



Health
Mid North Coast
Local Health District

Corporate Governance Framework

The Mid North Local Health District Corporate Governance Framework combines responsibilities, policies, guidelines and accountability for the administration of corporate governance across the District





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Corporate Governance Framework Approval

This Framework has been formally endorsed by the Mid North Coast Local Health District (MNCLHD) Governing Board.

Signed: 
.....
Stewart Dowrick
Chief Executive

Date: 20 August 2021
.....

Signed: 
.....
Professor Heather Cavanagh
Governing Board Chair

Date: 19 August 2021



1. About MNCLHD

1.1 Vision

The MNCLHD is committed to Quality and Excellence in Regional Healthcare.

1.2 Strategic Directions

Our Strategic Directions are:

- People, Patients and the Community
- Leadership, Workforce and Culture
- Integrated Care
- Safety and Quality
- Innovation and Research
- Value and Accountability
- Closing the Gap

1.3 Purpose

The primary purpose of the MNCLHD under the Health Services Act 1997 (the Act)¹ are:

- a) to provide relief to sick and injured persons through the provision of care and treatment,
- b) to promote, protect and maintain the health of the community.

1.4 Functions

The functions of the MNCLHD under the Act are:

- a) generally to promote, protect and maintain the health of the residents of its area,
- b) to conduct and manage public hospitals, health institutions, health services and health support services under its control,
- c) to give residents outside its area access to such of the health services it provides as may be necessary or desirable,
- d) to achieve and maintain adequate standards of patient care and services,
- e) to ensure the efficient and economic operation of its health services and health support services and use of its resources,
- f) generally to consult and co-operate (as it considers appropriate) with any one or more of the following:
 - i. the Health Care Complaints Commission constituted under the Health Care Complaints Act 1993²
 - ii. health professionals practising in its area
 - iii. other individuals and organisations (including voluntary agencies, private agencies and public or local authorities) concerned with the promotion, protection and maintenance of health
- g) to co-operate with other local health districts and the Health Secretary in relation to the provision of services involving more than one public health organisation or on a State-wide basis
- h) to investigate and assess health needs in its area
 - i. to plan future development of health services in its area, and, towards that end
 - ii. to consult and plan jointly with the NSW Ministry of Health and such other organisations as it considers appropriate



- iii. to support, encourage and facilitate the organisation of community involvement in the planning of those services
- iv. to develop strategies to facilitate community involvement in the planning of those services and to report on the implementation of those strategies in annual reports and to the Minister
- i) to establish and maintain an appropriate balance in the provision and use of resources for health protection, health promotion, health education and treatment services
- j) to provide services to persons with whom it has contracted or entered into an agreement under section 37 (2)
- k) to administer funding for recognised establishments and recognised services of affiliated health organisations where that function has been delegated to it by the Minister under section 129
- l) to provide training and education relevant to the provision of health services
- m) to undertake research and development relevant to the provision of health services
- n) to make available to the public information and advice concerning public health and the health services available within its area
- o) to carry out such other functions as are conferred or imposed on it by or under this or any other Act or as may be prescribed by the regulations.

1.5 MNCLHD Area

MNCLHD extends from the Port Macquarie Hastings Local Government Area in the south to Coffs Harbour Local Government Area in the north and provides healthcare services across a geographic area of approximately 11,335 square kilometres.

Traditional custodians of the land covered by the MNCLHD are the Gumbaynggirr, Dunghutti, Birpai and Nganyaywana nations.

It is estimated that more than 218,180 residents live within the MNCLHD. People of Aboriginal and Torres Strait Islander heritage make up 5.7 per cent of the population, compared to 2.9 per cent³ for all NSW.

An estimated 11 per cent of residents were born overseas. Coffs Harbour has a growing number of refugees settling in the area. The main refugee communities include Afghani, Sudanese, Burmese, Congolese, Togolese, Sierra Leone, Ethiopian, Eritrean and Somali. Smaller numbers of migrants also reside in Laurieton, Wauchope and Port Macquarie.

MNCLHD will continue to experience a growth in the ageing population (65+) through to 2036.

It is well documented that an older population is more likely to have multiple co-morbidities, requiring more complex, coordinated care. Bellingen, Coffs Harbour, and Port Macquarie-Hastings LGAs will see the biggest growth in the aged population.

From 2016 to 2036 the Bellingen 65+ age group is expected to grow by 44 per cent, Coffs Harbour by 59 per cent and Port Macquarie Hastings by 56 per cent. Kempsey and Nambucca's 65+ age group is expected to grow by 33 per cent and 35 per cent respectively.

The main health issues facing the MNCLHD are mental health illnesses and chronic age-related illnesses such as cardiac, pulmonary, diabetes, renal disease and dementia.

The Mid North Coast also has significant groups of disadvantaged people, including Aboriginal people and refugees, people on low incomes, and people living in small, isolated communities. These groups are more likely to have poorer health behaviours and risk factors such as increasing weight and obesity, low levels of physical activity, poor diet, and the number of people who continue to use nicotine through tobacco and e-cigarette use.



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Figure 1. MNCLHD Map



1.6 CORE Values

The Ministry of Health promotes a CORE set of values - created by employees for employees - to inspire positive interactions in the workplace ⁴:

Collaboration

Refers to people working willingly and actively together to achieve goals and improve levels of service to NSW Health. It means seeking the input of others, both from within the Ministry and from external partners, while always considering the impact on our teams. We also seek out new ways of collaborating.

Openness

Is a state of mind, enabling colleagues to share ideas and communicate clearly. We strive to be approachable, actively listen and encourage others to contribute and speak up. We offer and receive constructive feedback. This ensures others feel their contribution is valued, even when there are disagreements.



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Respect

Is a reminder to treat others as we would like to be treated ourselves. It is important to be mindful of each other's capabilities, regardless of role or grade. We care about the different perspectives and backgrounds in our workplace and are thoughtful of our impact on others.

Empowerment

Enables a sense of purpose in our work. It is achieved through taking responsibility for our performance and behaviour. We celebrate our achievements. We also reflect upon what may not have met all expectations and learn from that experience. In doing so, we create a positive environment in which people are encouraged to grow, develop and succeed.



2. Corporate Governance

2.1 Legislation

The Health Services Act 1997 is the principal Act regulating the governance and management of the public health system in NSW.

2.2 Corporate Governance Compendium

The Corporate Governance & Accountability Compendium for NSW Health⁵ outlines the governance requirements that apply to those organisations that form part of NSW Health and sets out the roles, relationships and responsibilities of those organisations.

2.3 Corporate Governance Standards

The Corporate Governance & Accountability Compendium identifies the basic corporate governance standards applying to organisations established as a part of NSW Health.

Standard 1: Establish robust governance and oversight frameworks

Standard 2: Ensure clinical responsibilities are clearly allocated and understood

Standard 3: Set the strategic direction for the organisation and its services

Standard 4: Monitor financial and service delivery performance

Standard 5: Maintain high standards of professional and ethical conduct

Standard 6: Involve stakeholders in decisions that affect them

Standard 7: Establish sound audit and risk management practice

2.4 MNCLHD Corporate Governance Framework

The Health Services Act 1997 determines that one function of local health district boards is to ensure effective clinical and corporate governance frameworks are established (s.28).

The overarching governance framework of MNCLHD is defined by the Health Services Act 1997 and the MNCLHD By-Laws⁶.

The MNCLHD built upon these foundations by incorporating this Corporate Governance Framework.

2.5 Corporate Governance Attestation Statement

MNCLHD publishes an annual Corporate Governance Attestation Statement⁷ on the MNCLHD public website, that outlines governance arrangements and includes key information on operations.

This statement, submitted to NSW Ministry of Health by 31 August each year, is certified by the MNCLHD Chief Executive and Board Chair as accurately reflecting the corporate governance arrangements for the preceding financial year.

2.6 Corporate Governance Planning

The MNCLHD Service Agreement requires the MNCLHD, oversighted by its Board, has responsibility for developing a Corporate Governance Framework.



3. Governance and oversight frameworks

3.1 Principle Regulation

The Health Services Act 1997 is the principal Act regulating the governance and management of the public health system in NSW. The Act establishes the NSW public health system as comprising:

- local health districts
- statutory health corporations, including board, chief executive and network governed statutory health corporations
- affiliated health organisations (with respect to their recognised services)
- the Secretary, NSW Health with respect to ambulance services and other services to support the public health system.

Local health districts, statutory health corporations, and affiliated health organisations (with respect to their recognised services) are referred to collectively under the Health Services Act 1997 as public health organisations.

The Health Administration Act 1982⁸ sets out the broad roles of the Minister and Secretary, NSW Health in relation to the health portfolio generally.

3.2 Key roles, functions, and agreements

3.2.1 Minister

The Minister selects the membership of the MNCLHD Board and appoints the Chairperson so that the membership of the Board has an appropriate mix of skills and expertise required to oversee and provide guidance to the district. The Minister may also remove Board members or the entire Board and appoint an administrator in their place.

The Minister may direct a local health district to establish or close a hospital or other health service, or give directions as to the range of services to be provided.

