

Support at Home Workshop Series

Workshop 3: Governance and Obligations

Reliance Restricted

17 October 2025

The EY logo is positioned in the bottom right corner of the image. It consists of the letters 'EY' in a bold, white, sans-serif font. A yellow diagonal bar is located behind the 'Y'.

Shape the future
with confidence

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EY Australia (EY) wishes to acknowledge and pay deepest respects to the Traditional Custodians of the land, sea, sky and waterways. EY recognises the ongoing relationship, connection, and association to Country is an integral part of Aboriginal and Torres Strait Islander identity and cultural expression.

EY acknowledges that the land is alive, sacred, and intrinsically linked to Aboriginal and Torres Strait Islander spirituality, culture, language, family, lore, and identity and that Aboriginal and Torres Strait Islanders see Country as a person; they speak to Country, sing to Country, visit Country, worry for Country, and long for Country.

EY will continue to treat the land respectfully and work collaboratively with all Aboriginal and Torres Strait Islanders.



Artist: Jasmine Miikika Craciun is a multi-media artist and graphic designer residing on Gadigal land.

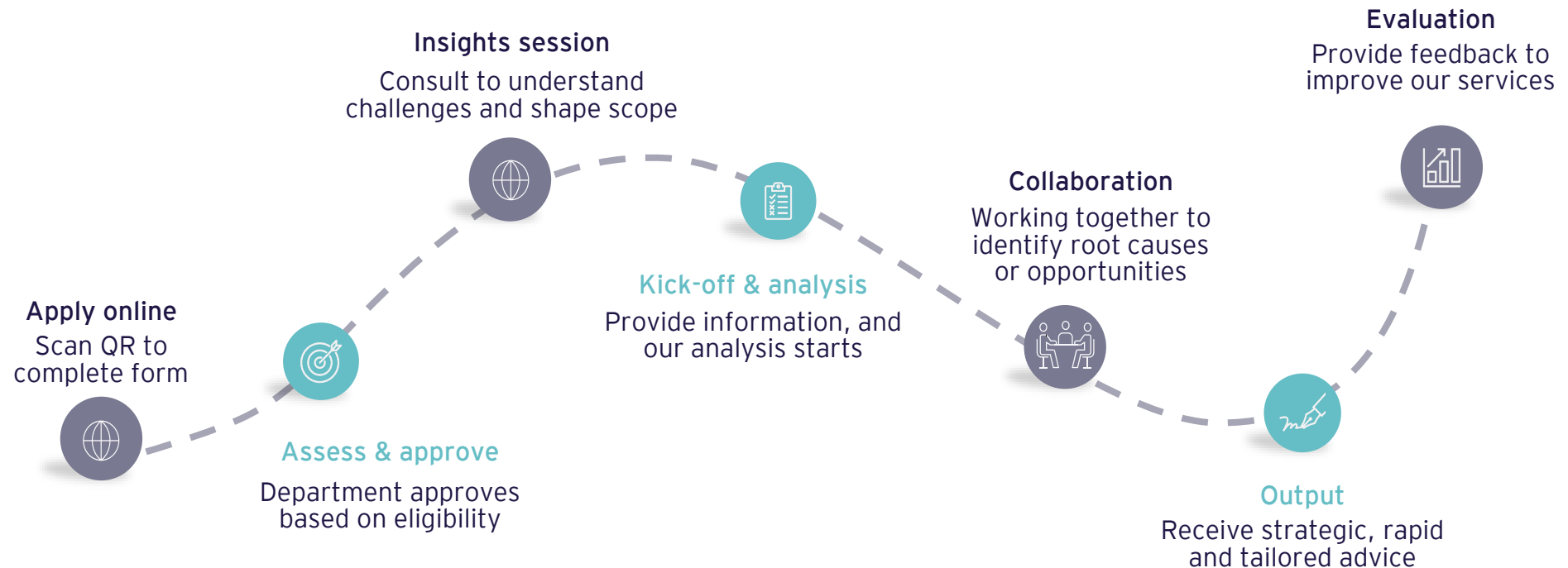
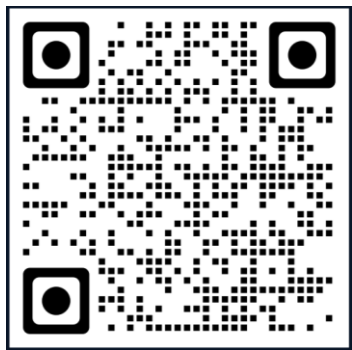
Jasmine's art-making process is informed by her diverse familial background (Barkindji, Malyangapa, Romanian, Austrian) with the goal of celebrating the strength of those who came before her.

What is the Aged Care Business and Workforce Advisory Services program?

Delivered by EY on behalf of the Department of Health, Disability and Ageing, these services are **open to approved residential aged care and in-home care providers**, and provide **free, independent and confidential advice** in relation to specific **business and workforce matters**.

Seek strategic, rapid and tailored advice focused on **viability**, and **profitability resourcing** challenges and opportunities.

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Agenda

Content

- 1 Welcome and Purpose
- 2 Navigating Governance From Point of Care to Governing Body
- 3 Implementation Roadmap
- 4 Step by Step Compliance Playbook
- 5 Session close





01

Welcome

Welcome and Introductions



**Cassandra
Gandolfo**

Director,
People
Consulting EY

Cass is a Director at EY, leading the Aged Care Business and Workforce Advisory Service for the Department of Health, Disability and Ageing. She works directly with care providers to improve workforce planning, operational efficiency, and financial performance.

With experience across aged care, disability, veterans' services, and early childhood education, Cass has experience supporting providers to become reform ready across the care economy.



**Shyaam
Raivadera**

Partner,
Business
Consulting EY

Shyaam is a Partner in the Health Consulting Practice with experience leading governance and risk management related engagements across Australia, Singapore and New Zealand.

Shyaam works with clients primarily across Health and Government to deliver transformational outcomes across Governance, Strategy, Risk and Assurance.



**Samantha
Sharp**

Aged Care
Sector Support
Partner

Samantha has over 25 years experience in State, local government and the health sector. She has held senior executive roles and is widely regarded as an adept cultural change leader and accomplished strategist.

Sam has a deep range of experience in aged care, mental health, community development, children's services, drug and alcohol, Aboriginal and Torres Strait Islander health and commissioning of services.



**Sinead
Collins**

Manager,
Business
Consulting EY

Sinead is a manager on EY's health team based in Sydney and has a nursing background. Sinead has extensive experience working with clinicians, management teams and executives to help streamline processes and strengthen risk management frameworks.

Sinead supports health providers in implementing practical solutions that improve oversight, accountability and strategic decision making, ensuring governance practices are aligned with organisational objectives and regulatory requirements.

Diversity of the aged care sector

**The needs and preferences of older Australians are diverse.
So too is the market of providers who address those needs.**

Providers operate across different geographies, scales and service types - from small, community-based organisations to large national networks.

Each provider brings unique perspectives, capabilities and experiences.

