



Central Coast
Local Health District

CCLHD

**Corporate
Governance Plan**



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Version Control

Date	Revision No.	Author and Approval
July 2021	0	Author: Vicki Ross, Manager Corporate Governance and Risk Approver: Chief Executive
August 2022	1	Author: Vicki Ross, Manager Corporate Governance and Risk Approver: Chief Executive
July 2023	2	Author: Tracey Persiani, Acting Manager Corporate Governance and Risk Approver: Chief Executive

Background:

The ***Corporate governance and accountability compendium for NSW Health (July 2020) [Compendium]*** requires at Section 2.2.3 that “Health Organisations should have a Corporate Governance Plan”.

The Annual Corporate Governance Attestation Statement for 2021 included this requirement within its audit scope.

Context:

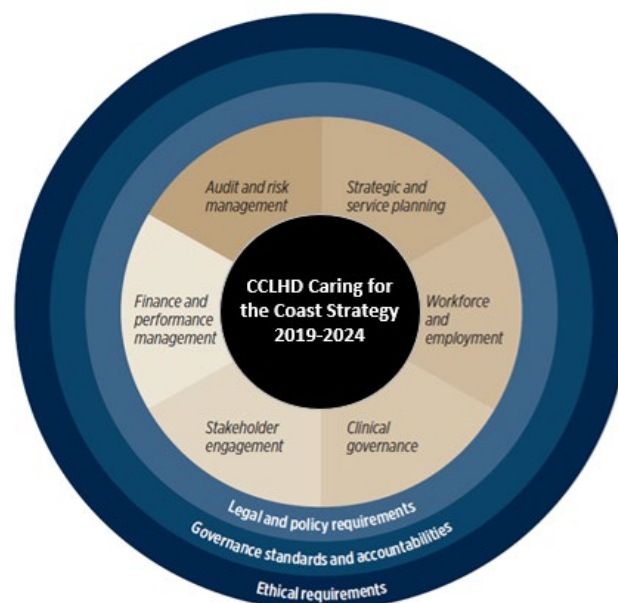
CCLHD is committed to the principles and practice of good governance, in a way that involves stakeholder and community participation.

As stated by the Audit Office of NSW “Good governance is those high-level processes and behaviours that ensure an agency performs by achieving its intended purpose and conforms by complying with all relevant laws, codes and directions and meets community expectations of probity, accountability and transparency. Governance should be enduring, not just something done from time to time”.

The *Compendium* sets out the roles and accountabilities of agencies that constitute NSW Health. As a Local Health District, CCLHD is required to comply with the *Compendium* as well as meet a number of statutory, legal, professional and accreditation standards and policy directives issued by NSW Health.

Structure:

The governance framework is summarised in the following diagram. At the centre depicts the key elements of effective governance which public health organisations are responsible for managing and in the outer circles are the key external governance requirements that apply to these organisations across all their activities. The establishment and compliance with principles of sound corporate governance is essential in a diverse multi-agency system such as the NSW Public Health System. It is also a mandatory condition of subsidy imposed on public health organisations under *section 127 of the Health Services Act 1997*.



Governance Standards

The governance framework recognises the organisation's purpose, its legislative, policy and ethical obligations, as well as its workforce and employment responsibilities. The framework is supported by the organisation's CORE values (collaboration, openness, respect and empowerment) and structures and is underpinned by the seven governance standards.

The Standards apply to public health organisations, with those agencies required to publish an Annual Corporate Governance Attestation Statement outlining their governance arrangements and providing key information relating to their operation.

Standard 1 - Establish robust governance oversight frameworks

Every organisation in the Health portfolio are to ensure that the authority, roles and responsibilities of its governance, management and operating structures are clearly defined and understood.

Standard 2 - Ensure clinical responsibilities are clearly allocated and understood

Public health organisations that deliver clinical services must ensure that clinical management and consultative structures within the organisation are appropriate to the needs of the organisation and its clients. The role and authority of clinical directors and general managers is to be clearly defined, documented and understood.

Standard 3 - Set the strategic directions for the organisation and its services

Health organisations are to have clear, articulated and relevant plans for meeting their statutory or other purposes and objectives. Strategic plans provide a mechanism for the progressive achievement of the long-term vision of an organisation. As such, they are a mechanism to link the aspirations of the future with the reality of the present.

Standard 4 - Monitor financial and service delivery performance

Boards and chief executives are responsible for ensuring appropriate arrangements are in place to ensure the efficiency and effectiveness of resource utilisation by their organisation; and for regularly reviewing the financial and service delivery performance of the organisation.