3.2.2 Secretary

Under section 122 of the Health Services Act, the functions of the Secretary are:

- a) to facilitate the achievement and maintenance of adequate standards of patient care within public hospitals and in relation to other services provided by the public health system
- b) to facilitate the efficient and economic operation of the public health system consistent with the standards referred to in paragraph a)
- c) to inquire into the administration, management and services of any public health organisation
- d) to provide governance, oversight and control of the public health system and the statutory health organisations within it
- e) to cause public health organisations (including public hospitals controlled by them) to be inspected from time to time
- f) to recommend to the Minister what sums of money (if any) should be paid from money appropriated from the Consolidated Fund in any financial year to any public health organisation
- g) to enter into performance agreements with public health organisations, to review the results of organisations under such agreements and to report those results (and make recommendations about the results) to the Minister
- h) to give directions to statutory health organisations



- i) such other functions as may be conferred or imposed by or under the Act.

3.2.3 Service Agreement

Each year the MNCLHD Board enters into a Service Agreement with the Secretary, NSW Health. The MNCLHD Service Agreement⁹ specifies the level of funding to be provided to the MNCLHD and the associated service delivery and performance expectations, including activity levels.

3.2.4 MNCLHD Board

The MNCLHD Board members are appointed by the NSW Minister for Health. The role of the Board is focused on leading, directing and monitoring the activities of the local health district and driving overall performance.

The Board has specific statutory functions, outlined in section 28 of the Health Services Act 1997. Those functions are:

- a) to ensure effective clinical and corporate governance frameworks are established to support the maintenance and improvement of standards of patient care and services by the local health district and to approve those frameworks
- b) to approve systems:
 - i. to support the efficient and economic operation of the local health district
 - ii. to ensure the district manages its budget to ensure performance targets are met
 - iii. to ensure that district resources are applied equitably to meet the needs of the community served by the district
- c) ensure strategic plans to guide the delivery of services are developed for the local health district and to approve those plans
- d) to provide strategic oversight of and monitor the local health district's financial and operational performance in accordance with the State-wide performance framework against the performance measures in the service agreement for the district
- e) to make recommendations for the appointment of the chief executive of the local health district and, where it considers it appropriate to do so, to make recommendations concerning the removal of the chief executive
- f) to confer with the chief executive of the local health district in connection with the operational performance targets and performance measures to be negotiated in the service agreement for the district under the National Health Reform Agreement (NHRA)
- g) to approve the service agreement for the local health district under the NHRA
- h) to seek the views of providers and consumers of health services and of other members of the community served by the local health district, as to the district's policies, plans and initiatives for the provision of health services, and to confer with the chief executive of the district on how to support, encourage and facilitate community and clinician involvement in the planning of district services
- i) to advise providers and consumers of health services and other members of the community served by the local health district, as to the district's policies, plans and initiatives for the provision of health services
- j) to endorse the local health district's annual report
- k) to liaise with the boards of other local health districts and specialty network governed health corporations in relation to both local and State-wide initiatives for the provision of health services
- l) such other functions as are conferred or imposed on it by the regulations.

These functions are in the nature of governance oversight, not a day to day management and operational role. The Board chair also has an oversight role in respect of the Chief Executive. In addition to making recommendations as to appointment of the Chief Executive, the Board chair also enters into the annual



performance agreement with the Chief Executive and undertakes their annual performance review as provided for under the Health Executive Service Framework.

3.2.5 Chief Executive

MNCLHD has a Chief Executive employed by the NSW Government, being appointed by the Board in concurrence with the Secretary, NSW Health under section 23 of the Health Services Act.

The role of the Chief Executive is set out in section 24 of the Health Services Act.

The Chief Executive manages and controls MNCLHD in accordance with the relevant legislation, policies and procedures and with the MNCLHD service performance agreement. The Chief Executive can commit the MNCLHD contractually and legally and is the employer delegate for all staff working in the organisation.

The Chief Executive is accountable to the MNCLHD Board for the operations and performance of the local health district.

3.3 Services provided by the Health Administration Corporation

The Health Administration Corporation is used as the statutory vehicle to provide ambulance services and support services to the public health system. A number of entities have been established under the Health Administration Corporation to provide these functions including:

Ambulance Service of NSW is responsible for the delivery of front line out-of-hospital care, medical retrieval and health related transport to people in NSW as set out in Chapter 5A of the Health Services Act 1997.

HealthShare NSW delivers support services for NSW Health through the provision of food and patient support, linen, patient transport services and the supply of disability services and equipment.

eHealth NSW provides statewide leadership on the shape, delivery and management of ICT-led healthcare introducing new ways of managing health information and the delivery of healthcare online.

Health Infrastructure manages and coordinates approved major health capital works projects, and provides capital project delivery support services to public health organisations.

NSW Health Pathology is a state-wide service that provides health pathology services to NSW public hospitals and health services as well as forensic medical pathology services and analytical services.

3.4 NSW Health Pillars

The NSW Health Pillars are statutory health corporations providing services across the whole State.

The **Agency for Clinical Innovation (ACI)** is a board governed statutory health corporation and works with clinicians, consumers and managers to design and promote better healthcare for NSW.

The **Clinical Excellence Commission (CEC)** is a board governed statutory health corporation and was established to promote and support improved clinical care, safety and quality across the NSW health system.

The **Bureau of Health Information (BHI)** is a board governed statutory health corporation and was established to support transparency in health data and allow for greater local control of information analysis.

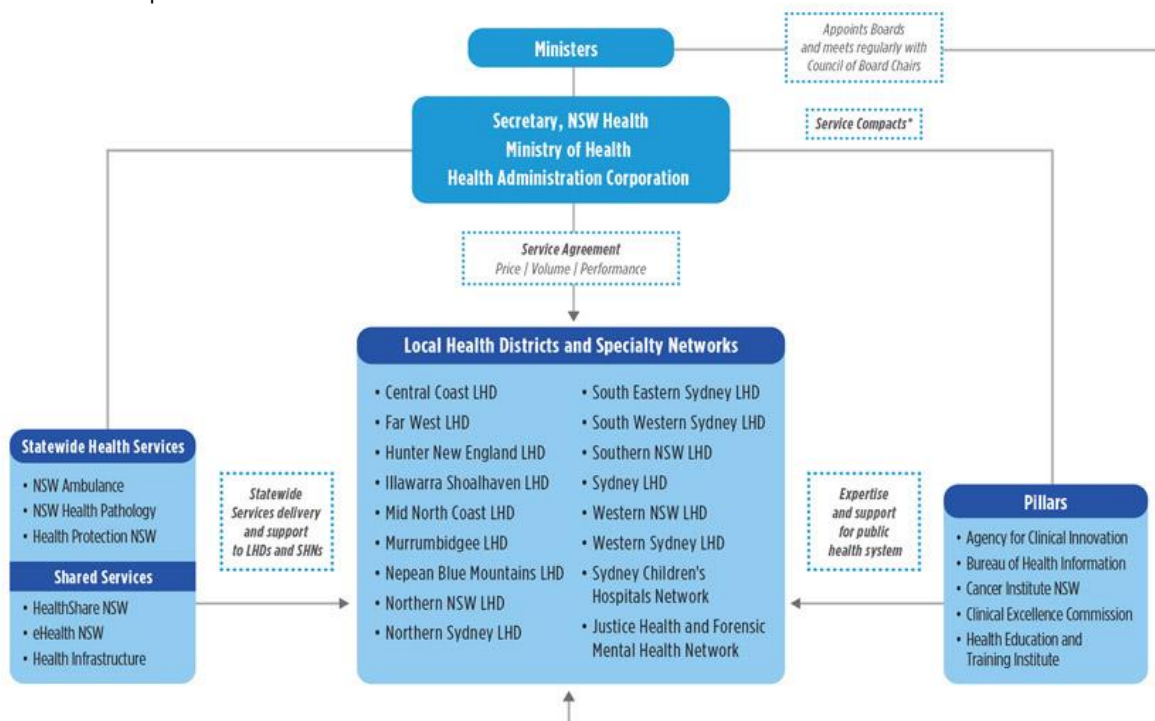
The **Health Education and Training Institute (HETI)** is a Chief Executive-governed statutory health corporation which coordinates education and training for NSW Health staff. HETI is an accredited Higher Education Provider.



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The **Cancer Institute NSW** was established under the Cancer Institute (NSW) Act 2003¹⁰ to lessen the impact of cancer across the State. Its statutory objectives are to reduce the incidence of cancer in the community; increase survival from cancer; improve the quality of life for people with cancer and their carers; and provide a source of expertise on cancer control for the government, health service providers, medical researchers and the general community.

Figure 2: NSW Public Health System illustrating the components of the NSW Public Health System and their inter-relationships



St Vincent's Health Network is an affiliated health organisation.
*Service Compact — Instrument of engagement detailing service responsibilities and accountabilities.

Source: <https://www.health.nsw.gov.au/about/nswhealth/pages/chart.aspx>



3.5 MNCLHD Organisational Structure

The following diagram illustrates the high-level organisational structure of MNCLHD Executive Leadership Team which is comprised of the Chief Executive and 13 Directors / General Managers.

