles to support organisational stability.

5.7 Delegations and Decision-Making

[Organisation Name] recognises that clear delegations are essential to accountable and timely decision-making.

Authority must therefore be documented and assigned to appropriate positions, with Board members and workers expected to act only within the limits of their approved authority. Decisions that fall outside a person's delegation must be referred to an appropriately authorised person or governance body.

Significant decisions and approvals must be documented sufficiently to demonstrate the decision, responsible person or body and applicable authority. Delegations will be reviewed when organisational structures, responsibilities, operations or risks change to ensure decision-making remains appropriate and accountable.

5.8 Ethical Conduct, Conflicts of Interest and Related Parties

[Organisation Name] is committed to ethical, impartial and transparent decision-making that protects organisational integrity and community trust.

Board members and workers must act honestly and in the best interests of the organisation and the communities it serves. Actual, potential or perceived conflicts of interest must be declared

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and appropriately managed, and individuals must not participate in decisions where an unmanaged conflict could compromise, or reasonably appear to compromise, their impartiality.

Gifts, benefits, hospitality and related-party interests that may influence organisational decision making must also be declared and managed. Related party transactions must be transparent, appropriately authorised and consistent with legal and governance requirements.

Fraud, corruption, misuse of authority, misuse of organisational resources and other unethical conduct will not be accepted and must be reported and managed appropriately.

5.9 Speaking Up and Protected Disclosures

[Organisation Name] is committed to a culture in which concerns about wrongdoing, misconduct, fraud, corruption, serious risk or unsafe practice can be raised safely and appropriately.

The organisation will maintain reporting pathways that allow concerns to be raised confidentially and, where necessary, outside a person's usual reporting line. Reports will be assessed, protected, investigated or referred according to their nature and applicable legal and organisational requirements.

No person should be victimised or disadvantaged for making a genuine report or participating in an authorised review or investigation. Significant matters must be escalated to the appropriate level of governance or organisational authority so that serious risks are identified and addressed promptly.

5.10 Organisational Risk Management

[Organisation Name] recognises that sound governance requires risk to be considered as part of routine decision-making rather than only after an incident or failure occurs.

The organisation will maintain a systematic approach to identifying, assessing, treating, monitoring and reviewing risks across strategic, governance, clinical, financial, workforce, WHS, legal, regulatory, operational, information, cyber security, cultural, reputational, infrastructure, asset and business continuity areas.

Significant risks must be documented, assigned to an accountable person and monitored through appropriate governance structures. Risks that exceed approved tolerance or require additional authority or resources must be escalated.

Workers are expected to identify and report risks relevant to their responsibilities, and risk controls will be reviewed when incidents, organisational changes or emerging threats indicate that existing arrangements may no longer be sufficient.

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5.11 Financial Governance and Resource Stewardship

[Organisation Name] recognises its responsibility to manage financial and organisational resources in a transparent, responsible and sustainable manner.

Appropriate controls will be maintained for budgeting, expenditure, financial delegations, procurement, funding, assets, financial reporting, audit and fraud prevention. Financial commitments must only be made by persons with appropriate delegated authority, and organisational funds and assets must only be used for legitimate and authorised purposes.

The Board must receive sufficient and timely financial information to understand the organisation's financial position, monitor significant risks and provide appropriate oversight. Material variances, emerging concerns and significant financial risks must be reported and escalated so they can be addressed before they threaten organisational sustainability.

5.12 Procurement, Contracts and Third-Party Governance

[Organisation Name] recognises that procurement, contracts and external partnerships can create financial, operational, legal and reputational risks if they are not appropriately governed.

Significant procurement activities, contracts, outsourced services, partnerships and other third-party arrangements must therefore be appropriately authorised, documented and subject to proportionate due diligence, risk assessment and performance monitoring.

Contracts and agreements should clearly establish responsibilities, deliverables, financial arrangements, confidentiality, information handling, compliance and reporting expectations where relevant. Significant partnerships, collaborations and auspicing arrangements must align with the organisation's purpose, strategic direction, cultural responsibilities and risk requirements.

Engaging an external provider does not remove [Organisation Name]'s accountability for functions or services for which the organisation remains responsible.