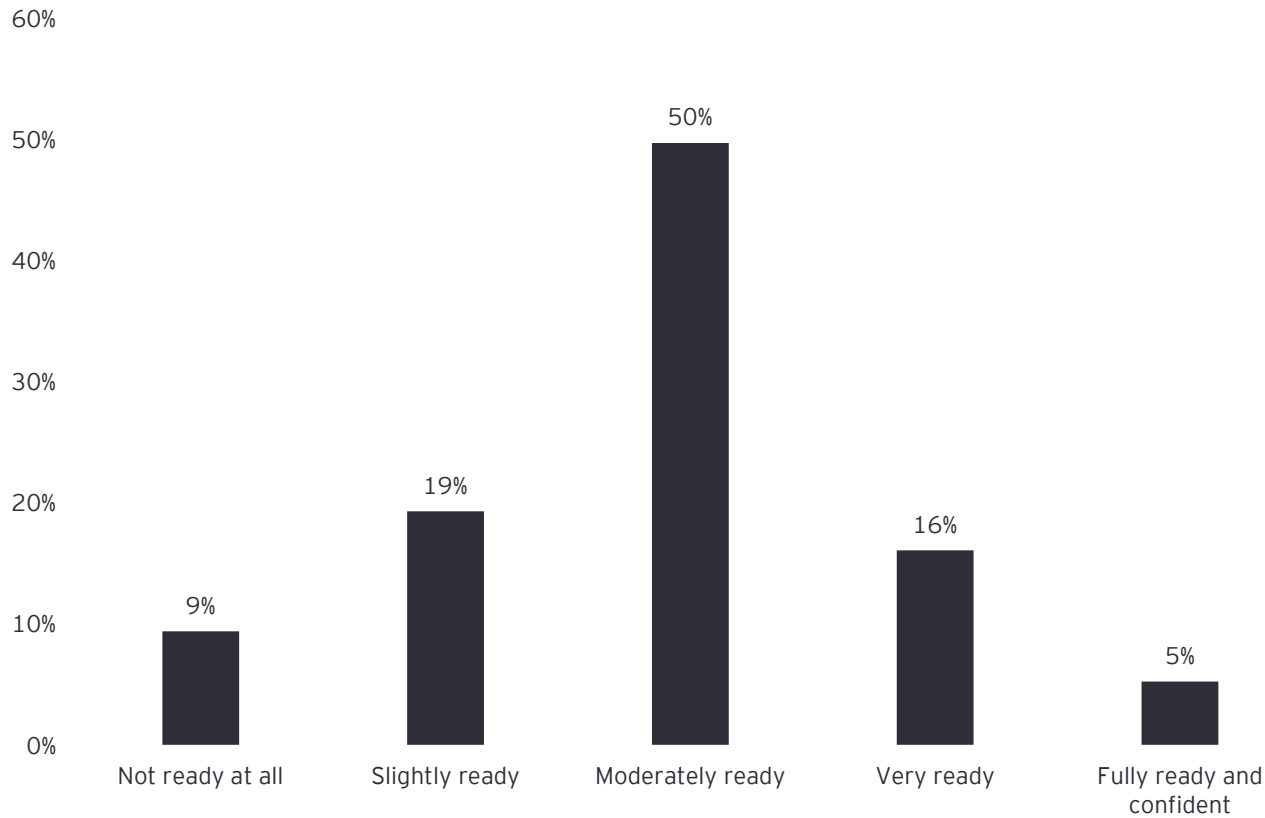
As a result, it is important to acknowledge that:

- Providers are at different stages of readiness, understanding, and progress towards implementing reforms
- A provider's capacity to adapt varies based on many factors such as size and resources
- A one-size-fits-all approach is not effective

Diversity is a strength. Our sessions aim to provide tips and resources you can use to implement changes, but further support is available through the Aged Care Advisory program.

Readiness to Implement Support at Home changes

We are confident about implementing the Support at Home program changes



Key themes relating to Governance

Quality standards	Employee requirements
Registration process and costs	Responsibilities of associated providers
Quality assurance	Translation of requirements to ops
Audit readiness	Compliance of associated providers
Governance as a gov organisation	Clinical governance
New obligations	Training requirements
Board responsibilities	Funding governance requirements

Note, today's session will focus on the dark grey boxes. The light grey (*) denotes key areas highlighted in the survey, that are outside the scope of today's workshop

Purpose of today's session

Session Purpose

The purpose of today's session is to support Commonwealth Home Support Program (CHSP) and Support at Home providers with understanding what practical actions they should consider implementing to help meet the enhanced governance requirements associated with the New Aged Care Act 2024.

Objectives

Navigate new Governance Arrangements

- Provide practical guidance on key governance aspects of the new Aged Care Act 2024 including Governing Body Due Diligence, Statement of Rights, High Quality Care, Associate Provider Compliance, Suitability Matters etc.

Share tools to help you meet your governance obligations

- Equip you with practical tools and clear action steps to meet the strengthened governance requirements under the Aged Care Act 2024, ensuring your organisation is compliant, accountable, and well-prepared for the Support at Home reforms



02

Navigating Governance From Point
of Care to Governing Body

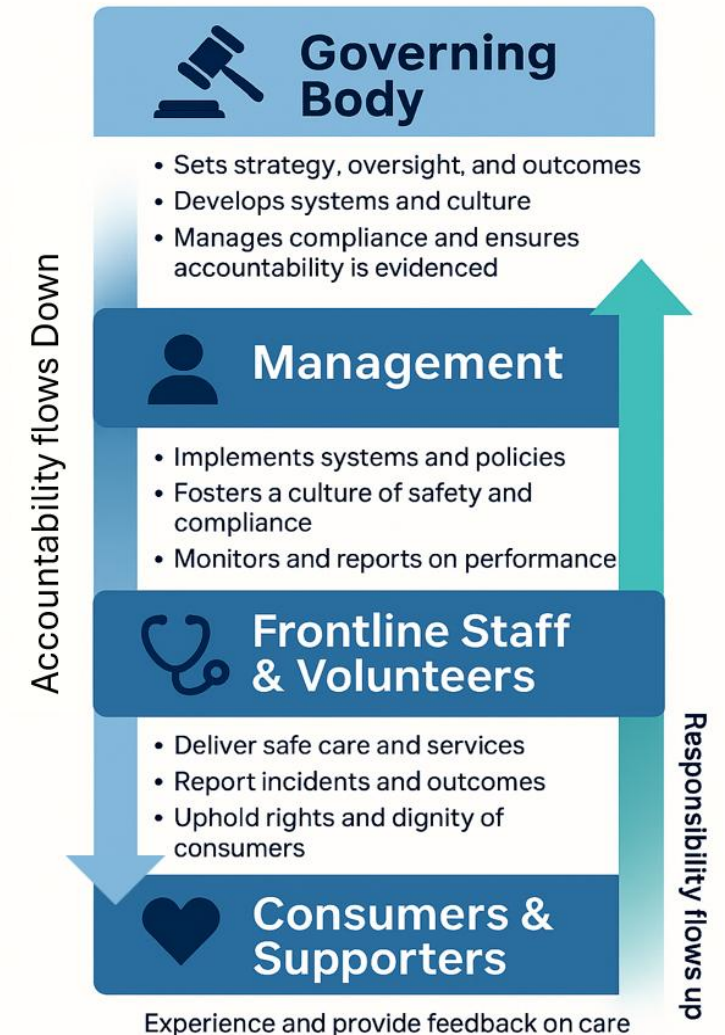
Navigating Governance From Point of Care to Governing Body

Accountability starts and stops with the Governing Body and flows down while responsibility flows up from the point of care and the consumer experience

Why this matters

1. Many governing bodies demonstrate strong oversight for financial performance and less emphasis on care quality
2. Failures often occurs when care and quality risks are not escalated beyond operational management
3. If a provider fails on care quality, the Commission will ask: "where was the governing body"?
4. Governing bodies who do not embed the rights of older persons into governance frameworks and risk processes face regulatory exposure and loss of trust

"Governing bodies must assure themselves that risks to care quality are identified, escalated and acted upon" - The Royal Commission



Case Example 1: Navigating Governing Body Due Diligence



Kim, an older person's supporter, submits multiple complaints about **missed home support visits** for her mother, Pamela.