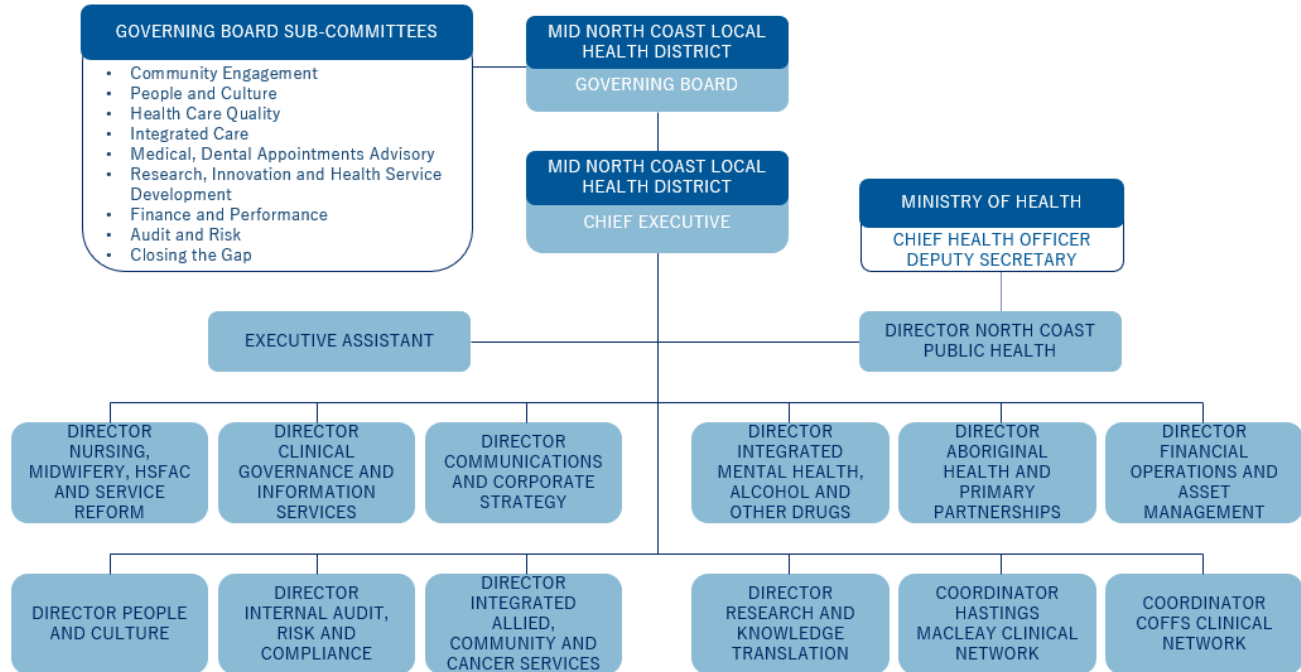


Figure 3: MNCLHD Organisation Chart

3.6 MNCLHD By-Laws

Under section 39 of the Health Services Act, MNCLHD may, with the approval of the Secretary, make by-laws. These by-laws are to be in substance the same as Model By-Laws published by the Secretary, NSW Health.

Part 5 of the MNCLHD By-Laws identifies the committees of the organisation.

Those Committees required by the By-Laws are:

- Audit and Risk
- Finance and Performance
- Quality and Safety

Also identified are those Committees that have been established by the MNCLHD Board:

- Close the Gap
- Community Engagement
- Integrating Care
- People and Culture
- Research, Innovation and Health Service Development

Parts 6 to 9 of the By-Laws relate to Medical Staff Councils, Medical Staff Executive Councils, Hospital Clinical Councils, Joint Hospital Clinical Councils, Local Health District or Specialty Health Network Clinical Councils respectively.



Parts 10 and 11 of the By-Laws address the Medical and Dental Appointments Advisory Committee and Credentials (Clinical Privileges) Sub-Committee respectively.

3.7 Legal Requirements

A brief outline of key legislative obligations, from a management ‘governance’ perspective is provided in the following paragraphs. A broader and more detailed guide to key legal obligations of MNCLHD is provided by the NSW Health Legal Compendium¹¹ at <http://www.health.nsw.gov.au/legislation/Pages/legal-compendium.aspx>.

3.8 Health Services Act and Health Administration Act

For public health organisations the key relevant Act is the Health Services Act 1997.

The Health Administration Act 1982 sets out the roles of the Minister and the Secretary in general terms in relation to the provision, conduct and operation of health services.

3.9 Work Health and Safety

The Work Health and Safety Act 2011¹² substantially amended the previous Occupational Health and Safety Act 2000. The Work Health and Safety Act 2011 places obligations on “persons who conduct a business or undertaking” to ensure, as far as is reasonably practicable, the health and safety of workers and others who may be put at risk from work carried out as part of the conduct of the business or undertaking such as visitors to that workplace.

The Chief Executive and Board are responsible for having health and safety systems implemented across the organisation to eliminate/minimise workplace injuries; as well as injury management plans in returning injured employees to work (including external employment). Under the Act these persons must discharge their duties to the extent that they have the capacity to influence or control the matter.

Other persons, such as visitors have a legal duty under the Act to take ‘reasonable care’ to ensure that their acts do not adversely affect the health and safety of themselves and others.

3.10 Industrial relations

The Chief Executive is required to ensure that employment arrangements comply with NSW Ministry of Health policy and instructions and that employment related delegations from the Secretary are exercised in an appropriate and lawful manner.

The public health organisation is responsible for customary employer responsibilities such as hiring, managing, reviewing performance and taking disciplinary action, terminations, work health and safety, and ensuring that staff receive the appropriate remuneration, conditions and other entitlements.

3.11 Independent Commission Against Corruption

The Independent Commission Against Corruption Act 1988¹³ imposes obligations on principal officers of public authorities to notify the Independent Commission Against Corruption (ICAC) of any matter where the officer suspects, on reasonable grounds, that corrupt conduct has occurred.

An effective internal reporting system must be established to facilitate the flow of corruption reports to the Chief Executive and to ICAC under Section 11 of the ICAC Act.

3.12 State Records Act

The State Records Act 1998¹⁴ applies to public health organisations. It provides for:



- a) protecting records in the custody of a public office;
- b) making and keeping full and accurate records of its activities;
- c) establishing and maintaining a records management program in conformity with standards and codes of best practice;
- d) making arrangements for monitoring and reporting on the records management program; and
- e) keeping technology-dependent records accessible.

All papers maintained by the public health organisation are considered to be state records and subject to the State Records Act. This Act contains provisions as to retention, disposal and maintenance. Records can include work papers, electronic records, diaries, minutes of meetings etc.

3.13 Legislative Compliance Reviews

Legislative compliance is reviewed through a mechanism of regular monthly reporting on new or amended legislation to the District Executive. This process is a requirement of accreditation standards.

3.14 Policy Framework

3.14.1 NSW Government policy

Whole of government policies are issued from time to time by central agencies including the Department of Premier and Cabinet, NSW Treasury or the Department of Finance & Services (DF&S). These policies can include mandatory requirements across the whole government sector in relation to financial accountability and reporting, procurement or other issues.

The content of these policies and any mandatory requirements are generally notified to public health organisations through the NSW Health Policy Directive system¹⁵.

3.14.2 NSW Health Policy Directives

MNCLHD is required by the NSW Health Accounts and Audit Determination (Determination)¹⁶ to comply with policy directives issued by the Secretary and the NSW Ministry of Health. Compliance with the Determination is a condition of subsidy received under s127 (4) of the Health Services Act 1997.

NSW Health Policy Directive PD2016_049 - *NSW Health Policy Directives and Other Policy Documents*¹⁷ requires NSW Health Organisations to develop and manage policy documents in accordance with the principles set out and to defined standards.

3.14.3 Local Policies

MNCLHD develops its own local policies, procedures and guidelines. These are consistent with statute and common law, and with Government policy.

These documents are also consistent with NSW Health policy directives and guidelines; and are generally only developed to clarify local implementation where there is no other instruction, or there is a gap in instruction.

Following appropriate consultation, all local policies are endorsed by the Senior Executive Team and approved by the Chief Executive prior to publication on the MNCLHD Intranet Policy Distribution System¹⁸.

All MNCLHD policies and procedures are initially reviewed after one year and thereafter every three years to ensure they are contemporary and relevant. Documents may need to be reviewed more frequently if changes are made to NSW Health Policy Directives, legislation or standards, if an issue is identified, or when there are advances in clinical practice.



3.15 Delegations of Authority

3.15.1 Delegating statutory powers

MNCLHD may delegate powers it has under statute. Consistent with section 40 and section 61 of the Health Services Act 1997, the Chief Executive can delegate to any of the officers or employees of the organisation the exercise of any functions other than:

- the power of delegation itself
- the exercise of its functions to close or restrict health services
- the authority to offer displaced staff members' voluntary redundancy or terminate staff of the NSW Health Service
- the power to make by-laws.

