



Release of Information Policy

Background

1. Healthy Living NT (HLNT) operates under a regulatory business environment prescribed by law, as detailed in the Legislative Compliance Register. Compliance with this environment requires HLNT to routinely report and divulge financial information to a range of compliance authorities on a cyclical basis and it is standard operating procedure to do so.

The process for managing requests for additional information from, or the notification of an audit or investigation by, a compliance authority is detailed in HLNT’s Compliance Authority Investigations Policy.

2. HLNT also holds a range of service contracts and agreements with external funders which require the presentation of non financial data including de-identified client data and financial data, cyclical acquittals and audits as part of the Service Agreement or contract.

The nature and type of data reportable under service agreements or contracts is considered prior to entering into any agreement. Compliance with contractual obligations is a primary HLNT KPI. Release of contractually agreed financial and other information for this purpose is standard operating procedure.

3. External Service Agreements may also include additional clauses that allow the funder to undertake or request a detailed financial analysis, or release of HLNT’s non-financial and financial information and data in addition to any mandated cyclical reporting. These directions or requests from external funders are considered to be extraordinary in nature, and require proactive HLNT consideration and response.
4. HLNT may also receive requests from HLNT officers who are employed by the NT Government seeking financial information to support their disclosures under the NTG’s Key Management Personnel Related Party Disclosures Policy.
5. HLNT may also receive requests from Members of the Association, members of the public and government instrumentalities to access information in HLNT’s Member Register.

Policy Objective

The purpose of this policy is to:

1. provide clear guidance on the process to manage extraordinary requests or directions from external funders for the release of non-financial or financial information or the initiation of financial investigations foreshadowed in point 3 above,
2. confirm HLNT’s position in relation to the release of information in support of disclosures made under the NT Government’s Key Management Personnel Related Party Disclosures Policy foreshadowed in point 4 above, and
3. confirm HLNT’s position in relation to the release of information in HLNT’s Member Register foreshadowed in point 5 above.



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Policy

1. External Funder Investigations and/or Additional Information Requests

Requests or directives or from an external funder may range from:

Level 1 – Low Risk	A simple query from an external funder for additional information to support or clarify a cyclical report and which can be satisfied by the production of information or material by HLNT in response.
Level 2 – High Risk	A detailed and significant investigation which requires a co-ordinated management effort by HLNT, and which has the potential to result in: <ul style="list-style-type: none"> • loss of credentials (both formal and reputational), or • funder/stakeholder loss of confidence, or • the application of fines or penalties >\$10,000, or • legal action against HLNT.

The following process is to be applied to notified formal investigations or audits by a compliance authority:

- a) The first HLNT officer (Board Member or employee) to receive a request for information or notification of a formal investigation by an external funder are to immediately refer the notification to the CEO and/or Finance and Administration Manager (FAM). (Note: The CEO and/or the Finance and Administration Manager (FAM) are most likely to be the first officers to receive such a communication).
- b) On receipt of a request for information or notification of an investigation by an external funder, the CEO and/or FAM will undertake an initial assessment and:
 - a) Respond to Level 1 enquiries within the normal course of operational business;
 - b) Refer Level 2 notifications to the Executive Board.
- c) The Executive Board will undertake an assessment of the Level 2 notification and confirm an agreed management plan to address the specific issue(s). This will be communicated to the Board.

Any investigations mandated by an external funder can also be referred to a compliance authority at either Territory and Federal level such as the ATO, ANAO, NT ICAC, Police, Auditor-General or Attorney General’s Department. Any referrals of this nature must be managed under the Compliance Authority Investigations Policy.

2. Information requests under the NTG’s Key Management Personnel Related Party Disclosures Policy

This policy applies to key management personnel employed by the NT Government. HLNT officers who are required to make disclosures under this policy are most likely to be those serving HLNT in a voluntary capacity, including Board Members.

Information for disclosure comprises (but is not limited to) all financial transactions between HLNT and NT Government instrumentalities. Disclosure is required in August annually for the preceding financial year.

NTG employees falling under the purview of this policy (who are also HLNT officers) have a mandatory reporting requirement; however HLNT is under no obligation to release the information for this purpose and/or in accordance with specified timelines.

In considering HLNT’s response to requests of this nature, the following factors are pertinent:

- a) the sheer volume of small financial transactions between HLNT and NTG instrumentalities, in addition to cyclical grant funding, and the significant additional work this would impose on HLNT;
- b) the unconfirmed status of any financial information provided in August annually (for the preceding financial year) i.e. prior to completion of HLNT's annual Audited Financial Statements; any material variances between the two may give rise to more significant issues;
- c) HLNT's reporting requirements to the NT Government comprise Audited Financial Statements which are publicly available at the end of October annually;
- d) HLNT's Board membership and Authorised Persons are publicly listed on the ACNC website;
- e) NTG business systems allow for the interrogation of data to ascertain all transactions with a supplier and/or grant funding payments.

HLNT's policy is that HLNT officers who are required to report under the NTG's Key Management Personnel Related Party Disclosures Policy may:

- Disclose any information that is currently freely publicly available including NT Government Departments with which HLNT holds formal Service Agreements
- Direct the NTG to interrogate its own business systems for any detailed financial transactions or levels of granularity

3) Access to HLNT Member Register

Under the Associations Act NT 2013, Section 34(2), an incorporated association must make the register of members available for inspection by members at reasonable times, or at the times specified in the constitution of the association.

Access to HLNT's Member Register could also be requested (or directed) by one or more NT compliance authorities such as the NT Attorney-General's Department.

The Board of Healthy Living NT believes the information in the Member Register constitutes a range of personal and health data about individuals that cannot be made freely available on request to any person or organisation as, to do so, could infringe a member's rights and privacy legislation.

This policy is enshrined in HLNT's Constitution, Section 37.4, which specifies that any release of information in the Member Register is subject *at all times to the provisions of both Northern Territory of Australia and Commonwealth of Australia law relating to personal and health information privacy in force from time to time*. Successive iterations of HLNT's Constitution containing this clause have been accepted by the NT Attorney-General's Department.

HLNT's policy is that any request (or directive) for access to HLNT's Member Register by a person or an organisation constitutes a Level 2 – High Risk (as defined earlier in this policy) and is to be managed as follows:

- a) Request declined with advice that the matter is being referred to the Board;
- b) Immediate referral to the Executive Board
- c) The Executive Board will undertake an assessment of the request and confirm an agreed management plan to address the specific issue(s). This will be communicated to the Board

Responsibility for Policy

The Board of Diabetes Association of the NT Inc. is responsible for ensuring this policy is up to date and complied with.

Approval

Submission Date: Board Meeting 4/19 of 24 August 2019

Approval Date: Board Meeting 4/19 of 24 August 2019

Circulation: Board and Management

Sign off by: Chair of the Board

A handwritten signature in black ink, appearing to read 'Ron O'Brien', with a large loop at the end.

Signature: Ron O'Brien

Related Documents, References and Resources

- HLNT Legislative Compliance Register
- Improper Conduct Prevention and Management Policy
- Compliance Authority Investigations Policy
- HLNT Privacy Policy



Workplace Investigation Policy

Background

A workplace investigation is an inquiry into an issue or complaint of behavioural misconduct, usually raised by an employee against another employee but can also include allegations raised by third parties against employees or Board Members.

Allegations that commonly lead to workplace investigations include claims of:

- bullying, discrimination or harassment;
- improper conduct, fraud and corruption;
- drug taking;
- breaching safety provisions;
- breaching a policy, procedure or code of conduct;
- misusing or damaging HLNT property.

Irrespective of what is being investigated, HLNT must ensure there is procedural fairness throughout all stages of the investigation process.

Procedural fairness requires that a fair and proper procedure be applied when making a decision. It is necessary for the findings of the investigation to be defensible and legally sound.

Policy Objective

The purpose of this policy is to provide clear guidance on the process to manage workplace investigations of the behavioral conduct of individuals arising from a complaint or allegation from an internal or external party.

Policy Scope

This policy applies to all workplace investigations into the behavioural conduct of an individual (or group of individuals) conducted by HLNT including investigations conducted by an internal or an external investigator appointed by HLNT.

This policy does not apply to:

- the investigation of allegations that HLNT formally refers to external agencies such as NT Police or a professional conduct body for detailed examination and/or action
- investigations regarding HLNT's governance or conduct as an organisation as a whole i.e. complaints or allegations are about the organisation and not against a specific individual. (The outcomes of organisational investigations may result in further investigations into individuals.)



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Status	Approved	Workplace Investigation Policy	Document ID	G0059
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Policy

To ensure that procedural fairness is afforded to all participants, HLNT will incorporate the following eight key principles into any workplace investigation:

1. Ensure the investigation process is clear and understood by all participants

It is important to inform all participants, including complainants, respondents and witnesses:

- what they should expect to occur during and at the conclusion of the investigation; and
- how long the investigation is likely to take.

It is also important that participants understand concepts such as confidentiality and victimisation. Victimisation occurs when a person treats an employee unfairly because that employee has made a complaint and is expressly forbidden under HLNT's Whistleblower Policy.

2. Set the scope of the investigation

Prior to commencement of an investigation, it is important to clearly establish its scope by preparing an investigation plan that includes the following information:

- the allegations to be investigated;
- the nature of the complaint, i.e. which laws and workplace policies may have been breached;
- what the investigation is setting out to determine;
- the names, contact details, availability and location of parties and possible witnesses;
- the location of interviews;
- the timeline to completion; and
- the steps that will be taken to maintain confidentiality, e.g. using private meeting rooms for interviews and ensuring that all participants sign a confidentiality agreement.

3. Offer each participant a support person

All participants are entitled to have a support person with them during their interview. A support person can be a friend, colleague, family member, lawyer or union official.

Ideally, the support person will not be another employee — this is to ensure there is absolute confidentiality. If this is unavoidable, ensure that the employee support person signs a confidentiality agreement.