Provider Actions:

- Management investigates and attributes the problem to workforce shortages
- The complaint is marked "resolved" and closed at the management level **but it is not escalated to the Governing Body**

Outcome:

- Weeks later, the Aged Care Quality and Safety **Commission contacts the Governing Body directly**, informing them of the complaint
- Governing Body members are surprised, saying they had no knowledge of it

Key Gaps

- Limited Governing Body oversight
- Poor communication and reporting
- Weak complaints management system
- Limited risk and quality governance
- Consumer voice ignored

Step 1: Establish Reporting Processes

Objective: To provide the governing body with clear, transparent, and consistent reporting on all aspects of service delivery on a regular basis

Actions:

1. Decide what needs to be reported across key service delivery areas for example:
 - **Quality Indicators:** incidents (if applicable), SIRS, falls, pressure injuries, infection rates, care minutes (if applicable), care documentation and policy audit results etc.
 - **Service Delivery:** completed and missed visits, occupancy, complaints and compliments, whistleblowers,
 - **Workforce:** training and compliance, vaccinations, illness rates, suitability matters, workplace wellbeing and culture
2. Set reporting frequency i.e. how often reports go to the governing body
3. Develop a clear, simple template or dashboard for consistent reporting
4. Assign reporting responsibilities i.e. who is responsible for collecting and submitting the data to the governing body

Step 2: Strengthen Complaints Management

Objective: To ensure all complaints, concerns and feedback from older persons or supporters is documented, investigated and used to inform organisational learning and continuous improvement

Actions:

1. Ensure there is a system in place to be able to log complaints and feedback
2. Acknowledge and investigate complaints in a timely manner
3. Take action to resolve any issues identified and document all findings
4. Report all new, open and resolved complaints to the governing body ensuring they are briefed on any learnings, actions or continuous improvement initiatives taken onboard as a result of complaints
5. Escalate unresolved or recurring trends in complaints to the governing body and seek their direction and input. Consider building these recurring issues into the organisational risk register to inform workforce planning and improvements
6. Develop a complaints and feedback policy and procedure outlining roles and responsibilities, processes to follow, reporting and evaluation processes
7. Develop an evaluation process to assure the governing body that the complaints management system is fit for purpose i.e. conduct regular audits
8. Document how complaints and feedback are actively considered in governance decisions and service improvements

Step 3: Train Staff and Embed a Culture of Accountability

Objective: To ensure all complaints, concerns and feedback from older persons or supporters is documented, investigated and used to inform organisational learning and continuous improvement

Actions:

1. Train and educate staff on the complaints handling process including escalation requirements
2. Make staff aware that complaints will be included in Governing Body reporting and it may impact regulatory obligations
3. Monitor compliance with the complaints policy and escalation process and feed findings back to the Governing Body (i.e. through audits of complaints data and care documentation)

Case Example 2: Associated Provider Compliance



A NATSIFAC/ACCHO category 4/5 provider sometimes uses subcontractors to cover care gaps. During an ACQSC audit, it is found the provider had not updated its subcontractor oversight framework.

A Management investigation identified:

- Contracts place all responsibility on subcontractors to demonstrate compliance to the Strengthened Standards
- No evidence of Governing Body oversight of subcontractor quality or risk
- ACQSC had not been updated on new arrangements with its required timelines

Outcome:

- The Governing Body only became aware of its due diligence requirements and non-compliance after a regulatory notice

Key Gaps

- Limited Governing Body knowledge of their associated provider compliance accountabilities
- Poor contract management processes in place
- Reactive governance and risk processes

Step 1: Confirm Suitability

Objective: For providers to ensure associated providers are properly registered, competent and capable of delivering safe, high-quality care

Actions:

1. Confirm suitability i.e. request to see their complaints history, audit outcomes, insurances and polices, confirm no conflicts of interest that would compromise care, financial statements to confirm operational stability
2. Assess capacity to deliver safe, quality care in line with the New Aged Care Act 2024 i.e. the Statement of Rights, Code of Conduct etc. (as they apply to the registered provider)
3. Assess workforce capability to ensure they are suitably skilled, competent and trained and meet screening requirements. For example:
 1. Request a record of worker training, qualifications, confirmation of registration with AHPRA (if applicable) and ask for confirmation that workers comply with the Code of Conduct (e.g. request a signed acknowledgement form)
 2. Request up-to-date worker screening records e.g. police certificates, banning order check, SIRs etc. varying by key personnel status
4. Notify the Commission via their new smart form about any new associate providers at registration and renewal of registration (or if a registration category 4,5 or 6, notify the Commission of associated providers if an agreement starts, changes, is extended or ends within 14 days of the Change)

Step 2: Update Subcontractor Oversight Framework

Objective: To ensure there is a clear and current framework in place to manage subcontractor compliance, quality and risk so the Governing Body can monitor and maintain accountability

Actions:

1. Review the current subcontractor contracts and frameworks to identify where oversight needs to be improved
2. Redesign contracts and frameworks to clearly outline roles and responsibilities for compliance and quality related accountability and oversight. Contracts should also outline reporting requirements, performance expectations and consequences for non-compliance
3. Include compliance clauses in agreements such as compliance with the Code of Conduct, Statement of Rights and Quality Standards
4. Outline clear oversight and reporting processes i.e. define how and who from your provider will monitor ongoing subcontractor performance. For example:
 1. Develop an audit schedule to monitor compliance,
 2. Confirm reporting processes for quality and risk management
 3. Develop checklists and quality expectations
 4. Provide reporting templates and agree reporting schedule
 5. Confirm participation in quality-of-care advisory bodies and other governance meetings as required if applicable

Step 3: Implement, Monitor and Evaluate Compliance

Objective: To provide ongoing monitoring and oversight while the contract is in place

Actions:

1. Provide Governing Body training on associated provider oversight and responsibilities
2. Update service agreements with older people and monthly statements to identify services delivered by associated providers
3. Ensure all associated provider staff are orientated and trained about the registered providers specific policies and procedures
4. Periodically review the oversight framework
5. Commence monitoring and reporting as per the contract agreement
6. Continue to re-assess suitability requirements and report any changes to the governing body
7. Escalate any quality, risk or service delivery risks or issues to the providers Governing Body as required
8. Establish a continuous improvement process that reviews associated provider performance, incorporates feedback from older people and staff, and documents corrective actions and outcomes for Governing Body review and regulatory compliance

Case Example 3: When Clinical Risks Don't Reach the Governing Body



Maria, 83, has difficulty swallowing. A speech pathology assessment recommends a modified diet. Maria insists on eating solid food (sausages, bread rolls), saying "it's my life, I want to enjoy it."

Provider Management:

- Staff fear she will choke and speak with her daughter who supports Maria's choice, but her son insists staff should "ban" risky foods
- During lunch, Maria chokes, requiring emergency response

Outcome:

- Casual staff on shift were unaware of her swallowing plan and Maria chokes during lunch, requiring an emergency response
- The Governing Body were not made aware of this incident until a complaint was issued by Maria's son

Key Governance Gaps

- Limited Governing Body awareness of high clinical risks/ rights to safe care
- Gaps in policies to manage clinical risks
- Reactive risk management process

Please note: For the purpose of this discussion, we will focus on the governing body's due diligence and risk oversight responsibilities. Clinical practice, handover and care plans will need to be underpinned by your organisations clinical governance framework and processes and is out of scope for this session.

Step 1: Strengthen Clinical Risk Reporting Processes

Objective: To ensure all clinical risks are identified, documented and escalated so the Governing Body can proactively oversee older persons safety, high quality care and protect their rights

Actions:

1. Decide what needs to be reported to the Governing Body from a care quality and clinical risk perspective e.g. high-risk persons (swallowing difficulties, falls etc.), dignity of risk forms completed
2. Update the organisational risk register to capture and monitor identified risks and enabling better oversight
3. Set reporting frequency i.e. how often reports go to the governing body (e.g. monthly)
4. Develop a clear, simple template or dashboard for consistent, easy to understand data reporting
5. Assign reporting responsibilities i.e. who is responsible for collecting and submitting the data to the governing body
6. Care quality risks can also be reported to the governing body through the Quality-of-Care Advisory Body or equivalent (if applicable to your provider registration category)

Please note: clinical governance is out of scope for this session. Please follow your organisations clinical governance framework for additional care planning, communication, documentation requirements.

Step 2: Update Policies and Procedures

Objective: To provide clear guidance so staff know what to do and how to manage risks while respecting older persons rights

Actions:

1. Identify polices that need to be developed or updated for example:
 - **Risk Management:** A risk management framework that outlines the organisations approach to identifying, assessing, monitoring and escalating clinical and operational risks
 - **Clinical Care:** Polices for managing high risk older persons, (e.g. swallowing difficulties, falls, pressure injuries) that include procedures for staff. Consider other policies relating to clinical risk such as dignity of risk, respect and privacy, partnering with individuals etc. to reflect the new Aged Care Act 2024 and quality standards. (Communication and handover guidance should also be drafted to ensure risk information is consistently shared with all staff including casual or temporary staff)
2. Develop and implement associated procedures, tools and templates such as dignity of risk forms and other guidance materials for staff to support older persons with making informed decisions wile balancing safety
3. Develop clear incident reporting procedures for documenting, escalating and reviewing incidents and near misses, ensuring a clear reporting line to the Governing Body on a regular basis (e.g. monthly)

Step 3: Communicate and Train Staff on Governance Reporting Pathways

Objective: To ensure staff understand when and how care-related risks must be escalated to the Governing Body, in line with strengthened governance obligations under the aged care reforms.