5.13 Workforce Governance

[Organisation Name] recognises that organisational performance depends on a capable, culturally safe, accountable and appropriately supported workforce.

Workforce governance arrangements will support effective recruitment, pre-employment screening, qualification and registration checks where applicable, orientation, role clarity, mandatory and role-specific training, competency, supervision, performance development and worker wellbeing.

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Workers must understand their responsibilities, reporting relationships, professional obligations and limits of authority. Managers are expected to identify and address workforce capability, conduct, performance and safety concerns within their areas of responsibility.

Workforce planning and development will be aligned with current and future organisational needs so the organisation can maintain the capability required to deliver safe and effective services.

5.14 Clinical Governance

Clinical governance forms an integral part of [Organisation Name]'s broader governance system and provides assurance about the safety, quality and effectiveness of healthcare.

The Board and Chief Executive Officer must receive sufficient clinical governance information to understand significant clinical risks, incidents, trends and performance issues and to exercise appropriate oversight.

Clinical decision making remains the responsibility of appropriately qualified practitioners acting within their authorised scope of practice, while significant matters requiring organisational oversight must be escalated through governance structures.

Detailed clinical governance requirements are established through the organisation's Clinical Governance Policy and supporting clinical policies and procedures. Your existing Clinical Governance Policy already positions clinical governance as part of broader organisational governance and establishes Board, executive and clinical accountability.

5.15 Quality and Continuous Improvement

[Organisation Name] is committed to using information about its performance, risks and experiences to strengthen governance, services and organisational systems.

Performance data, audits, incidents, complaints, community feedback, workforce feedback, accreditation findings, external reviews and other relevant information will be used to identify improvement opportunities.

Where significant or recurring issues are identified, the organisation will consider whether underlying systems or governance arrangements require improvement rather than treating events in isolation. Improvement actions will be assigned appropriate responsibility and monitored, with outcomes evaluated where practicable to determine whether changes have been effective and sustained.

Continuous improvement will form part of routine organisational activity and will not be undertaken solely for accreditation or external compliance.

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5.16 Performance Monitoring and Reporting

[Organisation Name] recognises that the Board and management can only provide effective oversight when they have access to reliable and meaningful information.

Organisational performance will therefore be monitored against strategic objectives, operational priorities and relevant governance requirements using measures appropriate to service delivery, finance, workforce, risk, quality, compliance and community outcomes.

Governance and management reports must be accurate, relevant and timely and should clearly identify matters requiring decision, action, escalation or assurance. Significant adverse trends, unexplained variation, emerging risks or failure to achieve agreed objectives must be investigated and appropriately addressed.

5.17 Compliance and Regulatory Accountability

[Organisation Name] is committed to meeting its legal, regulatory, contractual, funding and accreditation obligations as a minimum requirement of responsible governance.

Responsibility for significant compliance obligations must be clearly assigned, and the organisation will maintain processes to identify relevant changes in external requirements and incorporate them into organisational systems, policies and practices.

Actual or suspected non-compliance must be reported, assessed and addressed according to the nature and level of risk. Where notification, disclosure, reporting or corrective action is required, it must occur within applicable requirements.

The organisation may adopt higher standards where these provide stronger protection for community, safety, quality or organisational integrity.

5.18 Policy and Document Governance

[Organisation Name] recognises that controlled and current organisational documents are essential to consistent and accountable practice.

Policies, procedures, frameworks, plans, registers, forms and other controlled documents must have clear ownership, appropriate approval, version control and review requirements. Workers must have reasonable access to current documents relevant to their responsibilities.

Documents will be reviewed according to their approved review cycle and earlier where legislative, regulatory, accreditation, organisational, evidence or risk changes affect their content. Superseded documents must be appropriately archived, withdrawn or otherwise controlled so that outdated requirements are not unintentionally used.

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5.19 Information Governance

[Organisation Name] recognises information as an important organisational asset and is committed to protecting its confidentiality, integrity and availability.

Organisational, personal, health, workforce, financial and other confidential information must be collected, accessed, used, disclosed, stored, retained and disposed of in accordance with applicable legal and organisational requirements.