Although the Chief Executives and Boards can delegate their authority, they remain accountable for the performance of the organisation and for the implementation of any directions from the Secretary and the Minister for Health.

3.15.2 MNCLHD Delegations Manual

The MNCLHD Delegations Manual¹⁹ is designed to set out clear unambiguous delegations that can be applied consistently across MNCLHD, on all matters that impact on the operations of the services and facilities that comprise the MNCLHD. It provides guidance and direction on the authorisation and quantification of expenditure, staff related matters and other non-financial matters.

Each delegated officer can only exercise delegation in relation to their own area of responsibility.

Delegated authority is to follow the management line and be functionally and operationally in alignment with it. Where the Delegations Manual specifies a delegation to a position, the position to which they report is also deemed to have the delegated authority unless otherwise indicated.

The exercise of all delegations is subject to the particular officer being satisfied that funds are available, within existing budget, to meet any expense resulting.

Authorisation of expenditure and other functions proceed under the "one-up" principle. Officers are not permitted to approve reimbursement to themselves of any expense they have incurred, (e.g. travel, subsistence or petty cash claims) or to approve their own leave. Authorisation must come from the delegated officer at the next level of seniority.

Tiers or levels of delegated personnel are outlined in Schedule 21 of the Delegations Manual noting Level 1 is the Governing Board, Level 2 is the Chief Executive and Level 3 is the Senior Executive Team.



4. Clinical Governance

The MNCLHD Clinical Governance Framework²⁰ provides the structures and systems to improve the safety and quality of health care in MNCLHD Health District.

The topics addressed by the Clinical Governance Framework are:

- Partnering with consumers
- Clinical governance, leadership and culture
- Patient safety and quality systems
- Clinical performance and effectiveness
- Safe environment for the delivery of care
- Knowledge management program
- eHealth programs.

4.1 Clinical Governance and Information Systems Directorate

MNCLHD has a Clinical Governance and Information Systems directorate (CGIS) directly reporting to the Chief Executive. The role of the CGIS is to lead, coordinate and support the implementation of Patient Safety and Clinical Quality programs²¹ and the implementation of the Digital Health Strategy throughout the MNCLHD.

The core functions of these programs are:

- There are systems in place to monitor and review patient safety.
- Embed the science of improvement in clinical teams.
- The organisation has developed and implemented policies and procedures to ensure patient safety and effective clinical governance.
- An incident management system is in place to effectively manage incidents that occur within health facilities and risk mitigation strategies are implemented to prevent their reoccurrence.
- Complaint management systems are in place and information is used to improve patient care.
- Performance review processes are established to assist clinicians to maintain best practice.
- Audits of clinical practice are carried out and, where necessary, strategies for improving practice are implemented.
- Implementation and maintenance of the State Build digital products and technical infrastructure.

4.2 Role Delineation

MNCLHD determines the scope of clinical services that it can safely provide at each of its hospital facilities. This role delineation of clinical services²² is based upon a framework that describes the minimum support services, workforce and other requirements for safe service delivery. It delineates the level of clinical services, not hospitals or health facilities as a whole.

4.3 Quality Assurance processes

4.3.1 Accreditation

All MNCLHD hospitals are accredited to the National Safety and Quality Health Service (NSQHS) Standards²³.



4.3.2 Management of Clinical Incidents

MNCLHD manages clinical incidents in accordance with NSW Health Incident Management Policy²⁴ (PD2020_047) which provides direction for a consistent approach to managing and investigating clinical incidents.

An Incident Information Management System (IMS+) is used by staff and clinicians to support application of the NSW Health Incident Management process that is outlined in the Incident Management Policy.

All serious incidents are reported to NSW Ministry of Health within 24 hours, or next business day via a reportable incident brief (RIB). MNCLHD undertakes a preliminary risk assessment within 72 hours (or earlier, as directed by the Chief Executive or by the NSW Ministry of Health) for reportable incidents (clinical Harm Score 1 incidents).

A serious adverse incident review (SAER) as defined in Part 2A of the Health Administration Act 1982 is a root cause analysis (RCA) or other type of review prescribed by the Regulations undertaken by a SAER team for a reportable incident (Clinical Harm Score 1 incident).

A SAER or preliminary risk assessment can also be undertaken in relation to a clinical Harm Score 2, 3 or 4 incident, if the Chief Executive determines the incident may be due to a serious systemic problem.

4.4 Clinical Management and Advisory Structures

4.4.1 Health Care Quality Committee

The Clinical Governance Framework identifies that the Health Care Quality Committee is the peak safety and quality committee for the MNCLHD providing governance for patient safety and quality. It is a committee of the MNCLHD Board with strong clinician and consumer representation and established in accordance with the By-Laws.

The patient safety and quality committees of each clinical network report to the HCQC, and clinical services report on the seven Safety and Quality domains and the Quality Improvement Strategy Aims.

4.4.2 Medical and Dental Appointments Advisory Committee

MNCLHD has a Medical and Dental Appointments Advisory Committee, established in accordance with the By-Laws, that performs the following roles:

- a) provide advice, and where appropriate make recommendations with reasons, to the Chief Executive concerning matters relating to the appointment or proposed appointment of visiting practitioners, staff specialists or dentists
- b) consider any application that has been referred to the committee by the Chief Executive for: i. appointment of a visiting practitioner, staff specialist or dentist; or ii. a proposal to appoint a person as a visiting practitioner, staff specialist or dentist
- c) provide advice and, where appropriate, make recommendations with reasons to the Chief Executive concerning the clinical privileges which should be allowed to visiting practitioners, staff specialists, dentists and some career medical officers.

4.4.3 Medical Advisory Group

The purpose of the Medical Advisory Group is to provide the Board and the Chief Executive advice on clinical matters affecting the District and:

- a) provides a structure for consultation with, and involvement of, medical staff in management decisions impacting public hospitals and related community services.



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- b) is a key leadership group for its public hospitals and is designed to act as a peak advisory group and be inclusive of focused sub-groups. Sub-group meetings are clinical speciality specific and aims to enhance district learning, planning and collaboration within craft groups.



5. Strategic and Service Planning

The MNCLHD strategic and service planning framework is described below. Appendix A provides an illustration of the inter-relationships between the strategies and plans in this framework

5.1 State-wide strategic plans

There are two key NSW Health plans guiding MNCLHD, described below.

5.1.1 NSW Health Plan

The *NSW State Health Plan: Towards 2021*²⁵ provides a strategic framework which brings together NSW Health's existing plans, programs and policies and sets priorities across the system for the delivery of 'the right care, in the right place, at the right time'.

5.1.2 Rural Health Plan

The *NSW Rural Health Plan: Towards 2021*²⁶ aims to strengthen the capacity of rural health services to provide world class connected and seamless care for people living in regional, rural and remote NSW.

5.2 MNCLHD Strategic and Service Planning

The following paragraphs provide a summary of the key components of the local strategic and service planning framework for MNCLHD.

5.2.1 Strategic Plan

MNCLHD publishes strategic plans for the District on a five-yearly basis. These plans articulate the vision, mission, values, and strategic priorities of MNCLHD. The current MNCLHD Strategic Plan²⁷ spans the period from 2017 to 2021.

5.2.2 Clinical Services Plan

The MNCLHD Clinical Services Plan²⁸ outlines future directions for clinical service development and key priorities that need to be implemented over the next five years. There is a Clinical Services Plan for the period 2017 to 2022, which will be replaced by one for the subsequent five-year period.

5.2.3 Asset Strategic Plan

MNCLHD develops Asset Strategic Plans annually in June each year. A key function of these plans is to identify the highest priority capital investment requirements for MNCLHD to deliver its service objectives.

5.2.4 Research and Translation Plan 2017-2021

The Research and Translation Plan²⁹ provides key initiatives, areas of research focus, research priorities and a framework to support research activity.

5.3 Service Agreement

Each year the MNCLHD enters into a Service Agreement with the NSW Ministry of Health. The MNCLHD Service Agreement operates as a key component of the NSW Performance Framework and specifies the number and broad mix of health services, the level of funding to be provided to the MNCLHD and the service delivery and performance expectations.



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5.4 Operating Plans

Based upon the annual Service Agreement, every MNCLHD hospital has an operating plan of assigned budget and activity targets for each Financial Year.

5.5 Research, Innovation & Health Service Development Committee

In accordance with its By-Laws, MNCLHD has a Research, Innovation and Health Services Development Committee. The purpose of the committee is to provide governance over, and advice to the MNCLHD Board and Executive on:

- a) health status of the population and activities and initiatives to improve this
- b) development of the capability of the health system to meet the priority health needs of the population
- c) stakeholder involvement in health service planning and delivery.



6. Financial and Performance Management

The Minister for Health approves initial cash allocations to public health organisations in accordance with s127 of the Health Services Act 1997. The Ministry issues budgets on or around State Budget day as detailed within Schedule C of the annual Service Agreement between the NSW Ministry of Health and public health organisations.