Actions:

1. Provide training on clinical risks and policies to all staff
2. Update onboarding materials to reflect governance responsibilities and update job descriptions if applicable
3. Teach staff how to support resident choices safely i.e. having clear discussions outlining the risks and benefits, including supporters in shared-decision making, conveying information in a way that is easy for the older person to understand, documenting discussions etc.
4. Conduct scenario exercises with staff and management
5. Monitor adherence by auditing care documentation and associated processes e.g. incident reports

Case Example 4: Failure to engage Governing Body in audit preparation



An aged care provider is scheduled for a **Quality Standards audit** under the new Act.

Provider Actions:

- Management prepare audit documents but do not brief or involve the Governing Body, seeing audit as “operational”
- Staff highlight unresolved complaints and incomplete incident registers, but managers don’t escalate

Outcome:

- During the audit, assessors ask Governing Body members about risk oversight and consumer complaints. Governing Body members appear uncertain, saying, “*management handles those issues.*”
- The regulator records a major non-compliance in governance

Key Gaps

- ❑ Governing Body did not have a good understanding of their obligations and role
- ❑ Governing Body failed to ensure that Management provided them with reporting that sets the tone for leadership and culture that promotes the rights, safety and wellbeing of older Australians
- ❑ Governing Body isn’t engaged in audit preparation to support their individual meetings with the Assessors
- ❑ Lines of accountability from the Governing Body to Management and Staff and back again are not evident. Everyone is not playing their role

Step 1: Prepare the Governing Body for upcoming Audits

Objective: To ensure Governing Body members are equipped with the knowledge, context, and confidence to actively participate in aged care audits, in alignment with their accountability under the strengthened governance reforms.

Actions:

1. Schedule an audit preparation session between the Governing Body and the management team to walk the governing body through the audit scope, standards to be assessed, registration obligations and expectations etc. This could include a summary of any recent or previous audit findings
2. Ensure the governing body understand their roles and responsibilities during the audit

Step 2: Embed Audit Readiness into ongoing Governance Oversight

Objective: To ensure ongoing governing body oversight into audit readiness and that audit preparation is built into governance reporting

Actions:

1. Update regular governance reporting templates, agendas etc. to include updates on audit progress, risks and improvement actions
2. Ensure governing body minutes reflect discussion on audit preparation, risk trends, service improvements and include any governing body decisions or inputs into audit documentation/ audit evidence packs
3. For category 4-6, share the draft audit evidence collection tool that will be used to understand if the provider can conform with the related Strengthened Standards
4. Share a tracking tool or create a shared folder to help keep the governing body updated and seek their approval on all governance related documents that will be provided during the audit e.g. risk registers, governing body minutes, improvement plans, complaints/ feedback data, whistle blower data, incident trends, care and quality audit results, policies/ procedures etc.
5. Conduct a mock audit interview or Q&A session with governing body members which may include real scenarios
6. Create an attestation opportunity for your governing body and encourage individual Directors to keep their own documents for due diligence

Step 3: Use Audit Outcomes to Strengthen Governance Oversight

Objective: Ensure audit findings are reviewed by the Governing Body and used to inform future governance decisions, continuous improvement priorities, and risk oversight.

Actions:

1. The Governing Body should review audit findings including strengths, gaps, recommendations and reflect and gaps or improvement areas in the organisational risk register and continuous improvement plan/ register
2. The governing body should delegate or assign these improvement actions to the appropriate personnel and continue to monitor and follow up on progress
3. All follow ups and service improvements related to audit outcomes should be documented in governing body minutes and available for inclusion in any future audit evidence packs
4. Use audit insights to inform future reporting, risk monitoring and strategic planning
5. Ensure audit learnings are shared across governance and operational teams

Case Example 5: Navigating Governance From Point of Care to Governing Body



A provider's governing body is made up of experienced professionals. Most assume that operational compliance is "management's responsibility."

Provider Actions:

- The Board receives glossy quarterly reports but does not actively question data gaps (e.g. clinical risk management, consumer complaints trends, cultural safety training compliance)

Outcome:

- During an ACQSC audit, the regulator interviews governing body members
- Some directors say, *"We rely on management; they would tell us if something was wrong."*
- Others are unable to explain the provider's risk management framework or how consumer rights are upheld

Key Gaps

- ❑ Limited Governing Body Oversight
- ❑ Individual Members did not ensure they were undertaking their own due diligence
- ❑ Weak reporting framework with lack of tieback to risk management framework and register
- ❑ Limited reporting to Board on consumer rights via storytelling and data reporting where the consumer becomes part of the story to demonstrate outcomes and alignment to statement of rights

Step 1: Develop a Risk Management Framework and Risk Register

Objective: To provide the governing body with a clear understanding of both strategic and operational risks to support effective reporting and oversight by the governing body

Actions:

1. Get together as a Governing Body and Management to develop a risk management plan that includes:
 - **Risk Appetite Statements:** How much risk is the Governing Body willing to accept to achieve its strategic objectives
 - **Risk Statements:** Specific descriptions of a potential problem and its consequences
 - **Actions to address risk:** Include timelines and expected outcomes.
2. Set reporting frequency i.e. how often risk report go to the governing body
3. Develop a clear, simple template or dashboard for consistent reporting and include a space for narrative reporting in to support questions from the Board. Ensure your board minutes capture the narrative as evidence of engagement with the Board
4. Assign reporting responsibilities i.e. who is responsible for collecting and submitting the data to the governing body

Step 2: Establish Quality Assurance Processes

Objective: To provide the governing body with assurance that the data being reported is validated and consistent with reporting requirements and supports good governance

Actions:

1. Conduct quarterly mock audits to determine if there are opportunities to improve data in the way it is collected and reported.
2. Engage the Governing Body in mock audits to support their knowledge development and engage them in more detail in relation to high quality care and statement of rights as they impact on their governance responsibilities.
3. Ensure that there are different voices engaged in the development of and reporting on data collection and validation, to demonstrate transparency and engagement from staff at differing levels.
4. Identify if there are other like-minded service providers that you could benchmark from to determine if there are improvements that can be made in reporting or assurances.
5. Always ensure that there are timeframes on improvements. Open ended timeframes do not provide the “heat” to support continuous improvements. Give an improvement a timeframe and report back on done/not done and why.
6. Make sure you capture improvement on your continuous improvement plan to demonstrate/evidence actions.

Step 3: Establish Reporting Processes

Objective: To provide the governing body with clear, transparent, and consistent reporting on all aspects of service delivery on a regular basis

Actions:

1. Decide what needs to be reported across key service delivery areas for examples:
 - **Quality Indicators:** incidents (if applicable), SIRS, falls, pressure injuries, infection rates, care minutes, care documentation and policy audit results etc.
 - **Service Delivery:** completed and missed visits, occupancy, complaints and compliments, whistleblowers,
 - **Workforce:** training and compliance, vaccinations, illness rates, suitability matters, workplace wellbeing and culture
2. Set reporting frequency i.e. how often reports go to the governing body
3. Develop a clear, simple template or dashboard for consistent reporting that includes a narrative space for each report
4. Assign reporting responsibilities i.e. who is responsible for collecting and submitting the data to the governing body
5. Create an attestation opportunity for your governing body and encourage individual Directors to keep their own documents for due diligence

Reframing Board Reporting: From Information to Oversight

Making the shift from reactive, operational and compliance focused reporting to proactive, strategic and rights-aligned governance, giving Governing Bodies the insights they need to protect older persons and guide service improvements.