Importantly, the role of the support person is to provide support during the interview, not to act as an advocate for the participant or to interrupt discussion between the interviewer and the participant.

An advocate may speak on behalf of the employee and represent them in a formal capacity. A lawyer or union official, for example, may act as an advocate.

4. Give the respondent a fair opportunity to respond to the allegations

The allegations should be clearly communicated to the respondent, who should be given sufficient time to respond.

HLNT will also communicate the possible outcomes of the investigation to the respondent, e.g. that a finding against them could result in disciplinary action, including and up to dismissal and/or notification and/or referral to an external agency.

5. Maintain confidentiality

The investigation should be kept strictly confidential. This means that participants should not discuss the investigation with anyone inside or outside the workplace (except for immediate family members, such as a spouse or parent).

All participants, including support persons, should be advised of this and should agree to maintain confidentiality by signing a confidentiality agreement before their involvement in the investigation commences.

6. Ensure the investigator is impartial

Irrespective of whether HLNT uses an internal or external investigator, the investigator must be — and be perceived to be — impartial and independent. This means they must not:

- have any prior knowledge of the issues being investigated;
- be a witness to any of the alleged behaviour; or
- have been involved in past disciplinary matters involving the parties.

An external investigator is preferred if:

- the complaint involves senior employees, executive employees and/or members of the board;
- there is any risk that the investigation process or investigator will be challenged on the basis of impartiality if an internal investigator conducts the investigation;
- the respondent elects to have advocate representation;
- the matter is complex; or
- the matter could result in legal action.

7. Make findings on the balance of probabilities

Any findings of fact must be made on the balance of probabilities. This means that to be found proven, an allegation needs to be 'more likely than not' to have occurred. Each conclusion must be based on factual evidence specific to that allegation.

8. Communicate the findings

The investigator should produce a written investigation report that is sufficiently detailed and comprehensive to allow the decision-makers within HLNT to decide what action, if any, to take.

Irrespective of the investigator's findings, the decision-maker must make their own decision as to the nature of the behaviour and whether or not that behaviour is tolerated in the workplace.

For allegations that are substantiated, i.e. are found to have occurred, the employer should then take appropriate action based on the severity of the proven behaviour. Such action could include a warning, further training or dismissal. Any serious case of improper conduct, whether suspected or proven, shall be reported to the relevant and appropriate authorities such as the police and the NT ICAC.

Generally, the full investigation report will not be given to the participants. However, the findings of the investigation should be communicated to the respondent and complainant. Witnesses should be thanked for their assistance and advised that the investigation has concluded.

Responsibility for Policy

The Board of Diabetes Association of the NT Inc. is responsible for ensuring this policy is up to date and complied with.

Approval

Submission Date: Board Meeting 4/19 of 24 August 2019

Approval Date: Board Meeting 4/19 of 24 August 2019

Circulation: Board and Staff

Sign off by: Chair of the Board

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Signature: Ron O'Brien

Related Documents, References and Resources

- HLNT Legislative Compliance Register
- Improper Conduct Prevention and Management Policy
- Compliance Authority Investigations Policy
- Whistleblower Policy



Cultural Safety Policy

Preamble

Culture can be determined by many things including, but not limited to:

- Where a person was born (their birthplace)
- A person's background and where they are "from" (their ancestry or ethnic or cultural heritage)
- What language or languages a person speaks and
- What religions or belief systems a person is affiliated with

Australia is one of the most multi-cultural countries in the world and the NT population exemplifies this most strongly. At 30 June 2016:

- There were an estimated 74,546 Aboriginal people living in the NT, which represents 30.3% of the NT's population, the majority of whom (~80%) live in remote and very remote regions.

Around 85% of Aboriginal people in the NT identify with a clan, tribal or language group and more than half (54%) also speak an Indigenous language as their main language – in many cases, speaking multiple Indigenous languages. The linguistic diversity of Aboriginal Territorians shows in the more than 100 Aboriginal languages spoken and the high proportion of the people who speak a language other than English as their main language spoken at home. Aboriginal languages vary greatly in their grammatical structures, concepts and vocabulary.

- Over 20% of the NT population was born overseas and a further 8% had at least 1 overseas born parent. This complements earlier historical migration waves to the NT comprising Chinese, Afghan, Greek and Japanese people in the 1800 and 1900s. The NT is one of Australia's most culturally diverse places. There are over 100 nationalities and around 50 social, cultural and religious organisations. In 2016, 67% of the NT's current overseas born population was from a *Non-main English-speaking country* (NMESC)⁽¹⁾ of which migration from India, the Philippines, Nepal and Greece ranked highest.
- In total, around 30% of all Territorians speak a language other than English at home and ~4% spoke English not well or not at all. In addition to Aboriginal languages, the prime non-English languages spoken at home were Greek, Tagalog, Mandarin and Filipino. Language is not the only indicator of culture, but Healthy Living NT recognises that it is a significant contributor to a person's cultural identity and ability to access services in a culturally safe environment.

Thus, with well over 45% of the NT population deriving from a non-English speaking culture, it is vital to address cultural needs and preferences of individuals when providing care and support. From an organisational viewpoint, culturally safe practices aim to meet the diverse and individualised needs of clients who come from, or identify with, another culture.



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(1) NMESC comprises people born in countries other than Canada, UK, USA, South Africa, Ireland and NZ.

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Quality care is not just about overlaying elements of a person’s cultural background onto their care. Empowering clients to actively participate in the care planning process is essential to providing a quality service. Letting clients know that they are valued, respected and understood, irrespective of their ethnicity or cultural differences should be at the forefront of care planning and delivery. It’s the recognition of the individual in us all.

Policy Statement

Healthy Living NT is a multicultural, multidisciplinary organisation operating in a variety of cultural contexts. Cultural Safety is the endorsed philosophy of Healthy Living NT for ensuring all clients and staff and others with whom we interact feel safe, respected and valued for their diversity. Healthy Living NT therefore needs to be culturally safe in its operations and expects all associated with Healthy Living NT to embrace cultural safety and respect for the diversity of our community.

Healthy Living NT is committed to serving the whole Territory community in all its diversity. We value and promote inclusive service provision treating clients and staff with dignity and respect. Our services seek to empower people to make their own informed choices free from bias

This is consistent with our organisational values, which guide the way we operate:

- To pursue excellence in all facets of Healthy Living NT’s operations, through:**
- Professionalism and ethical practice
 - Fairness, honesty, confidentiality and compassion
 - Mutual respect for all individuals, their roles and the organisation
 - Continuous improvement in all activities
 - Involvement with, and responsiveness to, community diversity
 - Working collaboratively

Scope

This policy applies to:

- all staff, Board Members, contractors and volunteers of Healthy Living NT
- all programs and services delivered by and being developed by Healthy Living NT and all personnel involved in their development and delivery.

Definitions

Cultural Awareness	Is the beginning step towards understanding that there is a difference
Cultural Sensitivity	Alerts people to the legitimacy of difference and begins a process of self-exploration as the powerful bearers of their own life experiences and realities and the impact this may have on others
Cultural Safety	Is an outcome that enables safe service to be defined by those that receive the service

Cultural Safety

Cultural safety is a philosophy and a way of operating that ensures all individuals and groups are treated with regard to their unique cultural needs and differences. It assumes the right to difference and calls for interactions that do not diminish, demean or disempower individuals on the basis of any perceived or actual difference. A person should feel safe to talk about their own unique world views and cultural values without feeling less important than others. Cultural safety is a way of working rather than specific knowledge about cultures.

The core business of the Healthy Living NT is provision of health and related services supporting the breadth of the NT community. As such this policy is overtly concerned with ensuring that our clients experience cultural safety from and within Healthy Living NT, however it is the right of all individuals to also expect culturally safe engagement in the course of their work or interactions with us.

To this end, Healthy Living NT endorses the following principles underpinning this policy:

- Just as there is no single non-Indigenous culture, there is no single Aboriginal and Torres Strait Islander culture. Our interactions and practices acknowledge the diversity of Indigenous and other cultures, locally, nationally and internationally.
- Culture can be constructed to relate to more than ethnicity or language alone; it may be linked to socio-economic status, religion, gender, age, sexuality or disability.
- Staff of Healthy Living NT, and in particular our health educators, will strive to demonstrate and facilitate Cultural Safety in their professional encounters through adoption of the following cultural safety principles:

Cultural Safety Principle 1 – Reflect on your own practice

- Self-Reflection is defined as giving serious thought to one’s own character and actions. It is about self-awareness, being aware of how our own beliefs and values, families and community influence how we interact with others.
- Consider peer review, feedback from colleagues and clients, debrief

Cultural Safety Principle 2 – Minimise power differentials

- Balancing the power relationships between yourself and the client. Working along side them or with them. It can involve negotiating and change to provide a service that doesn’t alienate the client from the organisation.
- Is it possible for the client to make the decisions? If not why?

Cultural Safety Principle 3 – Engage in genuine conversation and relationships

- Building relationships with the client, talking and engaging with the client to enable a deeper understanding of their unique cultural circumstances.
- Two-way learning including sharing.
- Fostering relationships with community workers, by acknowledging their vital role within the health system and health settings. Gain an understanding of their links both within the clinic and the community while also learning about their unique challenges and barriers within these setting.
- LISTEN.....