Access must be limited to persons with appropriate authority and a legitimate operational need. The organisation will maintain safeguards against unauthorised access, disclosure, alteration, loss or destruction and ensure information systems support recordkeeping, security, backup, recovery and continuity of critical functions.

Significant privacy, information security or cyber risks and incidents must be reported, managed and escalated appropriately.

5.20 Community and Stakeholder Accountability

[Organisation Name] recognises that accountability extends beyond internal governance structures and includes meaningful accountability to Aboriginal and Torres Strait Islander communities and other relevant stakeholders.

The organisation will provide appropriate mechanisms for community, members where applicable, consumers and stakeholders to provide feedback and contribute to planning and improvement. Engagement outcomes will be considered alongside performance, risk and service information when relevant to decision making.

Information about organisational services, activities and performance will be communicated transparently where appropriate, while protecting privacy, confidentiality and culturally sensitive information.

Community engagement approaches must be culturally safe, accessible and appropriate to the communities involved.

5.21 Safeguarding

[Organisation Name] is committed to creating services and organisational environments that protect children, young people and other persons who may be at increased risk of abuse, neglect, exploitation, discrimination or harm.

Governance arrangements will support the prevention, identification, reporting, escalation and management of safeguarding concerns. Workers must understand the safeguarding and mandatory reporting responsibilities relevant to their role, and significant concerns must be promptly escalated and externally reported where required.

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Safeguarding risks will also be considered when designing services, recruiting workers, engaging contractors and partners and reviewing incidents or complaints.

Detailed requirements will be established through supporting safeguarding policies and procedures.

5.22 Business Continuity and Organisational Resilience

[Organisation Name] recognises that disruption to critical functions can affect community access, service continuity and organisational sustainability.

The organisation will maintain business continuity arrangements that identify critical services and functions, significant disruption risks, responsibilities, communication arrangements and recovery priorities.

Planning will consider risks such as workforce disruption, infrastructure or utility failure, information technology and cyber incidents, natural disasters and other events capable of interrupting services.

Business continuity arrangements will be reviewed and tested where appropriate, and lessons from disruptions or exercises will be incorporated into organisational planning and improvement.

5.23 Governance Assurance and Organisational Learning

[Organisation Name] recognises that effective governance requires more than establishing systems; the organisation must also be able to demonstrate that those systems are operating as intended.

The Board and executive leadership will therefore receive assurance through appropriate mechanisms such as governance and management reporting, risk reviews, financial controls, audits, performance monitoring, compliance reviews, accreditation and community feedback.

The Board will determine the level of independent assurance appropriate to the organisation's size, complexity and risk. This may include internal audit, external financial audit, accreditation assessment, specialist review or other independent evaluation.

Governance arrangements themselves will be periodically evaluated, including structures, committees, delegations, reporting, decision making, risk oversight and assurance mechanisms. Significant findings and governance weaknesses must be assigned for action and monitored.

Information from incidents, risks, complaints, audits, performance data, workforce feedback, community feedback and external reviews will be considered collectively where this may identify systemic issues. Lessons identified will inform policy, planning, workforce

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development, resource allocation and quality improvement so that governance supports ongoing organisational learning rather than simply compliance.

6. Roles and Responsibilities

Role	Responsibilities
Board of Directors	Set strategic direction and provide oversight of organisational governance, performance, risk, financial sustainability, compliance and Chief Executive Officer performance.
Chief Executive Officer	Accountable to the Board for implementing strategic direction and maintaining effective organisational governance, management, risk, compliance, performance and reporting systems.
All Staff	Comply with this policy and relevant organisational requirements. Act within delegated authority, support ethical and culturally appropriate practice, report risks or concerns, and contribute to accountability and continuous improvement.
Healthcare Providers	Comply with organisational and clinical governance requirements relevant to their role. Deliver safe, evidence-based and culturally appropriate care within scope of practice, maintain appropriate documentation, and escalate clinical or organisational risks as required.
Reception / Administrative Staff	Support effective organisational systems, accurate recordkeeping, communication and service access. Follow approved processes, protect confidentiality, act within delegated responsibilities and escalate identified risks, concerns or compliance issues appropriately.
Practice Manager / Operational Manager	Implement organisational governance requirements within operational areas, maintain effective systems and controls, monitor compliance, risk and performance, support workforce capability and quality improvement, and escalate significant issues to executive management.
Executive Management	Implement organisational strategy and governance requirements within delegated areas of responsibility. Monitor organisational performance, risk, compliance and quality, provide appropriate assurance and reporting, and ensure significant issues are identified, managed and escalated.