Existing Board Reporting

- **Reactive and retrospective approach:** focuses on what has already happened, often after incidents or audits with limited trends data or performance patterns reported or little anticipation of emerging risks
- **Compliance reporting:** Often focuses on meeting minimum regulatory requirements with limited focus on consumer voice and resident rights often not visible.
- **Operational focus:** Typically emphasises raw, siloed day-to-day management data (e.g. number of visits, incidents, staff training) with minimal analysis or linkage between metrics. Decisions often made without systemic patterns or organisational impact



Reframed Approach to Board Reporting

- **Proactive and forward looking:** highlights emerging risks, trends or potential system issues. Papers clearly state decision and actions required and accountability for follow-up and supports proactive oversight and decision making
- **Rights and risk-aligned Governance:** Explicitly links issues to the Statement of Rights, Strengthened Standards and organisational risks. Demonstrates continuous improvement and governing body due diligence
- **Strategic focus:** Integrates clinical, workforce, complaints and compliance data to reveal systemic trends while emphasising risk implications. It supports strategic decision making that is aligned to the organisational objectives and risk appetite

Board Agenda Template (1/2)

Governing Body Meeting Agenda

Date and time	
Attendees	
Apologies	

Agenda Items	Discussion Items	Action Items	Due Date
Welcome and opening	<ul style="list-style-type: none"> • Welcome to Country • Confirm previous meeting minutes and action items 		
Strategic Updates	<ul style="list-style-type: none"> • Update towards strategic goals • KPI and dashboard review 	Moved: Seconded: Carried: Yes/No	
Service Delivery Oversight	<p><u>Clinical Governance and Quality</u></p> <ul style="list-style-type: none"> • Safety metrics (i.e. SIRs, falls etc.) and incident reports • Complaints, feedback and trends • Accreditation and compliance updates • Clinical Governance Committee meeting minutes, reporting and updates <p><u>Operational Performance</u></p> <ul style="list-style-type: none"> • People, culture and workforce metrics (e.g. training, whistleblowers, vaccinations, staffing levels, turnover) • Service utilisation and visits data • Risk management updates 	Moved: Seconded: Carried: Yes/No	

Board Agenda Template (2/2)

Governing Body Meeting Agenda

Agenda Items	Discussion Items	Action Items	Due Date
Service Delivery Oversight	<p><u>Financial Oversight</u></p> <ul style="list-style-type: none"> Budget vs actuals Funding and revenue streams Major financial risks or issues 	<p>Moved:</p> <p>Seconded:</p> <p>Carried: Yes/No</p>	
Emerging Risks and Trends	<p><u>Review dashboards highlighting:</u></p> <ul style="list-style-type: none"> Emerging clinical and operational risks Systemic issues or trends Regulatory or policy changes affecting service delivery <p><u>Other:</u></p> <ul style="list-style-type: none"> Review of risk register 	<p>Moved:</p> <p>Seconded:</p> <p>Carried: Yes/No</p>	
Governance and Compliance	<ul style="list-style-type: none"> Review of regulatory compliance obligations Review of organisational policies and procedures Board self-assessment and governance performance Advisory Body minutes, feedback and/or reports for Governing Body consideration Service Improvement plan or initiatives for Governing Body review 	<p>Moved:</p> <p>Seconded:</p> <p>Carried: Yes/No</p>	
Decision papers	<ul style="list-style-type: none"> Papers requiring Governing Body approval and/or decisions 		
Other Business	<ul style="list-style-type: none"> AOB 		

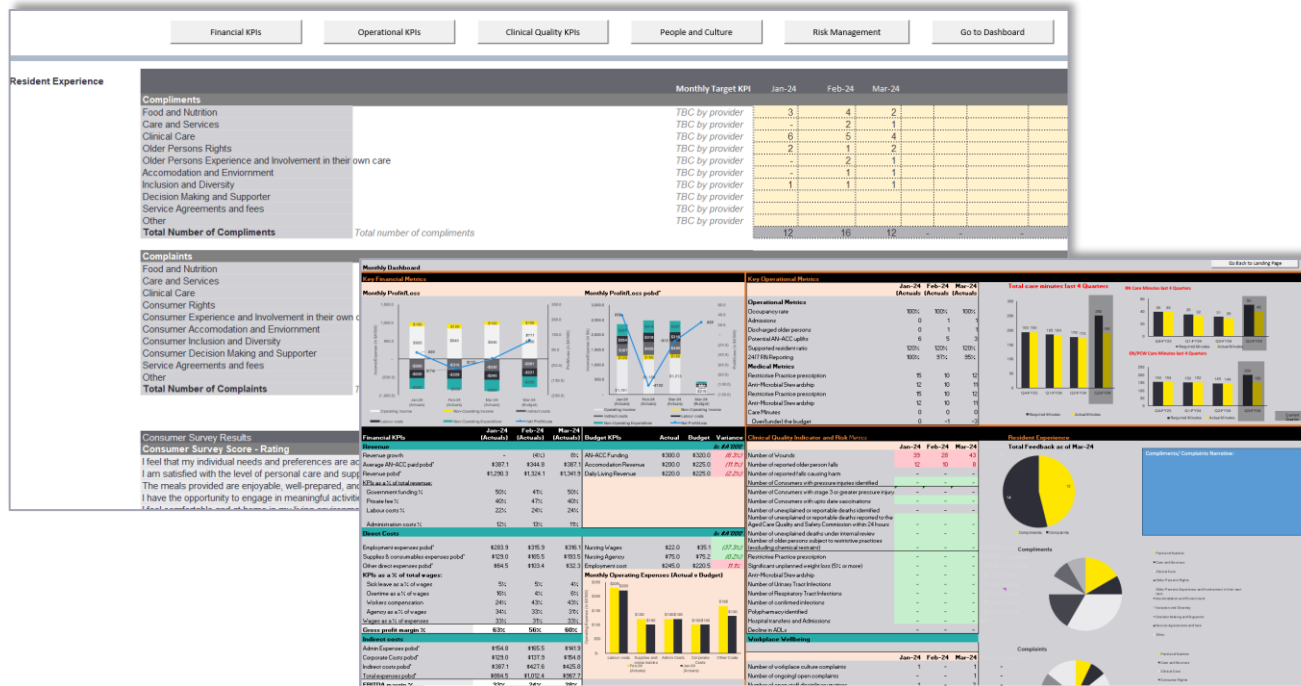
Board Papers Template

Governing Body Board Paper Brief Example

Date and time	
Paper Type	<i>For: Decision/ discussion/ information</i>
Sponsor/ Owner	

Item	Information
Purpose	<i>Briefly describe why the paper is being presented</i>
Background/ Context	<i>Provide relevant background information, previous Board discussions, or external drivers (e.g. regulatory changes, audit findings, incidents)</i>
Key Considerations	<p><i>Outline the critical points including:</i></p> <ul style="list-style-type: none"> <i>• How it aligns to the providers strategic and organisational objectives</i> <i>• Key risks and mitigations</i> <i>• Financial or resource implications</i> <i>• Stakeholder impact (e.g., consumers, staff, regulators)</i> <i>• Alignment to the Statement of Rights and Older Persons</i>
Consultation	<i>Include who has been consulted and provided endorsement to date</i>
Recommendation/ Decision Required	<i>State clearly what you are asking the Board to do</i>
Supporting Documentation	<i>List any attachments</i>

Board Reporting Template



Example: Governing Body Reporting Dashboard

EY Support at Home Program can provide detailed templates and Governing Body Reporting Dashboards:

- ✓ Practical templates aligned with proactive, forward-looking oversight
- ✓ Integrates clinical, workforce, complaints, and compliance data for strategic insights
- ✓ Highlights emerging risks, trends, and system issues
- ✓ Supports clear decisions, accountability, and follow-up actions
- ✓ Helps the governing body to focus on strategic priorities and risk appetite

Key Takeaways

Reflections:

- ❑ How is your organisation ensuring the governing body maintains clear accountability and oversight across all aspects of service delivery?
- ❑ In what ways are you regularly engaging the governing body to provide meaningful oversight and ensure they receive timely, relevant information?
- ❑ Does your organisation have robust and transparent reporting mechanisms that enable effective governance and accountability?
- ❑ How are you involving the governing body as an active partner in audits to strengthen their confidence, readiness, and due diligence?