Cultural Safety Principle 4 – Understand the importance of history

- Learning and acknowledging the role of history and impact on people and their lives
- Learn the history of the community, people and families
- Learn about your own personal history and how it has affected your life
- Learn the history of the system that you work in and the impact it has had on the clients

Cultural Safety Principle 5 – Treat people regardless of their cultural or individual differences

- Do not demean, diminish or disempower others through your action.
- Respect diversity between cultures and individuals
- Acceptance of the right to hold differing world and other views

Cultural safety can also be enhanced through:

- Supporting language preferences, including acknowledging first languages.
- Use of interpreters and cultural / community workers.
- Providing information in a manner that is easily understandable, but noting that printed resources in language have limitations as clients may not have full written literacy.
- Acknowledging cultural preferences around medical interventions.
- Acknowledging cultural preferences around death and dying.
- Recognising food preferences including preparation and eating (e.g. Vegetarian, Halal or Kosher).
- Recognising and supporting dietary fasting periods, particularly associated with religious beliefs (e.g Ramadan, Greek Orthodox)
- Acknowledging and respecting religious practices and rites including those around responding to death/funerals and sorry business, coming of age, women's and men's business and cultural ceremony.
- Recognising preferred activities vs activities which may be culturally inappropriate.
- Acknowledging the preferred title of the individual or their preference of sexual identity.
- Recognising that a person's cultural background can influence their preference for how and who they engage with in the health system - cultural background, language, sex, clan or group.

Responsibilities implicit in this policy:

Healthy Living NT is responsible for:

- a. Providing access to timely and ongoing training in Cultural Safety and/or Cross Cultural Training,
- b. Taking steps to ensure consistent application of this policy
- c. Investigating allegations or complaints of breaches of this policy

Staff are responsible for:

- a. Being aware of policies and procedures in relation to Cultural Safety
- b. Conducting themselves in a culturally safe manner
- c. Attending ongoing training which facilitates an applied knowledge of Cultural Safety/Cross Cultural factors in our work environment.
- d. Applying themselves in a manner that adheres to the principles of Cultural safety
- e. Refraining from culturally unsafe practices and interactions, and where safe to do so, challenging potentially unsafe practices and interactions, including such things as stereotyping, discrimination, and racist, sexist or other demeaning and harmful commentary.

Responsibility for Policy

The Board of Diabetes Association of the NT Inc. is responsible for ensuring this policy is up to date and complied with.

Approval

Submission Date: Board Meeting 4/19 of 24 August 2018

Approval Date: Board Meeting 4/19 of 24 August 2018

Revision 1 Submission Date: Board Meeting 6/21 of 11 December 2021

Revision 1 Approval Date: Board Meeting 6/21 of 11 December 2021

Circulation: All HLNT Board Members and staff.

Sign off by: Chair of the Board

A handwritten signature in black ink, appearing to be 'L. J. ...', written over a faint horizontal line.

Signature:

Supporting Policies, Procedures and Documents

HLNT Ethical Practice Guide

HLNT Values

HLNT Clinical Governance Policy



Evaluation Policy

Policy Statement

Healthy Living NT (HLNT) recognises the importance of the continuous evaluation of its services and programs to underpin quality improvement in all our activities. The primary objectives of evaluations are:

- to determine the quality of both services and programs
- to assist in the development, improvement and evolution of services and programs.

Evaluations when planned, designed and conducted with outcomes in mind, can provide the information and evidence to improve the services and programs Healthy Living NT delivers.

The purpose of this Evaluation Policy is to:

- confirm the critical role of evaluation within program development and delivery,
- provide guidance to service staff in developing and conducting program evaluations and
- inform funders of Healthy Living NT’s policy regarding evaluation.

Healthy Living NT recognises that program funders will often specify the type and nature of evaluation required for a particular program or service. In these cases:

- the program funding must be commensurate with the level of evaluation required and
- the funder-specified evaluation standard will generally be the agreed evaluation standard for the program or service.

Where a level of evaluation is not specified by a funder or is not considered optimum, Healthy Living NT’s Evaluation Policy will apply.

Scope

This policy applies to all education and health promotion programs and services delivered by and being developed by Healthy Living NT.

HLNT evaluations excluded from this policy comprise:

- Stakeholder engagement - evaluations from other services/ key stakeholders external to Healthy Living NT regarding their perceptions of Healthy Living NT and our services/ work
- Member review – cyclical reviews of Healthy Living NT membership regarding the direction and services of the organisation
- Board and Governance Evaluations
- The Bill Raby Diabetes Fellowship



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Background

Healthy Living NT delivers a range of programs and services for different government and non-government funders as well as for its own members and the community generally. Healthy Living NT strives to always improve on these services and evolve with the ever changing needs of the population. An important mechanism to assist in this is continued evaluation of services and programs.

Different types of evaluations and reviews conducted within Healthy Living NT include:

- Program specific evaluations – often process evaluations, which involve the direct evaluation of the program a client has participated in. Some accredited or national programs may have already developed evaluations to be delivered within the programs and funders often specify KPIs to be evaluated or measured within the programs
- Client feedback surveys – evaluation of the client experience and their interactions with Healthy Living NT
- *Territory Way* feedback – gauges public response to HLNT’s consumer magazine and is an avenue for feedback

Definitions

Evaluation	A systematic and objective process to make judgments about the merit or worth of one or more programs, usually in relation to their effectiveness, efficiency and/or appropriateness		
Key Performance Indicators (KPIs)	Quantitative or qualitative variables that provide a reliable way to measure intended changes. Performance indicators are used to observe progress and to measure actual results as compared to expected results.		
Program	A set of activities, managed together over a sustained period of time, that aim to deliver an outcome for a client or client group		
Evaluation Types *	When to use	What it shows	Why it is useful
Formative Evaluation Evaluability Assessment Needs Assessment	During the development of a new program. When an existing program is being modified or is being used in a new setting or with a new population.	Whether the proposed program elements are likely to be needed, understood, and accepted by the population you want to reach. The extent to which an evaluation is possible, based on the goals and objectives.	It allows for modifications to be made to the plan before full implementation begins. Maximises the likelihood that the program will succeed.
Process Evaluation Program Monitoring	As soon as program implementation begins. During operation of an existing program.	How well the program is working. The extent to which the program is being implemented as designed. Whether the program is accessible and acceptable to its target population.	Provides an early warning for any problems that may occur. Allows programs to monitor how well their program plans and activities are working.
Outcome Evaluation Objectives-Based Evaluation	After the program has made contact with at least one person or group in the target population.	The degree to which the program is having an effect on the target population’s behaviours.	Tells whether the program is being effective in meeting its objectives.

Economic Evaluation: Cost-Analysis, Cost-Effectiveness Evaluation, Cost-Benefit Analysis, Cost-Utility Analysis	At the beginning of a program. During the operation of an existing program.	What resources are being used in a program and their costs (direct and indirect) compared to outcomes.	Provides program managers and funders a way to assess cost relative to effects. "How much bang for your buck."
Impact Evaluation	During the operation of an existing program at appropriate intervals. At the end of a program.	The degree to which the program meets its ultimate goal	Provides evidence for use in policy and funding decisions.

* *Types of Evaluation, From the National Centre for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. CDC*

Process

All evaluations are required to be developed within the framework of an evaluation plan, which includes the key elements of:

- Specifying the subject of the evaluation
- Purpose of the evaluation
- Key evaluation questions
- Primary audience
- Evaluation resources
- Baseline data and methodology
- Dissemination
- Privacy and Ethics
- Budget and timeline

(Adapted from Program Evaluation: Forms and approaches, John M Owen, 2007).

The development of new evaluations is to be done in a systematic way that involves consistency of questions and format standardisation where possible. Evaluations should be:

- Designed to produce an optimum mix of quantitative and qualitative responses, which are capable of being easily captured in data spreadsheets. Spreadsheets for the capture and collation of evaluation data must be developed in conjunction with evaluation questionnaires.
- No longer than two pages, with adequate spacing and font size.
- Designed for the lowest possible level of English literacy.

HLNT developed evaluations are generally process evaluations for program monitoring, and occasionally formative / needs assessment evaluations for program development. Whilst cyclical review of the suitability of evaluations is important, the consistency of evaluation questions over time is also critical as it supports identification of longitudinal trends and changes in perceptions.

All evaluations are to be kept on the HLNT Evaluation Matrix.

The results of evaluations are to be communicated broadly both internally to staff and externally to stakeholders and funders.

Internally evaluation findings should be discussed and utilised to inform strengths and weaknesses within the service or program delivered. This can effect immediate changes or be used as evidence supporting limitations to programs/ services to go back to funders.

Evaluations are also cyclically reported against in HLNT Annual and Performance Reports, as well as any other funder required periods.

Reviews of Evaluations

All HLNT generated evaluations are to be reviewed on a yearly cycle before the end of the financial year, so any changes are to be implemented from 1 July.

The evaluations are to be reviewed by a steering committee made up of the program leaders and administration staff, to ensure consistency across the organisation. All version changes are to be noted on the HLNT Evaluation Matrix version column and communicated to the Finance Admin Officer for document control purposes.

HLNT Evaluation Matrix

The evaluation matrix is to list all program, client feedback and *Territory Way* templates as well as a cache of commonly used questions and formatting to help in the development of all new evaluations. It lists reporting lines and reviews as well as communications for evaluation results within Healthy Living NT

Supporting Policies, Procedures and Documents

HLNT Evaluation Matrix

Responsibility for Policy

The Board of Diabetes Association of the NT Inc. is responsible for ensuring this policy is up to date and complied with.