7 . Cultural Considerations

[Organisation Name] recognises that Aboriginal community control, culture and self-determination are fundamental to effective organisational governance. Cultural governance extends across both Board oversight and operational practice, ensuring that organisational direction, decisions, systems and services remain accountable and responsive to the Aboriginal and Torres Strait Islander communities the organisation serves.

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Board of Directors

The Board has responsibility for ensuring culture and community accountability are embedded within the organisation's governance and strategic direction. In fulfilling this responsibility, the Board will:

- uphold the principles of Aboriginal community control and self-determination;
- ensure governance arrangements are consistent with the organisation's Constitution / Rule Book and responsibilities to members and community;
- consider community priorities, cultural safety, equity and potential community impact when making strategic decisions;
- support meaningful community participation in organisational planning, governance and evaluation;
- recognise and respect local cultural protocols, community knowledge, family and kinship structures and ways of knowing, being and doing;
- ensure strategic planning and organisational priorities reflect the needs and aspirations of the communities served;
- consider cultural risks, including racism, discrimination, cultural unsafety and barriers to access, as part of organisational risk oversight;
- monitor information relating to cultural safety, equity, community engagement and community experience where appropriate;
- support Aboriginal leadership, representation and governance capability; and
- hold the Chief Executive Officer accountable for translating the organisation's cultural commitments into operational practice.

The Board should seek appropriate community and cultural advice where decisions may have significant cultural or community implications and ensure that cultural knowledge is respected in how that advice is obtained, considered and used.

Operational Leadership

The Chief Executive Officer, executive management and managers are responsible for translating the organisation's cultural governance commitments into everyday systems, workforce practices and service delivery. Operational arrangements will:

- incorporate cultural safety and community priorities into operational and service planning;
- maintain culturally safe and respectful workplaces and service environments;
- support recruitment, retention, development and leadership opportunities for Aboriginal and Torres Strait Islander people;
- ensure workers receive appropriate cultural orientation, education and ongoing learning;
- consider cultural safety and equity when developing or reviewing policies, procedures, programs and services;

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- identify and address organisational practices, behaviours or systems that may contribute to racism, discrimination, cultural unsafety or inequitable access;
- provide culturally appropriate mechanisms for community, consumers and staff to provide feedback and raise concerns;
- engage Aboriginal Health Workers, Aboriginal Health Practitioners, Elders, community representatives or other appropriate cultural knowledge holders where relevant to organisational activities;
- ensure community engagement is genuine, respectful and appropriate to local community structures and protocols; and
- use community feedback, service data, incidents, complaints and other relevant information to identify opportunities to strengthen cultural safety and responsiveness.

All workers are expected to demonstrate culturally respectful behaviour, comply with the organisation's cultural safety requirements and raise concerns where organisational practices or behaviours may compromise cultural safety, equity or community trust.

Cultural governance will be considered across strategic planning, risk management, workforce governance, service design, resource allocation, policy development, quality improvement and organisational evaluation, ensuring that cultural safety is embedded across the organisation rather than treated as a separate activity.

8. Related Policies & Documents

- Constitution / Rule Book
- Board Charter / Governance Manual
- Code of Conduct
- Strategic Plan
- Operational Plan
- Delegations Register
- Organisational Structure
- Risk Management Policy / Framework
- Risk Register
- Clinical Governance Policy
- Business Continuity Plan
- Emergency Management Plan
- Legislative Compliance Register
- Policy / Document Register
- Conflict of Interest Register
- Gifts and Benefits Register
- Continuous Quality Improvement (CQI) Framework
- Financial Management Policy
- Procurement and Contract Management Policy
- Workforce / Human Resources Policy
- Work Health and Safety Policy
- Cultural Safety Policy
- Privacy & Confidentiality Policy
- Information Management Policy
- Records Management Policy
- Incident Management Policy
- Feedback and Complaints Management Policy
- Conflict of Interest Policy / Procedure
- Board and Committee Terms of Reference

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9. Monitoring & Review

[Organisation Name] will monitor the implementation and effectiveness of this policy through its governance, risk, compliance, assurance and continuous quality improvement systems.

