Board and Executive Readiness Packages

Board Briefing

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DHSCA
Digital Health Standards
Council of Australasia

Who we are

The Digital Health Standards Council of Australasia (DHSCA) is an independent digital health and AI assurance and assessment organisation. We work alongside health service providers to assure the safe and effective implementation of digital health and AI-enabled technologies in health and care settings. That assurance gives providers, clinicians and the consumers in their care confidence that health technologies meet a recognised standard before they reach the point of care.

What's included: Board Briefing

A half-day on-site briefing for your board and audit committee, on the digital health and AI obligations that sit with directors. We cover the regulatory environment, AI clinical safety obligations, the standards and accreditation landscape including the digitally enabled care requirements against the NSQHS 3rd edition timeline, the 2026 National Model for Clinical Governance, and the board's duty of care where technology touches clinical decision making and patient care. Content is built around the four things board and executive directors ask for most:

1. What the law and the standards actually require
2. What good looks like in another organisation's governance sphere
3. What questions to put to management
4. What to do when the answers are unsatisfactory or if something goes wrong.

A board briefing is prepared against your organisation's current state. Preparation by DHSCA is completed beforehand, including review of board papers, risk register extracts and the digital health portfolio, so the session addresses tools you've deployed and the decisions in front of you.

You receive a briefing deck formatted for the board, a governance reference covering obligations and escalation thresholds, and a set of questions directors can put directly to management at subsequent meetings.

The gap it covers

Directors are being asked to approve AI deployments they have no framework to interrogate against outside existing Australian legislative requirements. The questions that matter aren't technical, but they are specific:

- Who's accountable when an AI-informed decision goes wrong?
- What evidence supports the tool's use in this patient population?
- How would the organisation know if performance degraded after go-live?
- What gets reported to whom and when, and how do we monitor technology over time?

These questions are answerable, but most boards haven't been introduced to the vocabulary to ask them. There's also a documentation shortfall. When a regulator, an insurer or a coroner asks what the board knew and when, the minutes recorded during a vendor demonstration aren't much of an answer. A robust briefing, however, from an independent body that is tabled and minuted, is.

Who delivers it

All Board and Executive Readiness Packages are delivered by DHSCA's clinical and technical leadership, bringing their substantial experience across healthcare standards and digital health safety and quality. These skills are applied to your individual service's context for the types of technology delivered now, and ones delivered in the future.

Overview and Investment

Format	Half-day on site, plus discovery and preparation time.
Output	Briefing deck and governance reference.
Audience	Boards, audit and risk committees, clinical governance committees.
Investment	$12,000- $16,500 (ex GST)*
	*Estimate pricing only. Reflects a standard engagement scope. Multi-site, high complexity or additional-cohort variations are scoped and quoted separately.

Work with us

If you'd like to engage DHSCA for a **Board Briefing** or if you have any questions about how we can support your organisation, email: contact@dhsca.com.au

Engagement terms, assumptions and dependencies

Notes on assumptions and dependencies

Any engagement and its timeline assume timely access to the people and materials the work depends on. This includes access to relevant staff, either for interviews or evidence gathering across clinical, operational, risk and technical roles, and to any existing governance, policy and consent documentation.

Our approach also assumes access to system and platform documentation where appropriate. This may include information regarding data-hosting, data-processing and integration details, and the terms governing your organisation's use of these systems.

DHSCA assumes the organisation will nominate a single point of contact to coordinate scheduling and access, and that documents, interviewees and feedback will be available within agreed turnaround times. Where decisions or approvals from your organisation are needed for the work to progress, we assume these will be provided within a reasonably agreed timeframe.

If access or information is delayed, or material new requirements emerge during the work, the timeline and scope may be adjusted by agreement through a simple variation of the contract for services.

Basis of advice and limitations

DHSCA provides independent advisory services and assessment of digital health and AI tools entering clinical and operational workflow, and the arrangements that govern them. Our findings and recommendations are based on the information, documents and access your organisation provides, and on the regulatory and standards position current at the time of delivery. The purpose of this work is to support your organisation's own decision-making and governance settings maturity.

Responsibility for whether and how to adopt, deploy or operate any technology, and accountability for those decisions and their clinical, technical, operational, security, privacy, and regulatory outcomes, rests with your organisation.

To the extent permitted by law, DHSCA accepts no responsibility or liability for any loss, damage, or harm arising from the deployment or use of those technologies, from decisions taken by your organisation, from reliance on this advice where the information provided was incomplete or inaccurate, or where recommendations were not implemented as advised. Nothing in this engagement transfers clinical, legal or regulatory responsibility to DHSCA.