Approval

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Approval Date: Board Meeting 4/19 of 24 August 2019

Circulation: Board and Staff

Sign off by: Chair of the Board



Signature: Ron O'Brien

Supporting Policies, Procedures and Documents

HLNT Evaluation Matrix

HLNT Evaluation Matrix

Program/ service	Funder Mandated Evaluation	HLNT evaluation	Review cycle	next review due	Version Control	Reported	What is the purpose of the evaluation/ measurables?
NDSS funded							
Type 2 Getting Started Group	✓		externally done	N/A	Q1 July 2018 V1	NDSS Evaluation Group, Performance Report	Assess the delivery and suitability of the program for the target audience
Gestational Diabetes Group	✓		externally done	N/A	Q1 July 2018 V1	NDSS Evaluation Group, Performance Report	Assess the delivery and suitability of the program for the target audience
Access Point Training	✓		externally done	N/A	Q1 July 2018 V1	NDSS Evaluation Group	Assess the delivery and suitability of the program for the target audience
Community Information (diabetes)	✓		externally done	N/A	Q1 July 2018 V1	NDSS Evaluation Group	Assess the delivery and suitability of the program for the target audience
School Information Session (diabetes)	✓		externally done	N/A	Q1 July 2018 V1	NDSS Evaluation Group	Assess the delivery and suitability of the program for the target audience
NT DoH funded							
Cardiac Rehab Healthy Heart Program (Darwin)		✓	yearly			Performance Report	Assess the delivery and suitability of the program for the target audience
Cardiac Rehab Healthy Heart Program (Alice Springs)		✓	yearly			Performance Report	Assess the delivery and suitability of the program for the target audience
Healthy Territory Kids 9 week program	✓		externally done	N/A	not documented	Quarterly Reports to NT DoH, Performance Report	
Health Professional Session Evaluation form		✓	yearly			Internally only	Assess feedback from individualised education sessions delivered to health professionals
Generic Evaluation Form		✓	yearly			Internally only	Assess feedback from individualised education sessions delivered to external groups not covered under other evaluations
NT PHN							
MOICD Program	✓		externally done	N/A	not documented	Performance Report	Staff complete Service Activity Reports, broader Service Evaluations undertaken by NT PHN
NT Tourism and Culture funded							
Mini Movers		✓	yearly			Performance Report, 6 monthly funder report	Improve confidence and capability in physical activity
Seniors Program (COTA) Love Your Body Pre and Post		✓	yearly			Performance Report, 6 monthly funder report	Improve nutritional awareness and physical activity
Food and Lifestyle Program Low Literacy Pre and Post		✓	yearly			Performance Report, 6 monthly funder report	Improve nutritional awareness and physical activity
4 week School Program student pre and post		✓	yearly			Performance Report, 6 monthly funder report	Improve nutritional awareness and physical activity
4 week School Program teacher		✓	yearly			Performance Report, 6 monthly funder report	Determine suitability of program for students and schools
Move It Darwin		✓	yearly			Performance Report, 6 monthly funder report	Show increase in physical activity achieved over time
HLNT							
Client Survey		✓	yearly			Performance Report	Maintain standards and see changes in service quality
Territory Way feedback form		✓	yearly			Internally only at Territory Way planning meetings	Gauge consumer feedback about the magazine and ideas for future topics



Quality Improvement Policy

Background

The aim of Healthy Living NT’s quality improvement system is to ensure that its processes and services, both within and outside the organisation, are of a consistently high quality. We seek to embed continuous quality improvement in all activities.

In 2005, Healthy Living NT (HLNT) introduced a formal over-arching Quality Improvement Plan that embraced all aspects of the organisation. This plan was a systematic guide for providing a strong foundation to all quality improvement activities, and was reviewed and updated annually.

In 2010, the Quality Improvement Council introduced the *6th Edition of the QIC Health and Community Services Standards*, which refreshed and restructured the previous QIC standards into a single level standards module. These standards were adopted by Healthy Living NT for internal assessment.

In 2016, Healthy Living NT engaged in a formal quality improvement program under these standards with Quality Innovation Performance Ltd.

Policy Statement

All staff and the Board Members are responsible for being aware of, implementing and maintaining the quality system as appropriate to their role and responsibilities.

1. Definitions

Quality	is the extent to which the properties of a service or product produces a desired outcome.
Improving performance	is continuous study and adaptation of processes in order to achieve desired outcomes and meet the needs and expectations of members, clients and stakeholders.
Accreditation	is assessment by an external body or agency to determine the level of compliance with agreed standards.
Quality improvement	is the process of continual review of the organisation, its structures and functions of governance, management, engagement with clients and other stakeholders and its service delivery.

2. Principles

A systems approach to improving quality and performance using a cyclical model is used, which includes the following elements: monitoring, assessment, action, evaluation and feedback (feedback is integral to all parts of the cycle).

Adequate resources, tools and support are provided to staff, the Board of Directors and key stakeholders to fully engage in its quality improvement system and processes.

Healthy Living NT is committed to the widespread involvement of staff, the Board, members and stakeholders in its quality improvement activities.



Life. Be in it.™

<i>Status</i>	<i>Approved</i>	Quality Improvement Policy	<i>Document ID</i>	G0049
<i>Consultation</i>	<i>Management</i>		<i>Date of Issue</i>	09/12/2023
<i>Approval By</i>	<i>Board</i>		<i>Current Version Number</i>	3.0
<i>Circulation (on approval)</i>	<i>All Staff and Board</i>		<i>Review Cycle</i>	<i>Annual</i>
		<i>Page 1 of 4</i>		

3. Outcomes

Staff and the Board are aware of and practice continuous quality improvement.

Healthy Living NT encourages evidence based and innovative work practices and staff are recognised for best practice and innovative ideas.

Healthy Living NT’s commitment to quality improvement is pervasive in all areas of its business, with all staff seeking ways to improve the quality of their own activities and areas of responsibility as well as the quality of the organisation as a whole.

4. Functions and Delegations

Position	Delegation/Task
Board	Approve HLNT’s strategic direction which guides quality improvement processes. Approve financial costs of external quality improvement provider. Endorse the Quality Improvement Policy. Participate in internal and external review activities as appropriate.
Management	Comply with the Quality Improvement Policy. Engage in a contract with a quality improvement provider. Support staff to coordinate HLNT’s continuous quality improvement systems and practices. Participate in, and lead, quality improvement activities as relevant. Provide leadership and resource support to quality improvement staff and activities.
Staff	Comply with the Quality Improvement Policy. Staff actively participate in internal and external review activities. In particular, Health professional and professional practitioner staff: Participate in, and lead, quality improvement activities as relevant. Coordination of HLNT’s continuous quality improvement systems and practices. Promote and demonstrate commitment to quality improvement. Assist management to carry out tasks related to quality improvement and accreditation - complete self assessment audits and documentation, liaise with quality improvement provider, update staff on process and procedures.

5. Risk Management

This policy will be reviewed in line with HLNT’s quality improvement system and the review of associated policies.

The need for improvements in procedures/systems/service delivery can be identified by any Board, management, staff member or client through feedback or quality monitoring systems.

6. Policy Implementation

This policy is to be part of all HLNT’s staff and Board orientation processes. The Board and the staff should also be familiar with their functions and delegations outlined in this policy.

This policy should be referenced in relevant policies, procedures and other supporting documents to ensure that it is familiar to all staff and actively used.

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7. Policy Detail

Healthy Living NT is committed to continually improving the quality of its services in order to fully realise its goals and strategic outcomes, and be inclusive and responsive to clients, staff, volunteers, stakeholders and the wider community.

The quality improvement process and system is coordinated by management, though all staff and Board Members participate in quality improvement practice.

HLNT undertakes quality improvement activities based on the quality cycle detailed below. A structured Quality Improvement Action Plan outlines the specific tasks to be undertaken by staff during a quality cycle. HLNT's goal and outcomes as outlined in the Strategic Plan should be considered in all stages of the quality cycle.

7.1 Monitoring

HLNT routinely collects information on its services to identify progress, achievements and areas of improvement. This information is collected through a variety of mechanisms including surveys, interviews, literature reviews, audits, observations and policy/record/system reviews.

All staff are encouraged to identify and scope possible quality improvements in their sphere of work. HLNT's [Quality Improvement Proposal](#) is located in the staff portal on the HLNT website.

7.2 Assessment

Analysing information from the monitoring stage can provide an assessment of the current situation and identify the best approach to take for improvement. Individual assessment activities and recommendations that come from assessment activities should be shared with relevant staff through staff or team meeting presentations, group discussions or other suitable mechanisms to communicate findings and reach an agreed approach for subsequent improvement activities.

Formal Quality Improvement Proposals are to be submitted to HLNT's Quality Committee for consideration and approval.

7.3 Action

Through the assessment phase, quality improvement actions should be decided upon and/or prioritised. If the activity requires financial resources, an adequate budget should be identified before the activity commences. Similarly if the activity requires significant time/human resources, discussions should take place with management prior to commencing.

Suitable and practical solutions should take into account the needs of the organisation, staff, clients and stakeholders that might be affected. Actions may range from procedure documentation or policy development to system redesign or creation, e.g. electronic filing, human resources system.

7.4 Evaluation

Once the action has been taken, individuals involved should evaluate the results of that action to ensure the required result was achieved. Key questions to ask to evaluate an activity include:

- Did the action achieve the desired result or outcome?
- Is there any further action to be taken in this area?

Evaluation information should be collected in a similar way to monitoring information.

7.5 Feedback

All individuals involved in, or affected by, quality improvement actions/activities should be aware of changes made to the organisation and the results of these activities (both internal and external stakeholders). Communication at all stages is critical to achieving sustainable results and facilitating organisational change.

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Healthy Living NT will maintain a register of all Quality Improvement initiatives. This register will be managed by HLNT’s Quality Committee.

8. References

8.1 Internal

Quality Improvement Action Plan

8.2 External

<https://www.qip.com.au/>

Quality and Accreditation Standards

Health and Community Service Standards (6th edition)

Standard 1.9: *Safety and quality systems are integrated and are managed systematically with clear lines of accountability to ensure continuously improving performance.*

Evidence Questions: What is the evidence that:

- a) *the organisation has specified safety and quality performance requirements?*
- b) *there are cross organisational forums, processes and procedures for ensuring communication, planning and learning about safety and quality?*
- c) *responsibility for managing and leading safety and quality improvement is assigned, those responsible are accountable, and routine reporting of safety and quality performance to senior management and the governance structure occurs?*

Responsibility for Policy

The Board of Diabetes Association of the NT Inc. is responsible for ensuring this policy is up to date and complied with.

Approval

Original Approval Date: Meeting 6/14 of 13 December 2014
 Revision 1 Approval Date: Board Meeting 2/17 of 22 April 2017
 Revision 2 Submission Date: Board Meeting 6/23 of 9 December 2023
 Revision 2 Approval Date: Board Meeting 6/23 of 9 December 2023

Circulation: All HLNT Board Members and staff.