Monitoring will consider relevant information from across the organisation, including:

- Board and committee governance and reporting;
- strategic and operational performance;
- financial performance and audit findings;
- organisational and clinical risks;
- workforce, WHS and service performance indicators;
- incidents, complaints and protected disclosures;
- compliance with legislative, regulatory, contractual and funding obligations;
- community, consumer and workforce feedback;
- internal and external audits and reviews;
- accreditation and regulatory findings; and
- continuous quality improvement activities.

Significant trends, governance gaps or areas of non-compliance identified through monitoring will be reported through appropriate governance structures, with actions assigned and monitored to ensure identified issues are appropriately addressed.

This policy will be reviewed every two years, or earlier where changes to legislation, regulatory or accreditation requirements, governance arrangements, organisational structure or strategic direction occur, or where significant risks, incidents, audit findings or other monitoring identify a need for review.

10. Breach of Policy

Failure to comply with this policy may compromise effective organisational governance and expose [Organisation Name], its community, workforce or services to financial, operational, legal, regulatory, clinical or reputational risk.

Actual or suspected breaches must be reported and managed according to their nature, severity and level of risk. Significant or systemic matters must be promptly escalated to the Chief Executive Officer and, where appropriate, the Board / Governing Body.

Breaches will be reviewed to determine whether corrective action, risk treatment, education, governance or management review, performance management or disciplinary action is required. External notification or reporting will occur where required by legislation, regulation, funding or contractual obligations.

Where a breach identifies a broader weakness in organisational systems or governance arrangements, the underlying issue will be addressed through risk management and continuous quality improvement processes to reduce the likelihood of recurrence.

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11. Appendix

Referenced Documents and Resources

The following external and internal resources have informed the development of this policy and procedure:

Document Title	Type	Location / Access
Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cth) – where applicable	External	ORIC
Australian Charities and Not-for-profits Commission Act 2012 (Cth) – where applicable	External	ACNC Legislation
Corporations Act 2001 (Cth) – where applicable	External	Federal Register of Legislation
Privacy Act 1988 (Cth)	External	OAIC
Health Records and Information Privacy Act 2002 (NSW)	External	NSW Legislation
Work Health and Safety Act 2011 (NSW)	External	NSW Legislation
Public Interest Disclosures Act 2022 (NSW) – where applicable	External	NSW Legislation
RACGP Standards for General Practices	External	RACGP
National Safety and Quality Health Service (NSQHS) Standards – where applicable	External	ACSQHC – NSQHS Standards
National Safety and Quality Primary and Community Healthcare Standards – where applicable	External	ACSQHC – Primary and Community Healthcare Standards
QIC Health and Community Services Standards	External	QIP – QIC Standards
Australian Charter of Healthcare Rights	External	Australian Charter of Healthcare Rights
Organisation Constitution / Rule Book	Internal	Internal Document
Strategic Plan	Internal	Internal Document
Operational Plan	Internal	Internal Document

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Document Title	Type	Location / Access
Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cth) – where applicable	External	ORIC
Board Charter / Governance Manual	Internal	Internal Document
Code of Conduct	Internal	Internal Document
Delegations Register	Internal	Internal Document
Risk Management Policy / Framework	Internal	Internal Document
Clinical Governance Policy	Internal	Internal Document
Continuous Quality Improvement (CQI) Framework	Internal	Internal Document
Financial Management Policy	Internal	Internal Document
Workforce / Human Resources Policy	Internal	Internal Document
Cultural Safety Policy	Internal	Internal Document
Privacy & Confidentiality Policy	Internal	Internal Document
Information Management Policy	Internal	Internal Document
Business Continuity Plan	Internal	Internal Document

12. Version History

Version	Date	Author	Change Summary
1.0	DD/MM/YYYY	[Your Name]	Initial draft

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