Must haves:

- ✓ Regularly review **risks and risk treatments** to ensure that you are managing and mitigating risk
- ✓ Have an up-to-date socialised **Continuous improvement plan** with your governing body and management
- ✓ Alignment to the **Statement of rights**
- ✓ Alignment to the **Aged Care Code of Conduct**
- ✓ Demonstrated progression towards the delivery of **high-quality care**



03

Implementation Roadmap



Plan on a Page - Implementation Roadmap Summary of Priority Activities

Reform Dates

From 1 November 2025:

- Support at Home program commences
- New Aged Care Act 2024 commences

From 1 July 2027:

- CHSP to transition to Support at Home

As soon as possible

Ongoing

Planning and Mobilise Team

- Establish transition support team
- Understand your providers obligations and requirements under the Strengthened Standards*
- Identify gaps in current practice and the new Governance requirements
- Brief the Governing Body, care recipients and staff
- Update Service Agreements and care plans
- Confirm registration and deeming process*
- Confirm provider details are correct on GPMS
- Confirm Responsible Persons

Prepare for Transition

- Embed Statement of Rights and Supporter Role into processes
- Ensure care recipients/ staff are aware of their rights/ protections
- Embed Strengthened Standards* and Code of Conduct into processes
- Uplift existing policies, documentation and IT systems
- Review/ refresh Complaints and Feedback System*
- Review and refresh Incident Management* and SIRs process
- Provide staff training and information on new requirements and new support at home arrangements

Implementation

- Implement revised governance and governing Body reporting processes
- Conduct Suitability Assessments
- Implement refreshed financial and prudential standards reporting processes*
- Implement revised complaints, and incident management processes*
- Continue to provide staff training and education
- Maintain strong record keeping to demonstrate compliance
- Remind staff (including volunteers) of Code of Conduct

Maintain, Audit and Evaluate

- Ensure Governing Body get monthly updates on aged care implementation
- Brief the board, staff and consumers regularly about the change
- Develop an effective Accountability & Responsibility Framework to document your work across your four pillars
- Make sure you have a live, working continuous improvement plan that can demonstrate your actions and engagement with your governing body, staff and consumers/ supporters.

Provider transition Activities



04

Session close

Next steps

For additional support or questions, reach out to our Aged Care Advisory team at agedcareadvisory@au.ey.com



Appendices

Step-by-Step Compliance Playbook



Step by Step Governance Compliance Playbook

1. Establish a Compliance Program

All providers should establish a program to oversee the transition of provider processes, systems and ways of working to align with the New Aged Care Act 2024 compliance requirements. The program should have clear deliverables, owners and timelines to promote efficient implementation and support the governing body to demonstrate readiness, compliance, and sustained quality of care.

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Identify and appoint a suitable Project Lead to oversee and manage compliance obligations				N/a
Map regulatory changes to your obligations (i.e. understand Statement of Rights, registration categories and conditions , provider obligations (incl. key personnel suitability), incident management/SIRS, complaints, reporting/transparency, strengthened Quality Standards where required for your registration category)	Tbc by provider	1-6 weeks	Tbc by provider	<ul style="list-style-type: none"> What is new or changing toolkit The Commissions Resource Library
Review governing body requirements and establish a governing body if applicable i.e. majority of independent non-executive members/ member with experience in providing clinical care			Tbc by provider	<ul style="list-style-type: none"> Provider Obligations
Brief the Governing Body on provider and governing body obligations and agree to an implementation plan			Tbc by provider	<ul style="list-style-type: none"> 'For the Board Kit'

Output: Compliance Plan and implementation schedule approved by the Governing Body

Step by Step Governance Compliance Playbook

2. Confirm Registration Provider Category and Renewal Requirements

Providers must identify their registration category under the new Aged Care Act, understand the associated governance and reporting obligations, and review expiry and renewal requirements for their category.

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
<ul style="list-style-type: none"> Identify registration category Note: For CHSP/HCP providers, note <i>deeming arrangements from 1 Nov</i> and any information requests expected at commencement 	<i>Tbc by provider</i>	1 week	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Registration categories Deeming Arrangements for CHSP/HCPs
<ul style="list-style-type: none"> Review renewal registration requirements and determine whether any immediate actions are required Be aware of your reregistration requirements and timelines. The commission can issue an invitation up to 18 months before your registration renewal date 	<i>Tbc by provider</i>			<ul style="list-style-type: none"> Provider Registration Policy
<ul style="list-style-type: none"> Confirm provider information is correct in GPMS including services, locations and key personnel contact details 	<i>Tbc by provider</i>			<ul style="list-style-type: none"> GPMS Guidance Material

Output: Registration category and renewal obligations understood

Step by Step Governance Compliance Playbook

3. Uplift Service Agreements

Providers must review service agreements at least annually or as requested by the care recipient.

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Inform aged care recipients and their supporters if applicable of the changes including their rights and protections under the New Aged Care Act	<i>Tbc by provider</i>	3 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> New Registered Supporter Role Statement of Rights
<i>CHSP Providers only:</i> Register all CHSP recipients with MyAgedCare and complete a CHSP service assessment	<i>Tbc by provider</i>	1 week	<i>Tbc by provider</i>	<ul style="list-style-type: none"> CHSP Provider fact Sheet
<i>For Home Care Package Providers:</i> Create new Service Agreements for aged care recipients and discuss care plans	<i>Tbc by provider</i>	1 week	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Support at home Consumer Booklet
Share Support at Home information with care recipients that is culturally appropriate	<i>Tbc by provider</i>	2 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Support at home Consumer Booklet Aboriginal and Torres Strait Islander peoples

Output: All Service Agreements have been updated and evidence to demonstrate engagement with all care recipients

Step by Step Governance Compliance Playbook

4. Embed Statement of Rights and New Code of Conduct into Organisation

Compliance with the Statement of Rights and new Code of Conduct is mandatory for all provider categories and will require providers to adjust their operations, processes and communications accordingly.

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Inform all staff, Governing Body members, consumers and their supporters of the Statement of Rights and Principles and Code of Conduct e.g. via email, letter or SMS	<i>Tbc by provider</i>	3-6 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Provider Communication Toolkit Statement of Rights Fact Sheet
Replace the Charter of Rights with the Statement of Rights and embed into service delivery i.e. update service agreements, policies and processes, onboarding packs, websites, email templates etc.	<i>Tbc by provider</i>	1 week	<i>Tbc by provider</i>	<ul style="list-style-type: none"> A3 Poster
Share the New Code of Conduct with all applicable employees (e.g. aged care workers, governing body members and responsible persons) and inform them of their responsibility to read and understand the Code and associated expectations	<i>Tbc by provider</i>	3 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Code of Conduct Guidance for Aged Care Workers and Governing Persons Code of Conduct Poster Code Readiness Checklist Worker Fact Sheet
Develop and implement a code of conduct policy	<i>Tbc by provider</i>	3 weeks	<i>Tbc by provider</i>	<i>N/a</i>

Step by Step Governance Compliance Playbook

4. Embed Statement of Rights and New Code of Conduct into Organisation

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Provide staff with access to training on the Statement of Rights, Principles and Code of Conduct including how these will be evidenced within your organisation	<i>Tbc by provider</i>	3-6 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Know your Code learning Your Code, Self-Assessment Quiz eLearning for aged care providers Australian Government Department of Health, Disability and Ageing
Decide how you will evidence understanding of the Statement of Rights and the new Code of Conduct to each staff member and governing body member e.g. Acknowledgement forms, policies, procedures, training, clinical documentation	<i>Tbc by provider</i>	3-6 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Capture evidence and log for staff and governing body (consider acknowledgement forms for example)

Output: Statement of Rights and Code of Conduct embedded and evidenced throughout organisational processes, policies, staff training, onboarding and communication documents

Step by Step Governance Compliance Playbook

5. Assess Key Personnel Suitability

Providers must conduct a Suitability Matters check on all Responsible Persons at least every 12 months. Providers must be reasonably satisfied that the individual is suitable to provide care and keep a record of all suitability matters considerations.

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Identify all Responsible Persons	<i>Tbc by provider</i>	1 week	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Definition Changes to suitability matters
Inform and communicate key personnel obligations to complete a suitability check at least every 12 months	<i>Tbc by provider</i>	1 week	<i>Tbc by provider</i>	<ul style="list-style-type: none"> See additional workshop material post session
Conduct annual and new joiner suitability checks including: <ul style="list-style-type: none"> Banning orders (Aged Care and NDIS) Police Check Statutory Declaration Insolvency Check Other: SIRs, complaints, performance data 	<i>Tbc by provider</i>	3-6 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> See additional workshop material post session
Keep a Record of all Suitability Matters Considerations	<i>Tbc by provider</i>	2 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> See additional workshop material post session
Notify the Commission of any change in circumstance affecting the suitability of responsible person or the provider within 14 days	<i>Tbc by provider</i>	1 week	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Use GPMS

Output: Suitability Matters process and register embedded and annual assessments evidenced

Step by Step Governance Compliance Playbook

6. Establish Governing Body Oversight Mechanisms

Governing Bodies must be able to demonstrate how they are monitoring risk and compliance through their governance systems and processes. Governing Bodies must also be able to demonstrate due diligence and an understanding of the legislation that sets out their governance responsibilities.