Sign off by: Chair of the Board



Signature: Ron O'Brien

<i>Status</i>	<i>Approved</i>	Quality Improvement Policy	<i>Document ID</i>	G0049
<i>Consultation</i>	<i>Management</i>		<i>Date of Issue</i>	09/12/2023
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Board Meeting Conduct and Protocols

The Board of Healthy Living NT has six scheduled meetings per annum (plus the Association's Annual General Meeting). A minimum of two meetings per year are normally conducted as face to face meetings – one in Darwin and one in Alice Springs, with the remainder conducted via videoconference. The conduct of face to face meetings is determined annually, but may be impacted at short notice by the COVID-19 environment.

Meetings are held every 6-8 weeks on a Saturday morning. Each meeting has an overall theme, as shown in the table below.

Healthy Living NT Board Meeting Schedule

HLNT Board Meetings	Board Meeting Theme
Meeting 1 February By videoconference	<ul style="list-style-type: none"> Defining Board priorities Strategic Plan review process Quality Planning
Meeting 2 April In Alice Springs	<ul style="list-style-type: none"> Strategic Planning
Meeting 3 June By videoconference	<ul style="list-style-type: none"> Progress against Business Objectives Draft Budget Strategic Plan review
Meeting 4 August By videoconference	<ul style="list-style-type: none"> Approve Final Budget Risk Management monitoring and planning Business Plan Review
Meeting 5 October In Darwin	<ul style="list-style-type: none"> Pre-AGM – Nominations for Board Approve AGM agenda Approve Annual Report Collective review of Board Performance GPC Annual Policy review
2021 HLNT AGM October By videoconference	<ul style="list-style-type: none"> AGM Organisational and Financial Reports Election of Board
Meeting 6 December By videoconference	<ul style="list-style-type: none"> Governance and Board Induction Governance Compliance Plan Review of Delegations of Authority Code of Conduct Review of Board Composition Annual Meeting Schedule (following year)

Meeting dates for the following year are agreed at the last Board Meeting in the calendar year i.e. the 2021 meeting schedule will be agreed at the last meeting in 2020. When the draft schedule is produced, Board members are expected to check their diaries and advise any potential clashes.

Substantive agenda items for inclusion on the Board agenda should be advised to the President or CEO at least 2 weeks prior to the meeting, wherever possible.

Board Papers

Board papers will be made available to Board Members generally 1 week in advance of the meeting, unless alternative arrangements have been agreed. Late papers will be circulated by email. Board papers will be made available in one of two formats:

- a) Soft copy – available from the Board Member portal on HLNT’s website via a personal computer or tablet owned by the Board Member.
- b) Hard copy - posted to the Board Member’s mailing address

Board Members must formally elect their preferred format to receive Board papers at the commencement of each Board term. Any change in preferred format must be advised to the CEO not less than 2 weeks prior to a Board Meeting.

Board papers contain commercially sensitive and confidential personal information and may be retained by Board Members subject to the following conditions:

- It is an individual Board Member’s responsibility to ensure the safe-keeping of all board papers (hard copy or electronic format) and their maintenance in a secure environment at all times.
- The New Membership List for Board approval will not be circulated electronically. Hard copies will be made available at the meeting and/or contained within hard copy Board papers. The Membership List must be destroyed immediately upon Board consideration of the agenda item.

Board Meetings

Of the 6 scheduled Board meetings, a minimum of 2 are held face to face and the remaining (4) meetings are held by videoconference, with a teleconference option as a back-up. Meetings are normally around 2 hours in duration, although major issues or initiatives are sometimes managed through additional workshops linked to the Board Meeting e.g. strategic planning, risk review.

a) Face to face meetings

Subject to the COVID-19 environment, one face to face meeting is held in Darwin and one is held in Alice Springs annually. The primary purpose of having face to face meetings is to:

- allow Board Members to meet one another and engage socially and
- provide Board members with an understanding of the various operations of the Association in each location.

All Board Members are expected to participate in face to face meetings through travel to either Darwin or Alice Springs annually, unless genuine reasons prevent a Board Member from travelling. All Board members must be fit to travel independently and require no external assistance other than what can be normally supported through airlines or accommodation facilities.

Travel and accommodation costs are borne by the Association.

b) Videoconference/Teleconference meetings

It is important that all Board members are aware of teleconference and videoconference protocols. The following protocols are recommended:

- Where possible Board members will go to one location in the area in which they are located:
 - in Darwin, it is the HLNT office in Tiwi;
 - in Alice Springs, it is the HLNT office in Hartley St;
 - members outside these areas may call in from their location. Members who are remote from

either the Darwin or Alice Springs office should download the Zoom app on their personal mobile device or laptop – Zoom provides options to enter via videoconference or by voice only.

- Instructions for the videoconference/teleconference will be provided with the papers for the meeting. An additional Zoom videoconference meeting invitation will be emailed to Board Members prior to the meeting enabling members to join if they are unable to attend either the Darwin or Alice Springs office.
- Members should seat themselves in reasonable proximity to microphones, especially in the case of teleconference meetings.
- The Chair will clearly articulate the item under discussion and will actively encourage participation and canvass comment from the Board members present.
- The Chair will sum up at the end of each discussion.
- The CEO will ensure that participants at all sites have the relevant papers, visuals or handouts prior to the meeting.
- All Board members will present their points of view constructively, succinctly and to the point. They will speak up and if unable to hear they are encouraged to alert the Chair and request greater clarity.
- All Board members will minimise external noise, side conversations, shuffling of papers and heavy breathing etc. to assist with clarity.
- Speakers should:
 - In the case of teleconference meetings, identify themselves at the start of the meeting, when contributing and when leaving the meeting, for the benefit of other participants.
 - Address other meeting participants by name,
 - Speak clearly,
 - Avoid conversational asides,
 - Try not to speak over each other as this distorts transmission,
 - Try to keep background noise to a minimum.
- Speakers using mobile phones should keep stationary if possible and on mute when they are not talking.

c) Formal Decision Making

Given the high number of Board Meetings conducted by teleconference adherence to basic meeting procedure is to be promoted at all times, particularly in relation to decision making:

1. Where decisions of Board are required, they are framed as a formal motion for which a nominator and seconder are obtained. (Note: if a seconder cannot be obtained, the motion does not proceed).
2. The motion is discussed/debated amongst Board members.
3. At the conclusion of discussion, the Chair formally restates the motion and calls for:
 - a) Votes(*) in support of the motion
 - b) Votes(*) against the motion
 - c) Any abstentions

(*) Members joining by teleconference will need to confirm their position verbally
4. The Chair will confirm the outcome of the vote i.e. the motion has been adopted/lost.

Records of Board Meetings

Records of Board Meetings are called Minutes to ensure conformity with terminology in the Associations Act NT and the ACNC.

Minutes of all meetings are prepared by the CEO and record (in addition to standard business items):

- Specific topics and items of discussion
- Relevant points of consideration and the deliberations of the Board in arriving at the resolution, where appropriate
- Agreed outcomes and decisions

Draft minutes are reviewed by the meeting Chair prior to further distribution to Board. Chair-approved minutes are normally circulated to the Board for comment within 10 working days of the meeting.

Board Members wishing to make comment on the draft minutes should do so within 10 working days of receipt to enable the minutes to be reviewed in a timely fashion, rather than wait until the next meeting.

Electronic recording of meetings

Electronic recording of meetings with any device is strictly prohibited unless the full board has agreed through a resolution of the board. A notice of motion must be submitted in time to be distributed to all board members with the board papers. The Chair will deal with the resolution as soon as the board meeting is opened. No recording can commence until the board has considered and voted on the proposed resolution.

As electronic recording of meetings is not a standing approved board practice, a new resolution for recording of each meeting must follow this standing procedure.

Board Member Conduct at General Meetings

The primary function of Board is to make decisions on the management of the Association within the provisions of its Constitution. Board members are to openly discuss and debate options at Board Meetings in reaching a decision.

Once a decision has been taken, the Board must act as a collective, even if the Board vote is not unanimous. This includes recommended resolutions proposed by Board to General Meetings of the Association.

If a Board member decides that the Board decision is one that he/she simply cannot support, then it is the duty of that member to declare it openly to the Board in a Board Meeting. It is unacceptable behaviour for a Board Member to remain silent during Board Meeting debate and subsequently raise issues at a General Meeting which are contrary to the majority view of the Board.

Board Meetings conducted by Email

From time to time as business dictates, Healthy Living NT conducts meetings of the Board and Executive Board by email. These email meetings often only require the formalisation of a decision on a single matter. Consideration of more material matters on which Board engagement is necessary will generally be reserved for scheduled Board Meetings or if urgent, a teleconference meeting of the Executive Board.

For Board or Executive Board Meetings conducted by email, the following protocols apply:

- A maximum 48-hour period will be allowed for Board or Executive Member response.
- At the end of the 48-hour period, provided a quorum and a majority of votes (either for or against a motion) have been attained, a decision will be deemed to have been made.

Appointment of a Proxy

Executive Board

The Executive Board manages the day-to-day affairs of the Association between formal meetings of the Board. The Terms of Reference for the Executive Board form Schedule 3 of the Association’s Constitution.

The quorum required for a meeting of the Executive Board is three of the four members. Given this high threshold, if an Executive Member knows that they will be uncontactable via email for a certain period they must, by email notification to the CEO, appoint another Board member to act as their proxy during the period they are uncontactable.