6.1 Funding model

NSW Health utilises Activity Based Funding as the main funding model for local health districts. It is a way of allocating funds based on the activity or services provided. Using ABF helps make public health funding more effective because health service management can allocate their share of available State and Commonwealth funding based on real levels of patient care. This ensures greater accountability for expenditure. The ABF approach allows public health planners, administrators, consumers and clinicians to see how and where taxpayer funding is being allocated.

6.2 Annual Service Agreement

Each year the MNCLHD enters into a Service Agreement with the NSW Ministry of Health. The MNCLHD Service Agreement specifies the level of funding to be provided to the MNCLHD and the associated service delivery and performance expectations, including activity levels.

6.3 Finance and Performance Committee

In accordance with the Model By-Laws MNCLHD has a Finance and Performance Committee which convenes on a monthly basis.

The MNCLHD Finance and Performance Committee is set up in accordance with the requirements of the Model By-Laws ensuring that:

- a) operational funds, capital works funds, are being managed in an appropriate and efficient manner
- b) performance and service outputs are consistent with the requirements for the MNCLHD's Service agreement with the Secretary, NSW Health.

The Committee reports to the MNCLHD Board and Chief Executive, advising performance targets and the MNCLHD's exposure to financial and performance risk, the extent to which those risks are being effectively managed and the impact of these risks on the finances and performance of the organisation.

6.4 NSW Health Performance Framework

The National Health Reform Agreement³⁰ requires NSW Government to establish Service Agreements with each Health Service and implement a performance management and accountability system, including processes for remediation of poor performance.

The NSW Health Performance Framework³¹ provides an integrated process for performance review and assessment. The Performance Framework outlines the performance expected of Health Services to achieve the levels of health improvement, service delivery and financial performance as set out in their Service Agreements.

MNCLHD is to meet the performance requirements as set out in its Service Agreements, within the allocated budget, and specifically:

- Successfully implement agreed plans that address the Strategic Priorities
- Governance requirements



- Meet activity targets within the set tolerance bands
- Achieve Key Performance Indicator targets. The KPIs and their contextual Service.

Measures are grouped under the current five performance domains:

- Safety and Quality
- Service Access and Patient Flow
- Finance and Activity
- Population Health
- People and Culture.

Key Performance Indicators (KPIs) have been established with related targets and performance thresholds. Performance against these indicators is reported in the monthly Health System Performance Report prepared by the NSW Ministry of Health and is assessed as follows for each KPI:

- Performing: Performance at, or better than, target
- Underperforming: Performance within a tolerance range
- Not performing: Performance outside the tolerance threshold.

Each KPI has been designated into one of two categories:

- Tier One: Will generate a performance concern when the Health Service performance is outside the tolerance threshold for the applicable reporting period.
- Tier Two: Will generate a performance concern when the Health Service performance is outside the tolerance threshold for more than one reporting period.

Should a performance issue emerge with one or more of the monitoring measures, the issue is discussed with the Health Service. If the performance issue continues, the NSW Ministry of Health may determine to notify the Health Service of a transfer of the Measure(s) to become a KPI(s) until the performance issue is resolved.

6.4.1 Monitoring and Reporting

A monthly Health System Performance Report is prepared by the NSW Ministry of Health, detailing performance against the KPIs and Improvement Measures.

A monthly performance status summary for all health services provided to the Secretary of Health.

6.4.2 Performance Review Meetings

The NSW Ministry of Health meets quarterly with the Chief Executive and senior management team for each health service through the performance review meetings. Where a performance issue is identified, the frequency of meetings may be increased until the issue is resolved. Depending on the issues under review attendance by the Chair or other board members may also be indicated.

6.4.3 Performance Escalation Levels

The performance Levels that may be assigned to MNCLHD by the NSW Ministry of Health are:

- Level 0: No performance issues
- Level 1: Under review
- Level 2: Under performing
- Level 3: Serious under-performance risk
- Level 4: Health service challenged and failing



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If the MNCLHD's Performance Level is escalated, the Secretary of Health will advise the Chair of the Board and the Chief Executive of the increase in performance level. If the escalation is to a level above 1 a senior member of the System Purchasing and Performance Division may attend the next meeting of the MNCLHD Board for the Chief Executive, MNCLHD Board and Ministry to discuss the escalation, the Performance Recovery Plan and actions required to re-establish performance levels to meet agreed trajectories and reduce the performance level for the MNCLHD.

A more robust structure may be implemented for specific escalations related to key strategic or state priorities or a significant clinical incident or sentinel event.



7. Professional and Ethical Conduct

7.1 Values

The CORE values of NSW Health are:

- **Collaboration.** We are committed to working collaboratively with each other to achieve the best possible outcomes for our patients.
- **Openness.** We are committed to openness about the care we provide to our patients, encouraging their feedback to help us provide better services.
- **Respect.** We are committed to respecting the feelings, wishes and rights of our patients and their carers.
- **Empowerment.** We are committed to ensuring our patients are able to make well informed decisions about their care and treatment.

7.2 Code of Conduct

The NSW Health Code of Conduct (PD2015_049)³² defines standards of ethical and professional conduct that are required of everyone working in NSW Health in any capacity, the outcomes we are committed to, and the behaviours which are unacceptable and will not be tolerated.

Signing of the Code of Conduct is an integral part the MNCLHD onboarding process and should be reviewed each year within every employee's performance appraisal.

7.3 Compliance with Health Practitioner Regulation

7.3.1 *National*

There is a National Registration and Accreditation Scheme for health practitioners involving a national registration board for each of the health professions (currently 15). The national registration boards issue registration standards, codes or guidelines (e.g. code of professional conduct). The Australian Health Practitioner Regulation Agency (AHPRA) is the administrative body that supports the national registration boards. The scheme is governed in NSW by the Health Practitioner Regulation National Law (NSW).

7.3.2 *New South Wales*

For health, performance and conduct matters involving registered practitioners, there are health professional councils of NSW which manage complaints about the professional performance, conduct and/or health of a registered practitioners in NSW. They act in co-regulation with the Health Care Complaints Commission in relation to the handling of these complaints. The Health Professional Councils Authority (HPCA) is the administrative body that supports the Health Professional councils of NSW.

7.4 Conduct and Performance

Setting the standards for conduct and professional performance are:

- The NSW Health Code of Conduct – for all NSW Health staff.
- The Codes of Professional Conduct and Codes of Ethics – for registered health practitioners.
- The Code of Conduct in the Public Health Regulation 2012 (NSW)³³ – for health practitioners who are not registered and for registered health practitioners who provide health services that are unrelated to their registration.



The requirements for notification of health practitioners by the MNCLHD are governed by the Health Practitioner Regulation National Law (NSW)³⁴ and the Health Services Act 1997 (NSW).

- Notifiable conduct to Australian Health Practitioner Regulation Agency (AHPRA):
 - a) practised the practitioner’s profession while intoxicated by alcohol or drugs
 - b) engaged in sexual misconduct in connection with the practice of the practitioner’s profession
 - c) placed the public at risk of substantial harm in the practitioner’s practice of the profession because the practitioner has an impairment
 - d) placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.
- Health practitioner who has been charged with having committed, or is convicted of, a serious sex or violence offence.
- Conduct which may constitute “unsatisfactory professional conduct” or “professional misconduct” (as defined in the legislation).

7.5 Misconduct

Misconduct is managed in accordance with NSW Health Policy for *Managing Misconduct* (PD2018_031)³⁵. This Policy Directive sets out the mandatory requirements for managing alleged or suspected misconduct by staff of the NSW Health Service or Visiting Practitioners.

Misconduct includes:

- a) Behaviour or conduct which seriously or repeatedly breaches expected standards, as identified in relevant legislation (such as the Health Services Act 1997 or the Health Practitioner Regulation National Law (NSW)), registration standards or codes/guidelines approved by a National Health Practitioner Board or NSW Health policies (such as the Code of Conduct)
- b) Refusal to carry out a lawful and reasonable direction given by a line manager or another member of staff authorised to give the direction
- c) Reportable (i.e. child-related) conduct as defined under the Ombudsman Act 1974³⁶ (including allegations relating to conduct outside the workplace)
- d) Corrupt conduct as defined under the Independent Commission Against Corruption (ICAC) Act 1988³⁷
- e) Serious wrongdoing that could be the subject of a public interest disclosure under the Public Interest Disclosures Act 1994³⁸, i.e. relating to corrupt conduct, maladministration, serious and substantial waste, or failure to deal appropriately with Government Information
- f) Criminal charges or convictions that have an adverse impact on the workplace or the role or performance of the staff member (including such offences committed outside the workplace and/or work hours, or prior to appointment to NSW Health).

Where a matter relates to the clinical performance, practice or outcomes of a health practitioner or other health service provider, it must be assessed and managed in accordance with the current NSW Health policy on managing a complaint or concern about a clinician.

7.6 Complaints or Concerns about a Clinician

MNCLHD applies the NSW Health Policy Directive *Managing Complaints or Concerns about Clinicians* (PD2018_032)³⁹.

The policy describes the principles for managing complaints or concerns regarding all clinicians and outlines the roles and responsibilities for ensuring all complaints or concerns are managed by the MNCLHD, and outlines the legislative responsibility for doing so.