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Determine governing body reporting requirements and cadence	<i>Tbc by provider</i>	3 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Provider governance checklist Aged Care Quality and Safety Commission
Establish or review a Clinical Governance Framework to clarify roles and responsibilities, define quality indicators and other clinical safety and quality reporting and escalation mechanisms/ frequency	<i>Tbc by provider</i>	6 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Clinical governance in aged care Aged Care Quality and Safety Commission
Establish a Quality-of-Care Advisory Body (QCAB) if applicable and demonstrate how reports/ feedback feeds into board decision making and service improvements	<i>Tbc by provider</i>	6 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Summary of QCAB obligations
Offer to establish a Consumer Advisory Body at least every 12 months and establish feedback (ensure if you are unable to develop a CAB, that you keep evidence of efforts to establish)	<i>Tbc by provider</i>	6 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Summary of Board Obligations

Step by Step Governance Compliance Playbook

6. Establish Governing Body Oversight Mechanisms

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Establish, review and monitor the effectiveness of a complaints management system and establish governing body reporting mechanisms and frequency (ensure alignment to Strengthened Standard 1 & 2 if applicable)	<i>Tbc by provider</i>	<i>Tbc by provider</i>	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Complaints Handling Policy Complaints handling checklist
Establish review and monitor the effectiveness of an incident management system including SIRS and establish reporting mechanisms and frequency	<i>Tbc by provider</i>	<i>Tbc by provider</i>	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Serious Incident Response Scheme (SIRS) self-service education pack for home care providers
Establish a HR management system to securely manage employee data, worker screening, training as well as establish governing body HR reporting mechanisms and frequency	<i>Tbc by provider</i>	6 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Aged Care Worker Screening Guidance Material
Refresh organisational policies to ensure compliance with the New Aged Care Act 2024 and associated rules and standards	<i>Tbc by provider</i>	6-12 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Aged Care Provider Requirements Search New Aged Care Act resources for aged care providers

Step by Step Governance Compliance Playbook

6. Establish Governing Body Oversight Mechanisms

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Establish, review and monitor the effectiveness of a risk management system (i.e. risk register) and establish governing body reporting mechanisms and frequency	<i>Tbc by provider</i>	4 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Risk Management Quality Standards Risk Management Guidance
Establish a risk management framework is that is inclusive of the organisations risk tolerance level	<i>Tbc by provider</i>	6 weeks	<i>Tbc by provider</i>	
Establish a Continuous Improvement process inclusive of roles, responsibilities and governing body reporting mechanisms and frequency (maintain a Continuous Improvement Plan if in registration category 4-6) For categories 1 - 3 you must be able to demonstrate a commitment to the delivery of high-quality care)	<i>Tbc by provider</i>	2 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Continuous Improvement Guidance
Establish a Whistleblowers policy and process for managing disclosures in line with the New Aged Care Act 2024 and Corporations Act	<i>Tbc by provider</i>	2 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Protections for Whistleblowers Managing Disclosures
Establish a financial sustainability reporting and monitoring system inclusive of roles, responsibilities, delegations and reporting frequency	<i>Tbc by provider</i>	6 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Financial and Prudential Standards

Output: Governing body oversight, reporting and monitoring adheres to the New Aged Care Act 2024 and associated governance reporting obligations and standards

Step by Step Governance Compliance Playbook

7. Align to the Strengthened Standards (Category Providers 4-6)

Providers in Registration Categories 4-6 (to varying extents) need to be able to demonstrate compliance with the new Aged Care Strengthened Standards

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Conduct a gap assessment for each strengthened Standard (e.g., food and nutrition, dementia, diversity, clinical care, governance) to determine areas for better alignment within the organisation	<i>Tbc by provider</i>	3-6 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Strengthened Quality Standards - Aged Care Quality and Safety Commission
Review and update existing policies and procedures and map to the applicable standard and consumer outcomes	<i>Tbc by provider</i>	6- 12 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Provider Renewal Audit tool

Output: Controls library per Standard, updated IMS policy/procedure, refreshed training and drills, and quarterly internal audits.

Step by Step Governance Compliance Playbook

8. Review Complaints, and Feedback Process

Providers must have an accessible, confidential, and effective documented system and published policy for complaints management.

The system should allow complaints to be made verbally, in writing, or anonymously.

Consumers, families, staff, and visitors should all know how to make a complaint

Training should be delivered at least annually.

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Revise/audit the existing complaints policy and procedure to ensure accessible mechanisms, protections from reprisal, and transparent resolution and reporting processes are in place	<i>Tbc</i>	3week	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Complaints process tips and guidance Better practice to complaints handling guide
Ensure alignment to Strengthened Standard 2 if applicable (i.e. provider categories 4-6)	<i>Tbc</i>			<ul style="list-style-type: none"> Strengthened Quality Standards
Develop consumer friendly complaints brochures/ posters/ forms and ensure easy access e.g. on website/ physical forms. Include information about external supports e.g. OPAN	<i>Tbc</i>	1 week	<i>Tbc by provider</i>	<ul style="list-style-type: none"> OPAN complaints toolkit
Conduct staff training on complaints handling and how to escalate/ report complaints appropriately (e.g. annually)	<i>Tbc</i>	6 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Module 2: Aliging to Changes (covers complaints handling)
Maintain a complaints and feedback register	<i>Tbc</i>	1 week	<i>Tbc by provider</i>	<i>N/a</i>
Define reporting requirements (e.g. monthly internal reports, quarterly Board/management reports)	<i>Tbc</i>	2 weeks	<i>Tbc by provider</i>	<i>N/a</i>

Step by Step Governance Compliance Playbook

8. Review Complaints, and Feedback Process

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Establish escalation process for unresolved complaints	<i>Tbc</i>	2 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Better practice guide to complaints handling in aged care services
Ensure the Governing Body has access and oversight of the complaints and feedback system and receives regular (monthly) reporting	<i>Tbc</i>	1 week	<i>Tbc by provider</i>	
Conduct quarterly/regular internal audits on the revised complaints system and incorporate any learnings into service improvement initiatives	<i>Tbc</i>	1 week	<i>Tbc by provider</i>	

Output: Updated complaints management system, policy and procedure that meet new aged care act and strengthened standards requirements

Step by Step Governance Compliance Playbook

9. Review Incident Management and SIRS Process

Incident Management applies to providers in category 2 and above while SIRS reporting applies to all providers.

Providers must have an incident management system in place to enable the reporting of any alleged, suspected or occurred incidents, omissions or events.

Providers are obliged to provide training at least annually to all staff.

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Revise/audit the existing incident management policy and procedure to ensure accessible mechanisms, mandatory reporting, protections from reprisal (whistleblowers), transparent resolution and reporting in required timeframes	<i>Tbc by provider</i>	3 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> complaints-handling-policy.pdf Rights-based complaints and feedback handling checklist Managing Whistleblower Disclosures Policy
Establish process for open disclosure e.g. develop consumer friendly open disclosure brochures/ posters/ information and ensure easy access e.g. on website/ physical forms.	<i>Tbc by provider</i>	2 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Open Disclosure Framework Open Disclosure Poster
Conduct staff training on incident management and how to escalate/ report SIRS appropriately (e.g. with SIRS 1 or 2 timelines) at least annually	<i>Tbc by provider</i>	3-6 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Incident Management Education Pack SIRS Education Pack
Maintain an incident management system or register and investigation process with outcomes communicated	<i>Tbc by provider</i>	2 weeks	<i>Tbc by provider</i>	<i>N/a</i>
Define reporting requirements (e.g. monthly internal reports, quarterly Board/management reports)	<i>Tbc by provider</i>	1 week	<i>Tbc by provider</i>	<i>N/a</i>

Step by Step Governance Compliance Playbook

9. Review Incident Management and SIRS Process

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Ensure the Governing Body has access and oversight of the SIRS and incident management system and receives regular (monthly) reporting	<i>Tbc</i>	1 week	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Serious Incident Response Scheme (SIRS) self-service education pack for home care providers Aged Care Quality and Safety Commission
Conduct quarterly/regular internal audits on the revised incident management system and incorporate any learnings into improvement initiatives	<i>Tbc</i>	2 weeks	<i>Tbc by provider</i>	<i>N/a</i>

Output: Updated complaints management system, policy and procedure that meet new aged care act and strengthened standards requirements

New Aged Care Act 2025 Playbook

10. Prepare for Financial and Prudential Standard Reporting and Monitoring Requirements (Category Providers 4-6)

It is good practice for all providers to actively monitor the financial sustainability of their organisation.