Approval

Original Approval Date:	Board Meeting 6/10 of 11 December 2010
Revision 1 Approval Date	Board Meeting 6/12 of 8 December 2012
Revision 2 Approval Date	Board Meeting 6/13 of 14 December 2013
Revision 3 Approval Date	Board Meeting 6/14 of 13 December 2014
Revision 4 Approval Date	Board Meeting 6/15 of 12 December 2015
Revision 5 Approval Date	Board Meeting 6/16 of 10 December 2016
Revision 6 Approval Date	Board Meeting 6/17 of 9 December 2017
Revision 7 Approval Date	Board Meeting 6/18 of 8 December 2018
Revision 8 Approval Date:	Board Meeting 6/19 of 14 December 2019
Revision 9 Submission Date:	Board Meeting 6/20 of 12 December 2020
Revision 9 Approval Date:	Board Meeting 6/20 of 12 December 2020

Circulation: All Board Members, CEO

Sign off by: Chair of the Board



Signature: On behalf of Diabetes Association of the NT Inc. Board

Attachment A:

Board Management Protocols

Board Management Protocols

The following protocols have been instituted by the Board of Healthy Living NT as a means of improving:

- Corporate governance
- Administration of Board Meetings
- Conduct of Board business.

Each protocol is unique, and shows the date proposed to the Board, the date approved by Board and the date (if any) rescinded by the Board.

The protocols serve as a useful guide to Board procedures and standards and may be added to or amended as required on a continuous basis.

Availability of Minutes on Website

Confirmed and unconfirmed Minutes of Annual General Meetings are to be posted on the website for Member access.

Confirmed and unconfirmed minutes of Board Meetings are not to be posted on the website. Any member seeking copies of Board Minutes should be referred to the President of the Association.

Proposed: Meeting 3/06 of 6 May 2006

Approved: Meeting 3/06 of 6 May 2006

Rescinded:

Member Attendance at Board Meetings

General Association Members will not be entitled to attend Board Meetings unless this has been agreed by the Board in advance.

Proposed: Meeting 3/06 of 6 May 2006

Approved: Meeting 3/06 of 6 May 2006

Rescinded:

Board Papers

All Board papers be marked 'Confidential – for Board use only'.

A matrix of Board member attendance (consistent with provisions of the Corporations Act) will be included in the Association's Annual Report

Board papers will not be forwarded to Board members who have not attended 2 consecutive meetings, unless the member makes a specific formal request that they wish to continue receiving papers. The member would continue to receive Board normal communications and notices of meetings.

Proposed: Meeting 3/06 of 6 May 2006

Approved: Meeting 3/06 of 6 May 2006

Rescinded:

Minimum Communication requirements for Board nominees

Any nominees to Board positions must have access, or be prepared to obtain access, to contemporary communication mediums including mobile phone and secure personal email.

Approved: Meeting 6/12 of 8 December 2012



Role of the Board and Board Members

The Board is the legal authority for the Diabetes Association of the NT Inc., trading as Healthy Living NT. The Board is responsible for:

- ensuring the good governance of the organisation;
- approving and monitoring Vision, Mission and the Strategic plan;
- setting a clear sense of direction;
- accommodating and reflecting the interest of the constituents in the direction and activities of the organisation going forward;
- progressive refinement of policies, priorities, funding arrangements and Board processes; and
- approval, monitoring and review

The Board of Healthy Living NT has confirmed six major roles:

Strategic thinking	to ensure that Board provides strategic leadership for the organisation and focusses at a strategic level in its considerations;
Legal role	to ensure the Constitution is upheld, that good governance is practiced and that the organisation complies with relevant regulatory bodies and legislation;
Planning and Policy	to approve and monitor the Strategic Plan and to approve and monitor relevant policy;
Accountability	to ensure that the performance of the Board and the Chief Executive Officer is reviewed against key performance indicators, the Strategic Plan, budget and against best practice governance;
Public Relations	to represent the mission and present the image of the organisation; and
Risk Management	to identify major risks facing the organisation, to oversee the development of risk management techniques to deal with those risks and to monitor performance against risk management strategies.

The Board has an established set of delegations of authority in place formalising the functions reserved to the Board and those delegated to management. As such, the Board of Healthy Living NT operates under the Policy Governance Board model.

It provides a structure and method of prescribing limits on the Chief Executive Officer's responsibilities. Emphasis is placed on the main purpose of the Board - policy development. The Board works as a whole and speaks with one voice.

Policy Governance Board responsibilities include:

- Determining ends to be achieved
- Determining means to the ends
- Determining Board/Executive relationships
- Determining board process



The Policy Governance Model is a system of governance designed to empower Boards to fulfil their obligation of accountability for the organisations they govern. The model enables the Board to focus on the larger issues, to delegate with clarity, to control management's job without meddling, to rigorously evaluate the accomplishment of the organisation and to truly lead its organisation.

In contrast to the approaches typically used by Boards, Policy Governance separates issues of organisational purpose (ENDS) from all other organizational issues (MEANS), placing primary importance on those Ends. Policy Governance Boards demand accomplishment of purpose, and only limit the staff's available means to those which do not violate the Board's pre-stated standards of prudence and ethics.

The Board's own Means are defined in accordance with the roles of the Board, its members, the chair and other officers, and any committees the board may need to help it accomplish its role. This includes the necessity to speak with one voice. Dissent is expressed during the discussion preceding a vote. Once taken, the Board's decisions may subsequently be changed, but are never to be undermined. The Board's expectations for itself also set out self-imposed rules regarding the delegation of authority to the staff and the method by which Board-stated criteria will be used for evaluation. Policy Governance Boards delegate with care. There is no confusion about who is responsible to the board or for what board expectations they are responsible. Double delegation (for example, to a board committee as well as to the CEO) is eliminated. Furthermore, it allows the CEO position to be exclusively accountable.

The Board of Healthy Living NT is comprised of:

- the Executive Board, which consists of 4 voting members (the Office Bearers - one of whom is the Public Officer) comprising:
 - the President;
 - two (2) Vice-Presidents;
 - the Secretary/Treasurer
- A maximum of 4 general Board Members elected at the AGM
- Appointees to Board under Clauses 73 or 74 of the Constitution.

The role of the Executive Board and its responsibilities and powers is detailed in the Association's Constitution.

Role of Board Members

As a member of the Board, a Board Member acts in a position of trust for the members of the Association and the broader community and is responsible for the effective governance of the organisation.

All Board Members are elected for two year terms at the Association's Annual General meeting by the Members of the Association or appointed to the Board. General requirements for all Board Members are as follows:

- Commitment to the work of the organisation
- Particular knowledge and skills in one or more areas of Board governance or consumer representation
- Willingness to serve on at least one committee and actively participate
- Attendance at Board meetings
- Allocation of sufficient time to enable diligent management of Board business
- Attendance at Annual General Meeting
- Be prepared to uphold the policies and ethics of Healthy Living NT
- Be informed of the services provided by Healthy Living NT and publicly support them

- Prepare for and participate in the discussions and the deliberations of the Board
- Be aware and abstain from any conflict of interest
- Have available contemporary means of business communication including email.

The major duties of all Board Members are to:

- To act with reasonable care and diligence
- To act in the best interest of Healthy Living NT in accordance with its purposes
- Not to improperly use information or position
- To manage financial affairs responsibly
- To be aware of and abstain from any potential conflict of interest, and disclose and manage conflicts of interest
- Not to allow the organisation to operate while insolvent
- Govern Healthy Living NT by the broad policies developed by the Board and in accordance with statutory accountabilities
- Establish overall long and short term goals, objectives and priorities for Healthy Living NT in meeting the needs of the community
- Recommend policy to the Board
- Promote Healthy Living NT membership through community networking, etc.
- Be accountable to the funders for the services provided and funds expended
- Monitor and evaluate the effectiveness of Healthy Living NT through a regular review of programs and services
- Prepare for and participate in the discussions and the deliberations of the Board
- To foster a positive working relationship with other Board members, and the CEO and general staff

Role of Committees

Board Members may become involved in a range of committees to further the work of the Association. These committees may be committees of Board eg Governance Policy Committee or operational Committees.

Formal Terms of Reference should be established for both Board and operational committees, outlining clear operating parameters and reporting lines. Board Members acting on committees should ensure that they work within these operating parameters and reporting lines.

Role of Executive Board

The role of the Executive Board (as specified in By-law 1 of the Constitution) is to supervise the day-to-day, routine business of the Association within approved budgetary and strategic parameters set by the Board.

The role of the Executive Board may also be determined by formal HLNT policies or Board decisions to include extraordinary functions such as those foreshadowed in the Crisis Communications Strategy and the Improper Conduct Prevention and Management Policy.

Role of Executive Members

Executive Board members have additional duties and requirements:

The President:

- Leads the establishment of overall long and short term strategic goals, objectives and priorities for Healthy Living NT in meeting the needs of the community
- Is the primary spokesperson for Healthy Living NT to the media and community at large
- Addresses the Annual General Meeting

- Chairs the Board and Executive Board
- Reports to Board on status of major programs
- Is a signing authority on behalf of the Board for financial and legal purposes
- Represents the organisation to Government
- Provides leadership and direction to the Board
- Arranges for Vice to Chair meetings in the absence of the Chair
- Represents Healthy Living NT at community functions
- Establishes Board meeting agenda
- Act as a nominated recipient for referrals under the ICAC NT Act
- Acts as the primary interface between the Board and the CEO

The Public Officer:

- Position is held by one of the Office Bearers.
- Is the registered representative of the Association, to whom legal process, notices or documents are sent
- Must ensure compliance with statutory obligations under the Associations Act 2003

Other Executive Members

Other Executive Members comprise the Vice Presidents and the Treasurer/Secretary. Whilst these positions have specific titles (due to compliance with the Associations Act), it is expected that an Executive Member will fulfil the following requirements:

- Lead the establishment of overall long and short term strategic goals, objectives and priorities for Healthy Living NT in meeting the needs of the community
- Undertake the Chair position in the absence of the Chairperson
- Be an active member of the Executive Board
- Be a signing authority on behalf of the Board for financial and legal purposes
- Be able to read/understand/interpret financial statements for Board members
- Oversight the organisation's finances and financial arrangements
- Ensure audited financial statements are presented to the Board on an annual basis
- Manage the board's review of, and action related to, the board's financial responsibilities;
- May work directly with relevant staff in developing and implementing procedures and systems.
- Ensure that appropriate financial reports are made available to the board;
- Regularly reports to board on key financial events, trends, concerns, and assessment of fiscal health.
- Oversight preparation and maintenance of minutes and records for all board meetings
- Oversight the Member Register
- Represent Healthy Living NT at community functions
- Will operate in a special area of responsibility assigned by the Board.
- Act as a nominated recipient for referrals under the ICAC NT Act (where confirmed in HLNT's Improper Conduct Prevention and Management Policy)

Although the Board is a collection of individuals and some Board Members have specific roles within the Board, the responsibility of the Board for the performance and accountability of the organisation is collective.