More serious concerns are notified to AHPRA and the relevant professional council of NSW.

The Director Clinical Governance and Information Systems is responsible for ensuring the system for managing complaints about clinicians is in place and functions effectively.

In accordance with the provisions of the Health Services Act (1997) the Chief Executive reports to registration boards any conduct of a visiting practitioner (or employee) that they suspect on reasonable grounds may constitute professional misconduct or unsatisfactory professional conduct under the Health Registration Act by which the registration authority is constituted.

The Chief Executive notifies the Secretary and relevant external agencies where a complaint against a clinician concerns a serious criminal matter, professional misconduct, unsatisfactory professional conduct or inappropriate child related conduct.

7.7 Major Oversight Agencies

7.7.1 Public Service Commissioner

The NSW Public Service Commission (PSC) was established under the Government Sector Employment Act 2013⁴⁰. The principal objectives of the Commissioner are:

- a) to promote and maintain the highest levels of integrity, impartiality, accountability and leadership across the government sector
- b) to improve the capability of the government sector to provide strategic and innovative policy advice, implement the decisions of the Government and meet public expectations
- c) to attract and retain a high calibre professional government sector workforce
- d) to ensure that government sector recruitment and selection processes comply with the merit principle and adhere to professional standards
- e) to foster a public service culture in which customer service, initiative, individual responsibility and the achievement of results are strongly valued
- f) to build public confidence in the government sector
- g) to support the Government in achieving positive budget outcomes through strengthening the capability of the government sector workforce.

7.7.2 SafeWork NSW

SafeWork NSW is New South Wales' workplace health and safety regulator. They provide advice on improving work health and safety, provide licences and registration for potentially dangerous work. SafeWork also investigate workplace incidents and enforce health and safety laws in NSW.

7.7.3 Australian Health Practitioner Regulation Agency (AHPRA)

The Australian Health Practitioner Regulation Agency's operations are governed by the Health Practitioner Regulation National Law, as in force in each state and territory, which came into effect on 1 July 2010. This law means that 16 health professions are regulated by nationally consistent legislation under the National Registration and Accreditation Scheme.

AHPRA supports the 15 National Boards that are responsible for regulating the health professions. The primary role of the National Boards is to protect the public and they set standards and policies that all registered health practitioners must meet. Each Board has entered into a health profession agreement with AHPRA which sets out the fees payable by health practitioners, the annual budget of the Board and the services provided by AHPRA.



7.7.4 Health Professional Councils

Since 1 July 2010, health professional registration and accreditation has been undertaken at a national level under the National Registration and Accreditation Scheme, through national health professional boards under the Health Practitioner Regulation National Law.

New South Wales applies the National Law differently from other states as complaints, performance and disciplinary processes continue to be managed at the State level. This means the existing “co-regulatory model”, where complaints are dealt with through a health professional body and an independent complaints body (the HCCC), is retained. As a result, complaints about health professionals who reside in NSW, or have their primary place of practice in NSW, must be referred to the relevant NSW professional council and the HCCC, rather than the national boards.

7.7.5 Health Care Complaints Commission

The NSW Health Care Complaints Commission (HCCC) is established under the Health Care Complaints Act 1993. The HCCC is an independent statutory body headed by a Commissioner that:

- a) receives and deals with complaints concerning the care and treatment provided by health practitioners and health services
- b) investigates complaints and takes appropriate action including making recommendations to NSW Health
- c) prosecutes cases before disciplinary bodies
- d) advises the Minister for Health and others on trends in complaints
- e) resolves complaints with parties and provides opportunities and support for people to resolve their complaints and concerns locally
- f) consults with consumers and other key stakeholders.

7.7.6 Mental Health Review Tribunal

The Mental Health Review Tribunal is a specialist quasi-judicial body established under the Mental Health Act 2007⁴¹. It has a wide range of powers that enable it to make and review orders and to hear some appeals, about the treatment and care of people with a mental illness.

7.7.7 Independent Commission Against Corruption

The Independent Commission Against Corruption (ICAC) is established by the ICAC Act 1988. Its aims are to protect the public interest, prevent breaches of public trust and guide the conduct of public officials.

The principal objectives of the ICAC Act are to promote the integrity and accountability of public administration through the establishment of the ICAC to:

- a) investigate, expose and prevent corruption involving or affecting public authorities or public officials, and
- b) educate public authorities, public officials and members of the public about corruption and its detrimental effects on public administration and on the community.

The ICAC has the authority to investigate any matter involving public sector corruption in NSW.

The MNCLHD Chief Executive is required to report allegations of corrupt conduct to the ICAC in accordance with NSW Health policy. Where allegations are reported, the ICAC can adopt a monitoring role to confirm that appropriate investigations are conducted, findings made, and recommendations implemented. For more serious matters, the ICAC may decide to take a more active role.



7.7.8 NSW Ombudsman

The NSW Ombudsman deals with complaints about NSW public sector agencies. The complaints may include:

- a) complaints about maladministration (for example conduct by an agency or its employee that is contrary to the law, unreasonable, unjust, oppressive, discriminatory or made without giving proper reasons);
- b) public interest disclosures from public sector staff and officials about maladministration, serious wrongdoing, corrupt conduct, serious & substantial waste or failure to deal appropriately with Government Information;
- c) reportable allegations against employees of designated agencies and other public authorities, and complaints about how such allegations were handled by the agency concerned;
- d) complaints from members of the community about unfair treatment by a NSW government agency or employee, or certain non-government service providers and their employees; and
- e) complaints about the provision, failure to provide, withdrawal, variation or administration of a community service.

7.7.9 NSW Audit Office

The New South Wales Auditor-General is responsible for audits and related services under the Public Finance and Audit Act 1983⁴², the Corporations Act 2001⁴³ and other New South Wales Acts. The Auditor-General also provides certain assurance services in respect of Commonwealth grants and payments to the State under Commonwealth legislation.

The Audit Office's core services are:

7.7.9.1 Financial audits

Financial audits provide an independent opinion on NSW government agencies' financial reports. They identify whether public sector agencies comply with accounting standards and relevant laws, regulations and government directions. A report on each financial audit is provided to the Minister responsible for the agency, to the agency and the Treasurer and to the Parliament through the Auditor-General's Reports to Parliament.

7.7.9.2 Compliance audits

Compliance reviews seek to confirm that specific legislation, directions and regulations have been adhered to by government agencies.

7.7.9.3 Performance audits

Performance audits determine whether an agency is carrying out its activities efficiently, economically and in compliance with the law. These audits may review all or part of an agency's operations. Some audits consider particular issues across a number of agencies. Results of these audits are reported to the Chief Executive of the agency concerned, the responsible Minister, the Treasurer and Parliament.

7.7.10 The Information and Privacy Commission NSW

The Information and Privacy Commission NSW (IPC) is an independent statutory authority that administers New South Wales' legislation dealing with privacy and access to government information. The IPC administers the following NSW legislation:

- Government Information (Public Access) Act 2009 (GIPA Act)
- Government Information (Information Commissioner) Act 2009 (GIIC Act)⁴⁴



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- Privacy and Personal Information Protection Act 1998 (PPIP Act)
- Health Records and Information Privacy Act 2002 (HRIP Act)

The IPC reviews the performance and decisions of agencies and investigates and conciliates complaints relating to government agencies, health service providers (both public and private) and some large organisations that deal with health information.

7.7.10.1 Office of the Information Commissioner

The Government Information (Public Access) Act 2009 (GIPA Act)⁴⁵ was established to provide an open and transparent process for giving the public access to information from New South Wales public sector agencies and to encourage the proactive public release of government information.

7.7.10.2 Office of the Privacy Commissioner

The role of the Office of the Privacy Commissioner includes promoting the adoption of and compliance with the two privacy laws in NSW:

- The Privacy and Personal Information Protection Act 1998 (the PPIP Act)⁴⁶
- The Health Records and Information Privacy Act 2002 (the HRIP Act)⁴⁷



8. Stakeholder Engagement

MNCLHD has a Community and Stakeholder Engagement Framework⁴⁸ which includes the following councils and forums.

The Framework advises on the important role engagement and consumer participation plays in achieving better health outcomes and improving the overall performance of the health system. Input from consumers, their families and carers, the wider community and health consumer organisations, provides valuable knowledge and perspectives to shape policies, programs and services.

Benefits to consumers and the wider community:

- An opportunity to be involved and listened to regarding decisions about planning and service delivery
- Improvements in health literacy, which leads to a better understanding of health issues and services
- Access to more tailored and appropriate health services
- Higher quality patient and consumer information materials
- A greater sense of well-being, empowerment and belonging to the community
- A greater sense of 'ownership' over services and over one's own health-related options and decisions.

Benefits to the NSW Health system:

- Improvements in the way the health system meets the needs of consumers and the community
- Improvements in the way in which the health system meets the needs of people from diverse, disadvantaged and marginalised backgrounds, including people with a disability, people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islanders, and people with mental illness or cognitive impairment
- Improved quality and relevance of policies and programs
- Earlier awareness of and attention to emerging issues, which creates better opportunities to respond appropriately and positively
- Empowering and supporting consumers to be more actively involved in their healthcare and thereby use services more efficiently and effectively
- Improved empathy and communication skills of health care staff
- Increased respect and trust from the consumers and communities served.