Standard 5 - Maintain high standards of professional and ethical conduct

Health organisations must have systems and processes in place to ensure that staff and contractors are aware of and abide by the NSW Health Code of Conduct and relevant professional registration and licensing requirements. Public health organisations must also have policies, procedures and systems in place to ensure that any alleged breaches of recognised standards of conduct or alleged breaches of legislation are managed efficiently and appropriately.

Standard 6 - Involve stakeholders in decisions that affect them

Health organisations must have systems and processes in place to ensure the rights and interest of key stakeholders are incorporated into the plans of the organisation and that they are provided access to balanced and understandable information about the organisation and its proposals.

Standard 7 - Establish sound audit and risk management practices

Each public health organisation must establish and maintain an effective internal audit function that is responsible for overseeing the adequacy and effectiveness of the organisation's system of internal control, risk management and governance. The audit and risk management structures of the organisation should provide an assurance to the board and chief executive that the authorities and roles allocated to management effectively support the achievement of the goals of the organisation.

Governance Standards – Checklist

The following table summarises the recommended actions that public health organisations should take in order to meet each governance standard. Implementation of these recommended actions provides structural elements required as a basis for good governance to support the organisation in meeting its objectives and obligations as a public sector entity. CCLHD demonstrates achievement of the standards through development and implementation of the following:

	Activity	Requirements	Evidence Documentation
1	Set the strategic direction for the organisation and its services	<ul style="list-style-type: none"> – 3-5 year strategic plan to identify the strategic priorities and key services. – Annual review of the Strategic Asset Management Plan and Asset Management Plan to inform future asset related decision making. – District Service Agreement, identifying the annual operating targets and funding allocations. – Annual operating plans for facilities/wards/units to clearly identify budgets and performance targets across all operation units. 	CCLHD Caring for the Coast Strategy 2019-2024 CCLHD Service Agreement 2022-23 <i>(Final 2023-24 Service Agreement expected November 2023)</i> CCLHD Annual Priorities 2023-24 Strategic Asset Management Plan FY 2023-2032 Asset Management Plan FY 2023-2027 2023-24 Resource Allocation Guidelines and Budget Principles Clinical Services Plan 2017-2022 <i>(New Clinical Services Plan due late August 2023)</i> CCLHD Research Plan 2022-2026
2	Set clear accountabilities for management and service delivery	<ul style="list-style-type: none"> – Members of the Board, the Chief Executive and senior management are aware of the role of the district, the role of national governance authorities, the Minister for Health and the Ministry of Health. – Model by-laws established to provide effective oversight of clinical and corporate responsibilities. – Accountabilities for health service delivery and for the provision of health support services – The authorities of the Board and management are clearly documented. – The Board and Chief Executive can demonstrate compliance with the 7 corporate governance standards. 	Model By-laws CCLHD Board Charter CCLHD Organisational Performance Framework Audit and Risk Committee charter Caring for our Community Plan 2021-2031 Corporate Governance Attestation Statement Organisational charts Committee framework Legislative framework Policy framework My Contribution and Development CCLHD Aboriginal Health Priorities 2019-2022 <i>(Development of the CCLHD Aboriginal Health Plan which will incorporate internal priorities has commenced)</i> Clinical Governance Framework 2023-2024 Digital Strategy 2021-2026 - CCLHD