Responsibility for Policy

The Board of Diabetes Association of the NT Inc. is responsible for ensuring this policy is up to date and complied with.

Approval

Original Approval Date:	Board Meeting 6/06 of 21 October 2006
Revision 1 Approval Date:	Board Meeting 5/07 of 20 October 2007
Revision 2 Approval Date:	Board Meeting 6/08 of 13 December 2008
Revision 3 Approval Date:	Board Meeting 6/09 of 12 December 2009
Revision 4 Approval Date:	Board Meeting 6/10 of 11 December 2010
Revision 5 Submission Date:	Board Meeting 6/13 of 14 December 2013
Revision 5 Approval Date:	Board Meeting 6/13 of 14 December 2013
Revision 6 Approval Date:	Board Meeting 6/15 of 12 December 2015
Revision 7 Approval Date	Board Meeting 6/16 of 10 December 2016
Revision 8 Approval Date	Board Meeting 6/17 of 9 December 2017
Revision 9 Submission Date	Board Meeting 4/19 of 24 August 2019
Revision 9 Approval Date	Board Meeting 4/19 of 24 August 2019

Circulation:	All Board Members.
Sign off by:	Chair of the Board



Signature:	<i>On behalf of Board</i>
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Board/Staff Communications Policy

The Board is responsible for:

- ensuring the good governance of the organisation;
- approving and monitoring Vision, Mission and the Strategic plan;
- setting a clear sense of direction;
- accommodating and reflecting the interest of the constituents in the direction and activities of the organisation going forward;
- progressive refinement of policies, priorities, funding arrangements and Board processes; and
- approval, monitoring and review

The Chief Executive Officer (CEO) is responsible for:

- Implementing the direction set by the board;
- Prompt implementation of Board policies and decisions;
- Achievement of intended outcomes;
- The organizational structure, and the effectiveness of each part of it;
- Staff, their appointment, management, directions, efficiency and discipline;
- Reporting in accordance with Board requirements;
- Timely advice to the Board on matters affecting it, whether or not specifically requested; and
- Full accountability to the Board on all these issues.

Formal communication between the Board and the CEO is normally conducted via the President or his/her nominee.

The Board (and each Board member) relates to and communicates with the administration through the CEO, who may however, as a matter of mutual convenience, delegate another staff member to deal with or assist the Board, its Committees or individual Board members, either generally or on particular matters.

Notwithstanding any such delegation, the CEO remains responsible for the actions and performance of staff.

The Board acts as a corporate body only. No Committee or Board member may therefore give directions to the CEO or any staff member, except to the extent that:

- The board has expressly delegated its power in a specified area to that Committee or Board member; or
- in the case of a staff member, the CEO has expressly delegated responsibility to a specified staff member to deal with that Board members in the area.

Mutual respect should at all times exist between Board members and staff, and recognition be given of the complementary roles of each.

The Board should seek and respect the advice of staff members, but must at all times make its own considered decisions upon the issue.

With the exception of reporting under the Improper Conduct Prevention and Management Policy:

- Any Board or Board member complaint regarding any staff member must be directed through the CEO and should remain confidential unless and until the Board for good and sufficient reason otherwise decides.
- Any complaint made by staff or a staff member about Board or a Board member must be directed through the CEO and should remain confidential unless and until the Board for good and sufficient reason otherwise decides.

The Board may lay down such reporting requirements as it deems desirable, both generally and in a particular case.

The Board should also progressively refine its own processes, policies and protocols (including this statement) as need is shown to:

- maximise efficiency and effectiveness;
- remove doubts or difficulties;
- clarify respective roles and responsibilities; and
- let all parties know where they stand.

Adherence to these principles will assist to maximize the effectiveness both of the Board and the administration, and increase the sense of teamwork between the two.

Responsibility for Policy

The Board of Management of Diabetes Association of the NT Inc. is responsible for ensuring this policy is up to date and complied with.

Approval

Original Approval Date:	Board Meeting 6/06 of 21 October 2006
Revision 1 Approval Date:	Board Meeting 5/07 of 20 October 2007
Revision 2 Approval Date:	Board Meeting 6/08 of 13 December 2008
Revision 3 Date Submitted:	Board Meeting 4/19 of 24 August 2019
Revision 3 Approval Date:	Board Meeting 4/19 of 24 August 2019

Circulation:	All HLNT Board Members, staff and volunteers.
Sign off by:	Chair of the Board



Signature: _____
On behalf of Board

Related Documents

- HLNT Whistleblower Policy
- HLNT Improper Conduct Prevention and Management Policy

Governance Training

Introduction

Governance is the system or process by which Boards are directed, managed and controlled.

Corporate governance generally refers to the processes by which organisations are directed, controlled and held to account. It encompasses authority, accountability, stewardship, leadership, direction and control exercised in the organisation.

The system of governance should include appropriate practical education and training for Board and senior management. Training programmes should cover all relevant aspects of corporate governance.

A Board Member takes on significant legal and moral obligations when accepting a Board position. A Board position is one of leadership and governance, and needs to be undertaken with the full knowledge of the obligations, the risks and the relevant issues as well as a sense of passion for the organisation and its mission.

Healthy Living NT

Healthy Living NT's Board operates under a governance policy model, whereby there is a clear distinction between policy and strategic activities (the responsibility of the Board) and operational activities (the responsibility of the CEO).

Overriding Principles:

- Healthy Living NT is committed to providing formal and informal governance training and support to its Board Members and senior management.
- Board Members and senior management of Healthy Living NT are expected to comply with, and contribute to the development of, the organisation's governance

That is, a **mutual obligation and accountability** exists between Healthy Living NT and its Board Members/management staff to ensure that governance training is provided, accepted and implemented. Healthy Living NT will provide the framework and information through which governance training is provided; inductees must contribute due diligence, best endeavours and personal commitment to applying the training.

Governance Training Framework:

Healthy Living NT has determined that its primary governance training will be provided through a mentoring system (of Board Member to Board Member, President to CEO etc).

On commencement of a new person to the Board (or senior management), a mentor will be formally assigned. The role of the mentor is to guide the inductee through an Induction Checklist and process. The Induction Checklist is amended from time to time in the light of developments or experience.

Both the mentor and the inductee are expected to provide feedback on the adequacy of the process and to identify where improvements can be made. To this end, Board Member Induction will be a standing item on each Board agenda.

Other Training Opportunities:

A range of other governance training opportunities are available to Board Members and senior management staff. Some of these are listed below for reference. The CEO may, from time to time, promote the availability of local opportunities for Board Member CPD but it is an overriding Board member responsibility to maintain their own CPD.

- Resources available through the Australian Charities and Not for Profit Commission: <http://www.acnc.gov.au/>

- Resources and training programmes available through the NT Government Office of Business Affairs:

<https://nt.gov.au/law/rights/incorporated-associations/introduction>

- Training seminars offered by external providers on a commercial basis
- Resources available through the CEO of Healthy Living NT including:
 - Standards Australia: Good Governance Principles Series AS 8000-2003
 - Inspired Boards – Good Governance Guide
 - Inspired Board Members – Directors Induction Manual
 - Inspired Boards – Governance Scenarios
 - Inspired Board Members – Practical Board Appraisal Techniques
 - AS NZS 4360 SET Risk Management Set
 - Inspired Strategies – Risk Management Strategies and Techniques for NFPs
 - ASX Corporate Governance Council - Principles of Good Corporate Governance and Best Practice Recommendations
 - The Book of the Board – Effective Governance for Non-Profit Organisations
 - The Not for Profit Management Guide

Any training programme or course that involves a significant financial or resource commitment to be borne by Healthy Living NT requires formal approval of the Board and/or CEO.

Responsibility for Policy

The Board of Management of the Diabetes Association of the NT Inc. is responsible for ensuring this policy is up to date and complied with.

Approval

Original Approval Date: Board Meeting 6/06 of 21 October 2006
Revision 1 Approval Date: Board Meeting 6/13 of 14 December 2013
Revision 2 Submission Date: Board Meeting 6/17 of 9 December 2017
Revision 2 Approval Date: Board Meeting 6/17 of 9 December 2017

Circulation: All Board Members & staff

Sign off by: Chair of the Board

A handwritten signature in black ink, appearing to be 'L. J. ...', written over a horizontal line.

Signature:

On behalf of Diabetes Association of the NT Inc. Board



Spokesperson Policy

Media Releases, statements and interviews

Scope of Policy

This Spokesperson Policy covers normal operational relationships with media. In the event Healthy Living NT enacts its Crisis Communications Policy on a particular issue or topic, the Crisis Communications Policy takes precedence in the management of all media relationships and enquiries.

Policy Statement

Healthy Living NT encourages positive media relations to publicise:

- Its work and activities in the community
- Improved awareness of diabetes and related chronic conditions amongst the community

Strategies and channels for communicating *Healthy Living NT's* messages include media information, newsletters, electronic and written means, meetings and forums.

Media Responsibilities

The Chief Executive Officer (CEO) is responsible for the overall provision of information regarding *Healthy Living NT* to the news media, including approval of all media statements and public communications.