8.1 MNCLHD Clinical Council (Medical Advisory Group)

The purpose of the Medical Advisory Group is to provide the Board and the Chief Executive advice on clinical matters affecting the District.

8.2 Community Engagement Advisory Council (Community Engagement Sub-Committee)

In accordance with its By-Laws, and in partnership with Healthy North Coast, MNCLHD has a Community Engagement Advisory Council.

The role of the Community Engagement Advisory Council is to provide advice to local health services on working with the community to improve our health services and the health of our community. The advice may include input on:

- a) the needs of the local community
- b) planning and delivering new health services
- c) integration or better connection of services



- d) the quality of services
- e) Health information for the community using health literacy principles.

8.3 Partnering with Consumers

The MNCLHD Partnering with Consumers for Patient Safety & Quality 2021-2026 Framework meets governance requirements as a core program of the MNCLHD Strategic Directions and the MNCLHD Clinical Governance Framework placing the consumer at the centre and providing a clear structure supporting performance monitoring, reporting and improvement associated with consumer and community engagement.

8.4 Mapping Engagement

There are many ways governments and organisations can effectively engage with community, patients and their families.

MNCLHD is developing an Engagement Map to illustrate the services and Directorates which routinely conduct community consultation. The Map will show there are some strong practices and mechanisms in place to support engagement and identify where there may be some current areas which require further development.

The Engagement Map will provide MNCLHD with information to allow increased identification and measurement of the level, type and range of engagement of service users, consumers, families and carers. It will also identify current areas of good practice.

MNCLHD commits to meaningful and effective engagement noting to support this engagement must:

- occur at strategic and operational levels
- offer multiple opportunities
- be embedded in governance structures
- include feedback loops.

The Engagement Map is currently under construction and will be provided when consultation is completed.

8.5 Closing the Gap - Aboriginal Health Plan 2019-2023

MNCLHD has a long-standing commitment to improving health outcomes for Aboriginal people, with a focus on intensifying efforts to embed a multi-strategic and whole of organisation approach to closing the gap and meeting the health needs of the whole community.

MNCLHD continues to work in partnership and collaboration with Aboriginal communities and Aboriginal Community-Controlled Health Organisations.

MNCLHD's strategies to address Closing the Gap include:

- Embed, monitor and evaluate the MNCLHD Aboriginal Cultural Safety and Security Implementation Plan into the system
- Implementation of the Aboriginal Cultural Engagement Self-Assessment Tool across all service and program areas within MNCLHD
- Increase the Aboriginal workforce commensurate with the District Aboriginal population
- Embed and monitor the Aboriginal Health Impact Statement policy and process within the system
- Continue to prioritise key strategic initiatives contained in the Aboriginal Health Plan 2019-2023
- Improve Aboriginal Health data, and data management and reporting through the Aboriginal Health Report Card



- Targeted Aboriginal Health programs such as Aboriginal Mental Health, Aboriginal Maternal and Infant Health Service, Aboriginal Environmental Health program, Health Promotion, Oral Health Brighter Grins program, Aboriginal Chronic Care program, Aboriginal Hospital Liaison Officers, Aboriginal Family Violence and Prevention program, Aboriginal Mental Health and Alcohol & Other Drugs Program.

8.6 Mental Health Forum

The MNCLHD Mental Health Forum provides a means for consumers and carers to actively participate in and contribute to Mental Health service development, planning and evaluation. It is an initiative to bring consumer and carer perspectives to service management and decision-making processes.

Consumer and carer participation in the development, planning, delivery and evaluation of Mental Health services is endorsed by national and state policies, including the National Mental Health Strategy and the policies and documents that underpin it: the National Standards for Mental Health Services⁴⁹ and the National Safety and Quality Health Service Standards.

8.7 Drug and Alcohol Community Advisory Committee

The MNCLHD Drug and Alcohol Community Advisory Committee provides a means for consumers and carers to actively participate in and contribute to Drug and Alcohol Service development, planning and evaluation. It is an initiative to bring consumer/ carer perspectives to service management and decision-making processes.

Consumer / carer participation in the development, planning, delivery and evaluation of Drug & Alcohol Services is endorsed by national and state policies, including the National Drug Strategy and the policies and documents that underpin it, including the National Safety and Quality Health Service Standards.

8.8 Aboriginal Health Partnership

MNCLHD has a formal Aboriginal Health Partnership Agreement with Healthy North Coast and the AMS' in the Mid North Coast region including Galambila Aboriginal Health Service Inc, Durri Aboriginal Corporation Medical Service and Werin Aboriginal Corporation.

The MNC Aboriginal Health Accord 2019_23 vision is to work together with stakeholders to achieve excellence in healthcare provision and equitable health outcomes for the Aboriginal community by:

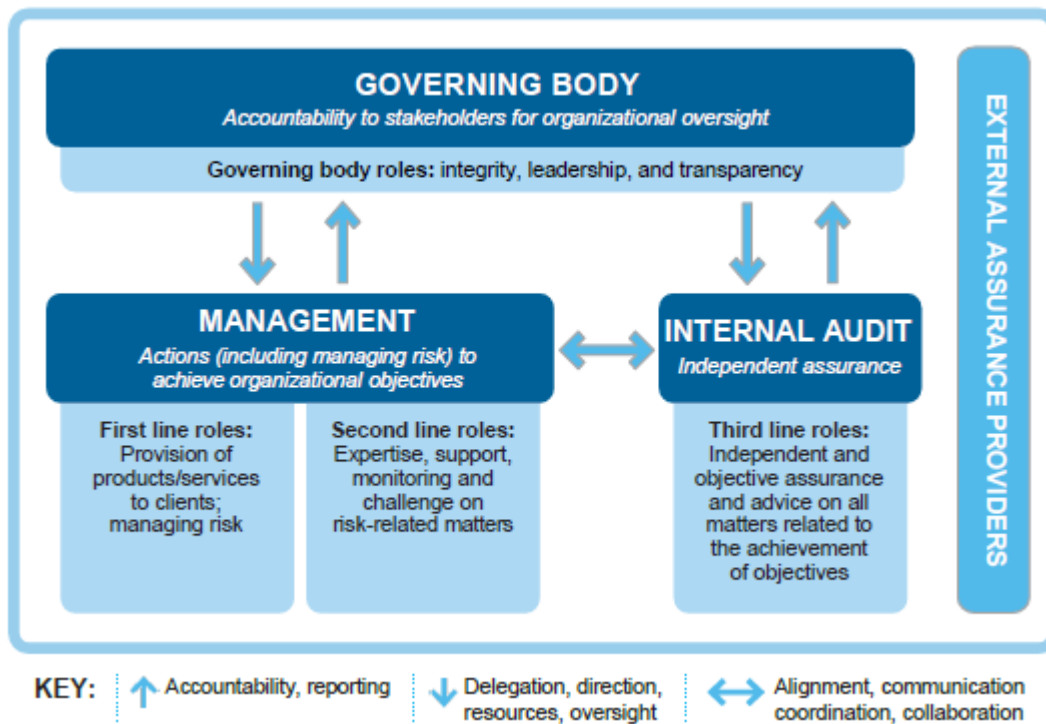
- Ensuring that Aboriginal health remains a high priority in the MNCLHD health system; that it is integrated as a core element in all MNCLHD policies and services; and that effort is sustained.
- Promoting a partnership approach at all levels and forums within the region.

9. Audit and Risk Management

The following diagram from the Institute of Internal Auditor’s *Three Lines of Defence Model*⁵⁰ illustrates how key organisational roles work together to facilitate strong governance and risk management in a ‘Three lines model’.

Under this model, primary responsibility for risk management rests with the business units undertaking day-to-day operations. The second line of defence reviews and challenges the first line. This is generally delivered through oversight committees, specialist integrated risk and compliance functions, which are independent from the first line of defence. The third line of defence gives independent assurance that the first and second lines are working effectively. This is supplied by the Internal Audit function.

Figure 4: Three lines model



Source: <https://global.theiia.org/about/about-internal-auditing/Public%20Documents/Three-Lines-Model-Updated.pdf>

9.1 Risk Management Framework

MNCLHD adheres to the Enterprise-Wide Risk Management Policy and Framework – NSW Health (PD2015_043)⁵¹. This describes the structures and processes Health organisations are required to use to manage risks.

The MNCLHD role of Director Internal Audit, Risk and Compliance has primary responsibility for implementing the risk management framework processes.

The NSW Health Risk Matrix (Appendix B) is applied to identify analyse, evaluate and treat risks in order to effectively manage them and define the requirement for escalation. The NSW Health Risk Matrix (below) shows this, consistent with the NSW Health policy and ISO31000 standard.