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3	Promote professional and ethical decision making and conduct	<ul style="list-style-type: none"> – Members of the Board are aware of their roles and responsibilities and lead by example. – Staff and contractors of the district are required to read and sign that they understand the NSW Health Code of Conduct. – A fraud and corruption prevention program is in place. – All instances of improper conduct are managed appropriately and reported appropriately. – All facilities demonstrate action towards becoming more culturally competent. 	Code of Conduct Caring for the Coast Culture Plan CCLHD Workforce Plan 2012-2022 <i>(CCLHD Workforce Plan currently under review)</i> Fraud and Corruption Prevention Plan Fraud and Corruption Control Policy Procurement Code of Conduct Conflict of Interest Register Gifts and Benefits Register PD2010_055 Research – Ethical & Scientific Review of Human Research in NSW Public Health Organisation PR2010_056 Research – Authorisation to Commence Human Research in NSW Public Health Organisation PR2018_027 Research – Code of Conduct - CCLHD
4	Review the financial and service delivery performance of the LHD	<ul style="list-style-type: none"> – All national and state reporting obligations with respect to financial management and service delivery are fulfilled. – A system is in place to monitor the performance of all hospitals/wards/units. – Funding specifically allocated for Aboriginal health programs and services. 	NSW Health Performance Framework CCLHD Organisational Performance Framework Delegations Manual Manager Analysis and Reporting System (MARS) Annual Safety and Quality Account CCLHD Service Agreement <i>(2023-24 Service Agreement expected November 2023)</i> CCLHD Organisational Performance Framework PD2012_066 – Aboriginal Health Plan 2013-2023 Organisational Sustainability Plan 2020-2023
5	Recognise and manage risk	<ul style="list-style-type: none"> – A compliance program is in place to ensure the legal and policy obligations of the district are identified, understood and eliminated, minimised, managed and monitored. – A risk management plan is established which identifies the responsibilities of managers and staff in responding to/and escalating risks and opportunities. – An incident management system is in place to record and review clinical and corporate incidents and to action recommendations. – An internal audit function for the district is established. – The internal auditor reviews the financial and accounting practices and associated internal controls to ensure they meet relevant governance and accounting standards. – An external auditor is appointed. 	Enterprise Risk Management Framework PR2010_065 – Risk Management Procedure for CCLHD Enterprise Risk Management Plan Risk Appetite Statement Audit and Risk Management Committee Audit and Risk Annual Report Internal Audit Annual Plan Audit Office NSW - External Auditor ims+ Incident Management System Assurance Map Legislative Compliance Cyber Security Annual Attestation (to MoH)
6	Respect the rights of stakeholders	<ul style="list-style-type: none"> – Information on policies, publications and performance published on the internet. – A consumer and community engagement plan is in place. – A patient service charter is established to identify the commitment of the district to protect the rights of patients in the health system. 	Consumer Participation Framework 2019_2022 <i>(Updated Consumer Participation Framework due end 2023)</i> Australian Charter of Healthcare Rights for Consumers

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	<ul style="list-style-type: none"> – A local partnership agreement with the Aboriginal Community – Mechanisms to ensure the district respects the privacy of personal and health information. – An effective complaint management system. – Responsive to reports of statutory agencies such as the Coroner, HCCC, Commission for Children and Young People and Ombudsman. 	<p>Your Rights and Responsibilities Guide for Patients, Carers and Families</p> <p>Privacy and Right to Information Framework</p> <p><i>Collaborative Partnership Agreement 2017-2020 (under review)</i></p> <p>Consumer Feedback Framework</p> <p>CCLHD Internet</p> <p>Public Interest Disclosures</p> <p>CCLHD Disability Inclusion Plan 2020-2023</p> <p>CCLHD Plan for Healthy Culturally and Linguistically Diverse Communities 2020-2023</p>
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Monitoring and Review

CCLHD has a number of processes in place to continue to monitor the Corporate Governance Framework and ensure that various supporting components continue to meet requirements. These include:

Annual Corporate Governance Attestation Statement	<i>Submitted to Ministry of Health by due date 31 August 2023.</i>
Annual review of the Corporate Governance Plan – Governance Standards Checklist	<i>Review completed July 2023 and endorsed by the Executive Leadership Committee 15 August 2023.</i>
Regular review of the organisational and committee structure	<i>Annual committee structure review completed April 2023 – endorsed by Chief Executive 12 May 2023. Minor update 11 October 2023.</i>
Annual committee evaluations to review the effectiveness of the committee against its terms of reference, meeting outcomes and membership skill-mix	<i>Ongoing – compliance monitored monthly by Corporate Governance Unit</i>
Annual review of the Delegations Manual	<i>Delegation Framework Reviewed by Audit and Risk Committee – March 2022. Update provided to Audit and Risk Committee – March 2023. (next due for review by Audit & Risk Committee following completion of 2023 delegation manual review)</i> <i>Internal Audit review compliance with the delegation manual when conducting audits.</i>
Regular review of the risk register	<i>Enterprise Risk Management Framework reviewed by Audit and Risk Committee – October 2023</i>
Regular review of local policies, procedures and guidelines, based on changes in practice or governing requirements, or as a minimum five-year cycle	<i>Policy Framework reviewed by Audit and Risk Committee – July 2023.</i>
Regular review of controls against legislative obligations or when legislation changes	<i>Legislative Compliance Framework reviewed by Audit and Risk Committee – July 2023.</i>

In addition, external assessment occurs via Accreditation processes - *NSQHS Survey – May 2021*

From July 1, 2023 the scheduling of accreditation assessments will change for healthcare organisations including CCLHD. Assessments will now occur on 'short notice'. This means that only 24 hours' awareness will be given about the arrival of the assessment team.