The CEO is responsible for handling, and responding to, all media enquiries regarding:

- policy matters
- funding and service provision,
- possible litigation,
- client complaints,
- advocacy and government policy,
- health promotion,
- staff matters and
- corporate issues.

In assessing media enquiries of the above nature, the CEO will consider whether a response should be from the Association's elected representatives or at officer level. Where the response is judged to be best made by an elected representative of the Association, the Board's authorised spokespersons are the President or either of the two Vice-Presidents.

Authorised Board Members speaking on behalf of the Association will not discuss their other affiliations in any way, and if questioned on other affiliations, must clearly indicate that their role is as spokesperson for *Healthy Living NT* only.

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Healthy Living NT
is the trading name of the
Diabetes Association
of the Northern Territory
Incorporated.

Healthy Living NT
is the registered NT
licence holder for
Life. Be in it.



Where media invitations or requests come directly to a Board member (irrespective of whether they are authorised spokespersons or not), they are to immediately direct the request to the CEO who will decide how best to respond.

In relation to health promotion, awareness activities, special events or topics of clinical substance relating to chronic disease, the CEO may delegate the role of spokesperson to an appropriately qualified member of staff including, but not limited to, health professional staff. Under no circumstances are staff permitted to make general comment to media organisations or agencies regarding *Healthy Living NT*, unless they have been specifically authorised to do so.

Healthy Living NT may also, where appropriate, encourage or support direct consumer engagement with the media. In such instances, the consumer is representing their own views and is, in no way, acting as a spokesperson for the organisation.

Approval

Original Approval Date:	Board Meeting 6/09 of 12 December 2009
Revision 1 Submission Date:	Board Meeting 6/17 of 9 December 2017
Revision 1 Approval Date:	Board Meeting 6/17 of 9 December 2017

Circulation: All Board Members & staff

Sign off by: Chair of the Board

A handwritten signature in black ink, appearing to be 'L. J. ...', written over a faint circular stamp.

Signature:

On behalf of Diabetes Association of the NT Inc. Board

Board Performance Evaluation

Introduction

The Board sets the strategic direction and provides oversight for the operation of the Association, and through its conduct, performance and appointments establishes the framework for the success or failure of the Association. However the Board is also in the position to 'step back' from the day to day operations of the Association and to provide its Chief Executive with guidance and direction on issues and initiatives that will advance the work of the association to achieve its objectives.

Therefore, the performance of the Board is critical to the success of the organisation, and the Board's performance is not only rightly subject to review and evaluation, but the process of review and evaluation is critical to the ongoing success of the association.

If the organisation is under-performing over time, it is partly an indication that the Board has not corrected process, policy or management weakness. Equally if the organisation is performing well, it is likely that the Board is on the job and is contributing to that success. A productive and highly mutual relationship with the CEO is a significant contributing factor in the overall performance of the Board and the organisation.

Evaluation

Board evaluation can happen at several levels:

- annually to determine the board's effectiveness throughout the year
- at the end of each board meeting
- through self evaluation undertaken by individual Board Members

The status of Board committees should also be evaluated annually. This is a responsibility of the Board as the Board established these committees and their Terms of Reference.

Board evaluation can take place at individual and collective levels. Individual evaluation is useful to assist individual Board members assess their performance and contribution. However, as it is the collective Board which is responsible for the governance of the organisation, it is the performance of the Board as an entity which is crucial to the success of the organisation.

Regular evaluation should be done for a number of reasons:

- to continuously improve the organisation's work
- to ensure that the Board is fulfilling its Charter and its potential
- to be accountable to the community and the people served by the organisation
- to provide direction for the education of board members, and
- to increase the capacity of the Board and organisation to meet the expectations of funders.
- to provide feedback to the staff and volunteers doing the work of the organisation

Healthy Living NT

Healthy Living NT is committed to continuous quality improvement in all activities. The Board of Healthy Living NT operates under a governance policy model. Evaluation of collective Board Performance has been determined to support continuous quality improvement through:

- An assessment of the effectiveness of each Board Meeting undertaken by each Board Member present on the agreed form and submitted to the CEO within seven (7) days of the meeting. The CEO is to collate results for consideration at the next Board Meeting and annual review of the cumulative results by the Board at the meeting prior to the AGM. An assessment of the Board's collective performance against its responsibilities and charter, to be carried out under the guidance of the Governance Policy Committee annually and submitted to, or conducted at, the last meeting prior to the AGM
- Consideration of an external review of Board performance and governance undertaken every three years
- Any additional performance reviews undertaken at a Board Member's request.

The Governance Policy Committee of the Board has responsibility for the Board performance evaluation process.

The charter of the Board of Healthy Living NT is broadly defined as follows:

- Strategic thinking – to ensure that Board provides strategic leadership for the organisation and focusses at a strategic level in its considerations;
- Legal role – to ensure the Constitution is upheld, that good governance is practiced and that the organisation complies with relevant regulatory bodies and legislation;
- Planning and Policy – to approve and monitor the Strategic Plan and to approve and monitor relevant policy;
- Accountability – to ensure that the performance of the Board and the Chief Executive Officer is reviewed against key performance indicators, the Strategic Plan, budget and against best practice governance;
- Public Relations – to represent the mission and present the image of the organisation; and
- Risk Management – to identify major risks facing the organisation, to oversee the development of risk management techniques to deal with those risks and to monitor performance against risk management strategies.

A Board performance appraisal tool will be developed by the Governance Policy Committee, and amended from time to time in the light of development or experience.

Responsibility for Policy

The Board of Management of the Diabetes Association of the NT Inc. is responsible for ensuring this policy is up to date and complied with.

Approval

Original Approval Date:	Board Meeting 7/06 of 9 December 2006
Revision 1 Approval Date:	Board Meeting 5/07 of 20 October 2007
Revision 2 Approval Date:	Board Meeting 6/08 of 13 December 2008
Revision 3 Approval Date:	Meeting 6/09 of 12 December 2009
Revision 4 Approval Date:	Board Meeting 6/10 of 11 December 2010
Revision 5 Approval Date:	Board Meeting 6/17 of 9 December 2017
Revision 6 Submission Date-:	Board Meeting 6/19 of 14 December 2019
Revision 6 Approval Date :	Board Meeting 6/19 of 14 December 2019

Circulation: All Board Members



Sign off by: Chair of the Board



Electronic Signature Policy

Background

In the era of electronic communications, the use of digital and/or electronic/scanned signatures is common and a widely accepted business practice.

Digital signatures are generally encrypted with password protection and limited to a small number of applications; hence they are used in a relatively controlled environment. By contrast, scanned signatures are widely and increasingly used in business communications.

A scanned electronic signature can be easily copied from a document and applied to another – and because it is very accepted practice to send around/rely on PDF-type documents, their authenticity is usually not questioned by the recipient. It is possible for staff or unauthorised persons to inappropriately apply the signature of a Board Member or executive manager to a document without authority through use of the computer, scanned documents etc.

It is therefore incumbent on Healthy Living NT, as a standard part of good practice and corporate governance, to establish rules or protocols governing the use of electronic signature practices in the workplace.

Policy Framework

Healthy Living NT's policy framework governing the use of electronic signatures seeks to:

- Clearly define which documents/ types of documents that can have electronic signatures routinely applied and under what circumstances
- Nominate those persons/positions authorised to apply an electronic signature, and whose signature they are authorised to use
- Restrict access to the file where electronic signatures are stored on the server
- Identify where prior agreement is required to affix an electronic signature and the nature of this agreement.
- Record usage of electronic signatures in a register and
- Identify which documents or class of documents that electronic signatures may never be used on.

The following rules regulate the use of electronic signatures by Healthy Living NT:

1. Healthy Living NT's *Electronic Signature Delegations Register* forms part of this policy. It governs and records the permissible and authorised uses of electronic signatures and the conditions under which they can be applied.
2. All instances of electronic signature usage where a third party is authorised to use another officer's electronic signature will be recorded in this register. The CEO and the Finance and Administration Manager are authorised to update the register as necessary.

3. A file of electronic signatures comprising Board Members, CEO, Manager Finance and Administration and Manager Education Services will be maintained on the G drive which is accessible only by Executive Managers. The *Electronic Signature Delegations Register* will also be maintained on the G drive.
4. All authorisations to apply an electronic signature should be in writing, by email, SMS, or fax, unless otherwise stipulated in the delegations. A soft copy of the authorisation must be provided to the Finance and Administration Manager for retention in a separate folder in the G drive for audit/validation purposes.
5. When electronic signatures are applied to a:
 - Word document, it may only be further distributed externally by hard copy e.g. post or hand delivery, or by fax;
 - PDF document, it may be further distributed electronically.
6. The following types of documents are generally not endorsed for use of electronic signatures. Original signatures are required at all times on documents that are once-off/unique documents, particularly those of a commercial or financial nature.
 - Leases and commercial documents
 - Banking and finance instruments
 - Service Level Agreements and Deeds (*)
 - Letters of thanks/receipting donations

(*) Electronic scanned signatures may be applied to Service Level Agreements and Deeds where it is:

- **Deemed acceptable by the funder and**
- **Where acceptance has been clearly approved by a decision of the Board or the Executive Board**

Breaches

Breaches of this policy that relate to unauthorised use of electronic signatures will generally be managed under HLNT's employment agreements and/or Ethical Practice and Ethical Relationships Policy, resulting in disciplinary action and where appropriate, referral to external authorities. However serious breaches that are prima facie fraudulent, carried out for personal benefit or gain, will be immediately referred external authorities and may result in criminal proceedings.

Responsibility for Policy

The Board of Healthy Living NT is responsible for ensuring this policy is up to date and complied with.

Approval

Original Approval Date: Meeting 2/15 of 18 April 2015
Revision 1 Submission Date: Meeting 6/24 of 14 December 2024
Revision 1 Approval Date: Meeting 6/24 of 14 December 2024

Circulation: All HLNT Board Members and staff.

Sign off by: Chair of the Board



Signature: William De Decker