The [Financial and Prudential Standard](#) only applies to non-government providers in registration categories 4-6 in non-government organisations.

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Establish a written financial and prudential management system and framework that documents the roles, responsibilities, accountabilities and processes for financial management including how refundable deposits will be managed (if applicable)	<i>Tbc by provider</i>	4 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Financial and Prudential Standards guidance
Develop/ update financial management policy and procedure to align with financial reporting requirements	<i>Tbc by provider</i>	4 weeks	<i>Tbc by provider</i>	
Establish regular governing body monitoring of the financial and prudential system	<i>Tbc by provider</i>	1 week	<i>Tbc by provider</i>	
Document key financial and prudential management risks in risk management system	<i>Tbc by provider</i>	2 weeks	<i>Tbc by provider</i>	
Establish a process for documenting and monitoring approved delegations if applicable	<i>Tbc by provider</i>	2 weeks	<i>Tbc by provider</i>	

New Aged Care Act 2025 Playbook

10. Prepare for Financial and Prudential Standard Reporting and Monitoring Requirements (Category Providers 4-6)

It is good practice for all providers to actively monitor the financial sustainability of their organisation.

The [Financial and Prudential Standard](#) only applies to non-government providers in registration categories 4-6 in non-government organisations.

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Establish reporting requirements and frequency on financial sustainability and develop monthly, quarterly reporting tool templates	<i>Tbc by provider</i>	1 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Financial and Prudential Standards guidance
Establish a financial disclosures reporting calendar as per Provider Reporting Obligations	<i>Tbc by provider</i>	1 week	<i>Tbc by provider</i>	
Establish a record keeping process to demonstrate compliance to the commission e.g. reporting repository	<i>Tbc by provider</i>	2 weeks	<i>Tbc by provider</i>	
Update Position Descriptions of those with financial reporting responsibilities	<i>Tbc by provider</i>	2 weeks	<i>Tbc by provider</i>	
Conduct training for finance staff on compliance and reporting requirements	<i>Tbc by provider</i>	3 weeks	<i>Tbc by provider</i>	
Deliver governance training to board/management on financial reporting obligations	<i>Tbc by provider</i>	1 week	<i>Tbc by provider</i>	
Review compliance quarterly through internal audits	<i>Tbc by provider</i>	1 week	<i>Tbc by provider</i>	

Output: Updated financial and prudential reporting process underpinned by regular board reporting and monitoring

New Aged Care Act 2025 Playbook

11. Prepare for Liquidity Standard Reporting and Monitoring Requirements (Category Providers 6 only)

Non-Government Category 6 providers must have access to enough cash or cash equivalents to meet your financial obligations, including operating costs and refundable deposits. The Governing Body is responsible for reviewing and approving the organisations Minimum Liquidity Amount (MLA) each quarter.

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Establish a written Liquidity Management Strategy which outlines the MLA required, the types of liquidity held, key risks, monitoring and requirements	<i>Tbc by provider</i>	1 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Liquidity Standards
Establish a liquidity review schedule to review and update at least once per financial year	<i>Tbc by provider</i>		<i>Tbc by provider</i>	
Establish regular governing body monitoring of the organisation's liquidity level	<i>Tbc by provider</i>	1 week	<i>Tbc by provider</i>	
Notify the Commission where the minimum levels of liquidity are not met	<i>Tbc by provider</i>	1 week	<i>Tbc by provider</i>	
Establish a record keeping process to demonstrate compliance to the commission e.g. reporting repository	<i>Tbc by provider</i>	2 weeks	<i>Tbc by provider</i>	
Develop/ update Liquidity policy and procedure which outlines how MLA is calculated, maintained and monitored	<i>Tbc by provider</i>	4 weeks	<i>Tbc by provider</i>	

New Aged Care Act 2025 Playbook

11. Prepare for Liquidity Standard Reporting and Monitoring Requirements (Category Providers 6 only)

Non-Government Category 6 providers must have access to enough cash or cash equivalents to meet your financial obligations, including operating costs and refundable deposits. The Governing Body is responsible for reviewing and approving the organisations Minimum Liquidity Amount (MLA) each quarter.

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Update Position Descriptions of those with Liquidity monitoring/ reporting responsibilities	<i>Tbc by provider</i>	2 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Financial and Prudential Standards guidance
Conduct training for finance staff on compliance and reporting requirements	<i>Tbc by provider</i>	3 weeks	<i>Tbc by provider</i>	
Deliver governance training to board/ management on liquidity reporting obligations	<i>Tbc by provider</i>	1 week	<i>Tbc by provider</i>	
Review compliance quarterly through internal audits	<i>Tbc by provider</i>	1 week	<i>Tbc by provider</i>	

Output: Updated Liquidity Management Strategy and reporting process underpinned by regulatory governance requirements

New Aged Care Act 2025 Playbook

12. Prepare for Investment Standard Reporting and Monitoring Requirements (Category Providers 6 only)

Non-Government Category 6 providers must have a written [Investment Management Strategy \(IMS\)](#) to ensure investments are managed and monitored in a responsible way. The IMS will also ensure any investments of y investment of refundable deposits are in lined with [permitted use](#).

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Establish a written Investment Management Strategy which outlines the providers investment objectives, investments made using refundable deposit funds, risk management and monitoring approach	<i>Tbc by provider</i>	6 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> • Investment Management Strategy (IMS) • Permitted use of refundable deposits
Establish regular Governing Body investments performance and risk monitoring	<i>Tbc by provider</i>	3 weeks	<i>Tbc by provider</i>	
Establish an annual Investment Management Strategy review to assess ongoing effectiveness	<i>Tbc by provider</i>	1 week	<i>Tbc by provider</i>	
Develop/ update investment policy and procedure	<i>Tbc by provider</i>	1 week	<i>Tbc by provider</i>	

Output: Updated Investment Management Strategy, policy and reporting process underpinned governance reporting requirements

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13. Test and Go Live

The Program Lead should work with all staff and Governing Body members to provide coaching, guidance, and support to ensure understanding of the new Aged Care Act requirements, embed the Strengthened Quality Standards into daily practice, clarify roles and responsibilities, and prepare the organisation for a smooth compliance go-live.

Description	Owner	Timeframe	Target Completion Date	Reference Tools and Documents
Continue to provide education and training materials and guidance on the key changes as new materials get released by the department	<i>Tbc by provider</i>	Ongoing	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Register for latest releases here eLearning for aged care providers Training checklist
Conduct a mock audit against the Strengthened Standards and provider obligations to identify remaining gaps and link to continuous improvement initiatives	<i>Tbc by provider</i>	2 weeks	<i>Tbc by provider</i>	<ul style="list-style-type: none"> Provider Renewal Audit tool
Seek final governing body approval of all items and checklists (e.g. governance, rights, IMS/SIRS, complaints, workforce, agreements, transparency)	<i>Tbc by provider</i>	2 weeks	<i>Tbc by provider</i>	N/a
Implement reporting mechanisms as per reporting schedules and implement record keeping accordingly	<i>Tbc by provider</i>	Ongoing	<i>Tbc by provider</i>	N/a

Output: Reporting calendar, refreshed data model, evidence repository

Additional Information

The Aged Care Quality and Safety Commission is continuing to provide updates and additional guidance through their Resource Library. Please continue to monitor this page for new releases.

Resource Library



[Resource library | Aged Care Quality and Safety Commission](#)

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