Figure 5:



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NSW Health Risk Matrix

Risk rating		Action required	NSW HEALTH RISK CATEGORIES	CONSEQUENCE EXAMPLES				
				Catastrophic	Major	Moderate	Minor	Minimal
Red = Extreme (A – E)	Escalate to CE or Head of Health service or Secretary, MoH. A detailed action plan must be implemented to reduce risk rating with at least monthly monitoring and reporting.	Clinical Care & Patient Safety	Clinical Care & Patient Safety	Unexpected multiple patient deaths unrelated to the natural course of the illness.	Unexpected patient death or permanent loss/reduction of bodily function unrelated to the natural course of the illness.	Unexpected temporary reduction of patient's bodily function unrelated to the natural course of the illness which differs from the expected outcome.	Patient's care level has increased unrelated to the natural course of the illness.	First Aid provided to patient unrelated to the natural course of the illness.
			Health of the Population	An increase in the prevalence of known conditions contributing to chronic diseases across the state-wide population health KPI categories currently measured by NSW Health and/or an increase of more than 10% in one or more category.	Failure to materially reduce the prevalence of known conditions contributing to chronic disease across the majority of the state-wide population health KPI categories measured by NSW Health and/or an increase of more than 5% up to 10% in one or more category.	Failure to materially reduce the prevalence of more than one of the known conditions contributing to chronic disease from the state-wide population KPI categories measured by NSW Health and/or an increase of more than 2% and up to 5% in one or more category.	Failure to reduce the prevalence of one of the known conditions contributing to chronic disease from the state-wide population health KPI categories measured by NSW Health and/or an increase of up to 2% in one or more category.	A preventative Health program has not demonstrably met planned objectives but the prevalence of known condition is continuing to decrease in line with KPI targets.
Orange = High (F – K)	Escalate to Senior Management. A detailed action plan must be implemented to reduce risk rating.	Workforce	Workforce	Unplanned cessation of a critical state-wide program or service or multiple programs and services.	Unplanned cessation of a service or program availability within a Service Area with possible flow on to other locations.	Unplanned restrictions to services and programs in multiple locations or a whole hospital or community service.	Unplanned service delivery or program delays localised to department or community service.	Minimal effect on service delivery.
			Communication & Information	Cessation of services due to loss, damage or unauthorised access to property, assets, records and information.	Prolonged service disruption or suspension of services due to the loss, damage or unauthorised access to property, assets, records and information.	Temporary suspension of services due to the loss, damage or unauthorised access to property, assets, records and information.	Localised disruption to services. Minor loss, damage or unauthorised access to property, assets, records and information.	Minimal effect on services. No loss or damage to property, assets, records or information.
Yellow = Medium (L – T)	Specify Management Accountability and Responsibility. Monitor trends and put in place improvement plans.	Facilities & Assets	Facilities & Assets	State-wide system dysfunction resulting in total shutdown of service delivery or operations.	Services compromised as service providers are unable to provide effective support and other areas of NSW health are known to be affected.	Disruption of a number of services within a location with possible flow on to other locations in the area.	Some disruption within a location but manageable by altering operational routine.	No interruption to services.
			Security	Legal judgement, claim, non-compliance with legislation resulting in indeterminate or prolonged suspension of service delivery.	Legal judgement, claim, non-compliance with legislation resulting in medium term suspension of service delivery.	Legal judgement, claim, non-compliance with legislation resulting in medium term but temporary suspension to services.	Legal judgement, claim, non-compliance with legislation resulting in short term disruption to services.	Legal judgement, claim or legislative change but no impact on service delivery.
Green = Low (U – Y)	Manage by routine procedures. Monitor trends.	Emergency Management	Emergency Management	More than 5% over budget NOT recoverable within the current or following financial year. Unable to pay staff or finance critical services.	Up to 5% over budget or a material overrun NOT recoverable within the current financial year. Unable to pay creditors within MOH benchmark.	Up to 5% over budget but recoverable within current financial year.	Up to 1% temporarily over budget and recoverable within current financial year.	Less than 1% over budget. Temporary loss of or unplanned expenditure related to individual program or project but no net impact on budget.
			Legal	Multiple deaths or life threatening injuries or illness to non-patients.	Death or life threatening injury or illness causing hospitalisation of non-patients.	Serious harm, injury or illness causing hospitalisation or multiple medical treatment cases for non-patients.	Minor harm, injury or illness to a non-patient where treatment or First Aid is required.	Harm, injury or illness not requiring immediate medical treatment.
		Finance	Finance	Permanent effect on the environment or is unlikely to recover.	Long term effect on the environment. The environment will only recover through external assistance / intervention (EPA).	Short term effect on the environment. Environment likely to make a full recovery through local planning and response measures.	Minor effect on the environment. Environment to make a full recovery by routine procedures.	No lasting effect on the environment.
			Work Health & Safety	Failure to meet critical priority KPI's included in the service's performance agreement. Sustained adverse national publicity. Significant loss of public confidence, loss of reputation and/or media interest across NSW in services.	Failure to meet a significant number of priority KPI's included in the service's performance agreement. Sustained adverse publicity at a state-wide level leading to the requirement for external intervention. Systemic and sustained loss of public support/opinion across a service.	Failure to meet a number of priority KPI's included in the service's performance agreement. Increasing and broadening adverse publicity at a local level, loss of consumer confidence, escalating patient/consumer complaints. Extended loss of public support/opinion for a Facility/Service.	Failure to meet one or more of the KPI's (excluding priority KPI's) included in the service's performance agreement. Periodic loss of public support.	Minimal impact on local operations, local management review and occasional adverse local publicity.
				CONSEQUENCE RATINGS				
				Catastrophic	Major	Moderate	Minor	Minimal
Probability	Frequency	LIKELIHOOD	Almost certain	A	D	J	P	S
> 95% to 100%	Several times a week		Likely	B	E	K	Q	T
> 70% to 95%	Monthly or several times a year		Possible	C	H	M	R	W
> 30% to 70%	Once every 1-2 years		Unlikely	F	I	N	U	X
> 5% to 30%	Once every 2-5 years		Rare	G	L	O	V	Y
< 5%	Greater than once every 5 years							

Source:

http://internal.health.nsw.gov.au/cgrm/rmra/risk_management/1_risk_matrix.pdf
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_043.pdf

9.2 Strategic Risk Register

The MNCLHD Risk Register captures the strategic and organisational risks and identifies the responsibilities of managers and staff in managing to these risks.

MNCLHD holds an annual Strategic Risk Management workshop, attended by Board representatives, the Executive Leadership Team and other senior managers. The purpose of this workshop is to perform a detailed and fundamental review of the Risk Register and any changes to the MNCLHD inherent risk model.

9.3 Internal Audit

The MNCLHD Director of Internal Audit, Risk and Compliance is responsible for providing independent, objective and professional evaluations and assessments designed to improve the MNCLHD's operations.

The Director ensures that regular and systematic reviews of the operations of the Health Service are carried out to ensure:

- Compliance with policies, plans, procedures, laws and regulations
- Risks are identified and controls or systems are in place to alleviate them
- Assets are protected from loss
- Appropriate controls are in place in financial and non-financial information systems and reports
- Economic and efficient use of resources
- Achievement of strategic and operational objectives and goals; implementation of appropriate controls; and monitoring and evaluation of performance.



The Director oversees any special investigations/reviews in response to allegations of impropriety, or corrupt conduct. Such matters may be raised internally or referred by external bodies such as ICAC and the Auditor-General.

9.4 External Audit

The NSW Audit Office appoints an external auditor for MNCLHD. The external auditor performs an annual review of the financial and accounting practices and associated internal controls of the district to ensure they meet relevant government and accounting standards.

9.5 Audit and Risk Committee

The MNCLHD Board has established the Audit and Risk Committee under its By Laws as a Sub-Committee of the Board in compliance with NSW Treasury TPP 15-03 July 2015⁵², Risk Management Enterprise-Wide Risk Management Policy Framework - NSW Health PD2015_043 and NSW Health Internal Audit Policy Directive PD2016_051⁵³.

The objective of the Committee is to provide independent advice, support and recommendations to the Board and where appropriate to the Chief Executive, by overseeing, reviewing and monitoring the organisation's governance, risk and control frameworks, and its external accountability requirements.

The Committee must at all times ensure it maintains a direct reporting line to and from Internal Audit and acts as a mechanism for internal audit to report to the Chief Executive and/or the Board on functional matters.



Resources and References

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- ⁴ NSW Health Core Values, NSW Health website
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- ⁵ Corporate Governance & Accountability Compendium for NSW Health, NSW Health website
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- ⁶ MNCLHD – Model By-Laws, MNCLHD website
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- ⁷ Current MNCLHD Corporate Governance Attestation Statement, MNCLHD website
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- ¹³ *Independent Commission Against Corruption Act 1988 No 35*, NSW Government NSW Legislation website, current version for 22 January 2021
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- ¹⁵ NSW Health Policy Distribution System, NSW Health website
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- ¹⁶ Accounts and Audit Determination, NSW Health website
<https://www.health.nsw.gov.au/policies/manuals/Pages/accounts-audit-determination.aspx>
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- ¹⁸ MNCLHD Policy Distribution System, MNCLHD website, as at 5 March 2021
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